



1301 Fifth Ave., Ste. 2900
Seattle, WA 98101
mcn.com | info@mcn.com

t: 206.343.6100
t: 800.248.6269
f: 206.287.1908

Medical
Consultants
Network

August 8, 2016

Mr. Seth Johnson
Procurement Manager
Employee Benefits Division – Room 1106
NYS Department of Civil Service
Albany, NY 12239

**RE: Request for Proposals #DRP-2016-1 entitled:
“Dispute Resolution Program,”
Firm Offer to the State of New York**

MEDICAL CONSULTANTS NETWORK hereby submits this firm and binding offer to the State of New York in response to the Department’s Request for Proposals #DRP-2016-1, entitled “**Dispute Resolution Program,**” (RFP). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced RFP and in the manner set forth in this RFP.

MEDICAL CONSULTANTS NETWORK accepts the terms and conditions as set forth in RFP, Section VII and Appendices A, B, C, and D and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in this RFP in the manner set forth in this RFP.

MEDICAL CONSULTANTS NETWORK agrees to execute a contractual agreement composed substantially of the terms and conditions set forth in the draft contract included in the RFP, and accepts as non-negotiable the terms and conditions set forth in Appendices A, B, C, C-1, D, D-1, and D-2 to the draft contract.

MEDICAL CONSULTANTS NETWORK further agrees, if selected as a result of the RFP, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers’ Compensation Law as set forth in Section II.B.7 of the RFP.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the RFP. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless **MEDICAL CONSULTANTS NETWORK** delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

MEDICAL CONSULTANTS NETWORK’s complete offer is set forth as follows:

Administrative Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Technical Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Cost Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **MEDICAL CONSULTANTS NETWORK** and possesses the legal authority and capacity to act on behalf of **MEDICAL CONSULTANTS NETWORK** to execute a contract with the State of New York.

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Date: 8/9/16

MEDICAL CONSULTANTS NETWORK

By: [Redacted Signature] (signature)

Brian L. Grant, MD (name)

President & Medical Director (title)

206-343-6100 (phone number)

BGrant@mcn.com (email address)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF Washington }
 : SS.:
COUNTY OF King }
 }

On the 9th day of August in the year 2016, before me personally appeared: Brian L. Grant, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 1158 17th Ave. E., Town of Seattle, County of King, State of Washington; and further that:

[Check One]

(If a corporation): he is the President & Med. Director of MCN, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(If a partnership): he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

[Redacted Notary Name]

Notary Public



Exhibit I.T - Offeror Attestations Form

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:

The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

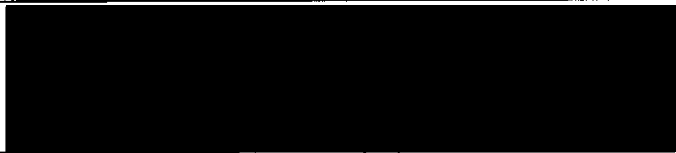
Name of Business Entity Submitting Bid:	MCN Quad Health Services Inc. dba MCN Consultants Network, Inc. "MCN" or "Medical Consultants Network"	
Entity's Legal Form:	x Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____	
No.	RFP Ref.	RFP Requirement:
1.	Section III.B.1	At time of Proposal Due Date, Offeror represents and warrants that it: X possesses <input type="checkbox"/> does not possess the legal capacity to enter into a contract with the Department.
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: X attests <input type="checkbox"/> does not attest that it understands and agrees to comply with all specific duties and responsibilities set forth in Section IV of this RFP.
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: x attests <input type="checkbox"/> does not attest its principal place of business is not located in a state that penalizes New York State vendors and that, if selected goods or services provided under the Agreement will not be substantially produced or performed in such a state.
4.	Section III.B.4	At time of Proposal Due Date, Offeror represents and warrants that it: x attests <input type="checkbox"/> does not attest it has obtained Full Accreditation by the Utilization Review Accreditation Commission (URAC) in the area of Independent Review Organization.

Exhibit I.T - Offeror Attestations Form

5.	Section III.B.5	At time of Proposal Due Date, Offeror represents and warrants that it: x attests <input type="checkbox"/> does not attest it will maintain and make available as required by the State, a complete and accurate set of records as may be required by the State to be produced for review by the State pursuant to the terms and conditions of this RFP, Appendices A and B, and including any and all financial records as deemed necessary by the State to discharge its fiduciary responsibilities to Plan participants and to ensure that public dollars are spent appropriately.
6.	Section III.B.6	At time of Proposal Due Date, Offeror represents and warrants that it: x attests <input type="checkbox"/> does not attest it understands it must distribute Program communication materials in both paper and/or electronic format.

Exhibit I.T - Offeror Attestations Form

Date: 8-9-16



[Signature] Signature

[INSERT OFFEROR NAME]
[INSERT TITLE]
[INSERT COMPANY NAME]

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF Washington }

: SS.:

COUNTY OF King }

On the 9th day of August in the year 2016, before me personally appeared: Brian L. Gault, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 1158 - 17th Ave. E., Town of Seattle, County of King, State of Washington; and further that:

[Check One]

(If a corporation): he is the President and Director of MCN, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(If a partnership): he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.



Notary Public

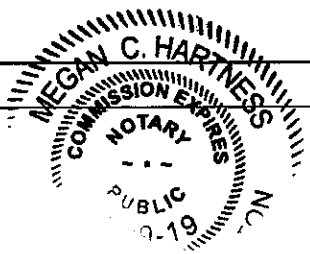


Exhibit I.A - Proposal Submission Requirement Checklist

Please indicate by checkmark that your Proposal meets **each** of the following submission requirements:

- 1. TIMELY SUBMISSION:** Proposal submitted to assure receipt by the Department no later than 3:00 p.m. ET on the Proposal Due Date as indicated in RFP Section II.A.1.
- 2. FORMATTING REQUIREMENTS:** The Offeror's Proposal must be organized in three parts: Administrative Proposal; Technical Proposal and Cost Proposal and each part must each comply with the formatting requirements stated in Section II.A.7.a and II.A.7.b of this RFP.
- a. Twelve (12) separately bound hardcopies – **two (2) Originals each of the Administrative Proposal, Technical Proposal and Cost Proposal** containing original documents (i.e., original signatures, no photocopies) and marked and numbered (i.e., "ORIGINAL #1" and "ORIGINAL #2."), **Ten (10) copies of each Administrative Proposal, Technical Proposal and Cost Proposal** marked and numbered (i.e., "COPY #1," "COPY #2," etc.) and a separate CD for the Administrative, Technical and Cost Proposals.
- b. Proposals must be prepared in Adobe Acrobat.
- c. Each Administrative, Technical and Cost Proposal must be separately bound and clearly labeled with "New York State Dispute Resolution Program #DRP-2016-1" and Offeror's name(s).
- d. Table of Contents
- e. Index Tabs
- f. Pagination
- g. Updates/Corrections
- h. Required Content of Proposals - The Proposal shall consist of three parts: the Administrative Proposal must contain the documentation required in Section III of this RFP. The Technical Proposal must be responsive to the programmatic duties and responsibilities set forth in Section IV of this RFP. The Cost Proposal must demonstrate a commitment to perform all programmatic duties and responsibilities in accordance with Section V of this RFP.
- 3. REQUIRED CONTENT OF THE ADMINISTRATIVE PROPOSAL:** The Administrative Proposal must contain the following information, in the order enumerated below:
- A. **Formal Offeror Letter:** The Offeror must submit a formal offer in the form of the "Formal Offer Letter" as set forth in RFP, Exhibit I.S in accordance with the requirements set forth in RFP, Section III.A
- B. **Minimum Mandatory Requirements:** The Offeror must submit a completed Exhibit I.T "Offeror Attestations Form" containing the representations and warranties set forth therein.
- C. **Exhibits:** The Offeror must complete and submit the Exhibits specified in Section III.C as follows:
- Exhibit I.A Proposal Submission Requirement Checklist
- Exhibit I.D MacBride Statement and Non-Collusive Bidding Certification
- Exhibit I.G EEO Staffing Plan (form EEO-100)
- Exhibit I.K Offeror's Affirmation of Understanding & Agreement
- Exhibit I.M Compliance with Public Officers Law Requirements
- Exhibit I.N Compliance with Americans with Disabilities Act
- Exhibit I.O MWBE Utilization Plan (form MWBE-100)
- Exhibit I.P Offeror's Certification of Compliance Pursuant to State Finance Law §139-k

Exhibit I.A - Proposal Submission Requirement Checklist

- Exhibit I.Q MWBE and EEO Policy Statement
- Exhibit I.U.1 Key Subcontractors or Affiliates
- Exhibit I.U.2 NYS Supplier & Subcontractor
- Exhibit I.W Compliance with NYS Workers' Compensation Law
- Exhibit I.X Extraneous Terms (if proposing)

X D. **Key Subcontractors:** The Offeror must provide a statement identifying all Key Subcontractors, if any, that the Offeror will be contracting with to provide program services and must, for each such Key Subcontractor identified, complete and submit **Exhibit I.U.1 "Key Subcontractors"**:

1. provide a brief description of the services to be provided by the Key Subcontractor; and
2. provide a description of any current relationships with such Key Subcontractor and the clients/projects that the Offeror and Key Subcontractor are currently servicing under a formal legal agreement or arrangement, the date when such services began and the status of the project.

The Offeror must indicate whether or not, as of the date of the Offeror's Proposal, a subcontract has been executed between the Offeror and the Key Subcontractor for services to be provided by the Key Subcontractor relating to this RFP. If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide program services, the Offeror must provide a statement to that effect.

X E. **Reference Checks:** The Offeror must list two (2) references of current clients and one (1) reference of a former client for a total of three (3) references for which the Offeror has supplied Dispute Resolution Program Services similar to those required in this RFP. If the Offeror has no former clients to include as references, the Offeror must include a statement attesting to that fact. Otherwise, the Offeror must include, at minimum, one (1) former client as a reference for which the Offeror has supplied services similar in nature to those required in this RFP. If the Offeror is proposing any Key Subcontractors or Affiliates, the references should be with clients for whom the Offeror and Key Subcontractor or Affiliate have jointly supplied services similar to those described in this RFP. For each Reference provided the Offeror must complete and submit Exhibit I.V, entitled "Program References." The Offeror shall be solely responsible for providing contact names and phone numbers that are readily available to be contacted by the State. The Offeror must also indicate what participation, if any, the Program manager and each key staff person proposed for this Program had in the referenced services.

X F. **Financial Statements:** The Offeror must provide a copy of the Offeror's last issued GAAP annual audited financial statement. A complete set of statements, not just excerpts, must be provided. Additionally, for each Key Subcontractor or Affiliate, if any, that provides any of the Program Services; provide the most recent GAAP annual audited statement. If the Offeror, or a Key Subcontractor or Affiliate, is a privately held business and is unwilling to provide copies of their GAAP annual audited financial statements as part of their Proposal, the Offeror/Key Subcontractor/Affiliate must make arrangements for the procurement evaluation team to review the financial statements. **Note:** If financial statements have not been prepared and/or audited, the Offeror/Key Subcontractor/Affiliate must provide the following as part of its Administrative Section a letter from a bank reference attesting to the Offeror/Key Subcontractor/Affiliate's financial viability and creditworthiness. (Note: for purposes of this reference, the Offeror may not give as a reference, a parent or subsidiary company, a partner or an affiliate

Exhibit I.A - Proposal Submission Requirement Checklist

organization.) The letter must include the bank's name, address, contact person name and telephone number and it must address, at a minimum, the following items:

1. a brief description of the business relationship between the parties (i.e., the Offeror/Key Subcontractor/Affiliate and the bank), including the duration of the relationship and the Offeror's current standing with the bank. For example: "*The (Offeror/Key Subcontractor/Affiliate's name) is currently and has been for "x" number of years a client in good standing;*"
2. a description of any ownership/partner relationship that may exist between the parties, if any. (Note: One party cannot be the parent, partner or subsidiary of the other, nor can one party be an affiliate of the other.); and,
3. any other facts or conclusions the bank may deem relevant to the State in regard to the bank's assessment of the Offeror/Key Subcontractor/Affiliate's financial viability and creditworthiness concerning the nature and scope of the Program Services, which are the subject matter of this RFP, and the parties (i.e., DCS and the Offeror or the Offeror and Key Subcontractor of Affiliate) contractual obligations should the Offeror be awarded the resultant contract.

X G. **Vendor Responsibility Questionnaire:** The Offeror must complete and execute a NYS Vendor Responsibility Questionnaire for itself and all Key Subcontractors.

1. If the Offeror or Key Subcontractor, if any, is incorporated outside the State of New York, a recent certificate of Good Standing must be submitted for each.
2. If the Offeror or Key Subcontractor, if any, has any employees in NYS, a confirmation of NYC's Worker's Compensation and NYS Disability coverage must be submitted for each.

4. **REQUIRED CONTENT OF THE TECHNICAL PROPOSAL:** The Technical Proposal shall be responsive to the duties and responsibilities and submission requirements set forth in Section IV of this RFP and it shall contain the following information, in accordance with the submissions associated requirements, and in the order enumerated below:

Technical Proposal Submission Requirements

X A. **Program Administration**

- X 1. Executive Summary
- X 2. General Qualifications

X B. **Program Services**

- X 1. Account Team & Exhibit I.B
- X 2. Implementation Plan
- X 3. Reviewing Physician Network
- X 4. Program Communications
- X 5. Maintenance of Confidential Employee Records
- X 6. Reporting
- X 7. Transition and Termination of Contract

Exhibit I.A - Proposal Submission Requirement Checklist

5. **REQUIRED CONTENT OF THE COST PROPOSAL:** The Offeror's Cost Proposal shall demonstrate that it will execute the duties and responsibilities set forth in Section V of this RFP and it shall contain the following information, in accordance with the submissions associated requirements below:
- X A. Exhibit IV Dispute Resolution Program Cost
6. **REQUESTED REDACTIONS CD and HARD COPY:** The FOIL-related materials described herein which the Offeror is requested to provide per RFP, Section II.B.8 will not be considered part of the Offeror's Proposal and will not be reviewed as a part of the Procurement's evaluation process. Notwithstanding this they have been identified in this Checklist as a reminder to Offerors of the need to provide the requested items.

At the time of Proposal submission the Offeror is requested to submit:

- X A. Exhibit I.C Freedom of Information Law – Request for Redaction Chart
- X B. Separately bound hardcopy of the Administrative Proposal, Technical Proposal, and Cost Proposal with each specific item requested to be protected from FOIL disclosure by highlighting in yellow.
- X C. Electronic copy (on CD in Adobe Acrobat Professional software, version 8 or higher) of the complete Proposal noting each the specific item requested to be protected from FOIL which contains no more than three PDF files; one for each part of the Proposal (Administrative Proposal, Technical Proposal, and Cost Proposal).

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

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

Have business operations in Northern Ireland. Yes _____ or No x

If yes:

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. Yes _____ or No _____

NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this bid, each Offeror and each person signing on behalf of any Offeror 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 Offeror 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 Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other Offeror or to any competitor; and
3. No attempt has been made or will be made by the Offeror to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.



Certificate of Full Accreditation

is awarded to

**Medical Consultants Network LLC
1301 5th Avenue, Suite 2900
Seattle, WA 98101**


for compliance with

**Independent Review Organization: Comprehensive Review
(Internal & External) Accreditation Program**

pursuant to the

**Independent Review Organization: Comprehensive Review (Internal
& External), Version 5.0**

*Effective from the Sunday^{1st} of September of 2013 through the Thursday^{1st} of
September of 2016*


William Vandervennet
Chief Operating Officer


Susan DeMarino
Vice President of Accreditation Services



**ACCREDITED
INDEPENDENT REVIEW
ORGANIZATION:
COMPREHENSIVE**

URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC and shall be returned upon request.



CERTIFICATE OF Full Accreditation

is awarded to

**Medical Consultants Network LLC
1301 5th Avenue, Suite 2900
Seattle, Washington 98101**

for compliance with

Independent Review Organization: Comprehensive Review (Internal & External) Accreditation Program

pursuant to the

Independent Review Organization: Comprehensive Review (Internal & External), 5.0

Effective from the 09/01/2016 through the 09/01/2019



Kylanne Green
President & Chief Executive Officer

Certificate Number: IRC005184 - 98050



URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC and shall be returned upon request.



Brian L. Grant, M.D., P.S.

Curriculum Vitae

Qualification Statement

In his role as President and Medical Director of Medical Consultants Network, LLC, Dr. Grant provides guidance, leadership, oversight, and quality assurance for the practice of performing medical disability examinations. Dr. Grant oversees all physician training policies and procedures, contracting language, physician relationship management, and approval of new additions to MCN's panel of physicians and consultants nationwide. MCN has been a national provider of Medical Disability Examinations since 1997.

Additionally Dr. Grant has established the Quality Initiative at MCN which has set the standard for defining a quality, actionable report delivered within client-mandated turn-times. Dr. Grant communicates regularly with physicians and consultants on completing reports to company standards. He also oversees the credentialing committee, reviewing background credentialing reports on providers as necessary and addressing the need for removal from the panel should adverse findings so require. In his role in managing relationships with physicians and consultants, Dr. Grant oversees the resolution of any quality or timeframe issues that may arise.

Professional History

1985-present

Medical Director and President

Medical Consultants Network LLC

Seattle, WA

1982-present

Private Practice – General Psychiatry

Seattle, WA

1992-present

Clinical Associate Professor

1989-1992

Clinical Assistant Professor

1985-1989

Clinical Instructor

University of Washington – Department of Psychiatry

Seattle, WA

1990-present

Courtesy Staff

1982-1989

Active Medical Staff

Providence Hospital

Seattle, WA

1982-2005

Courtesy Staff

Swedish Hospital Medical Center

Seattle, WA

2003

Board Examiner – Psychiatry

American Board of Psychiatry and Neurology

Seattle, WA

1993-1999

Psychiatric Consultant

1978-1979

Volunteer Physician (general medicine)

Country Doctor Clinic

Seattle, WA

1987-1991

Consultant Staff

Harborview Medical Center

Seattle, WA

1991

Board Examiner – Psychiatry

American Board of Psychiatry and Neurology

Los Angeles, CA

1990

Board Examiner – Psychiatry

American Board of Psychiatry and Neurology

Seattle, WA

1989-1990

Courtesy Staff

1982-1988

Active Medical Staff

St. Frances Cabrini Hospital**Seattle, WA****1982-1987***Consulting Psychiatrist***Jewish Family Services****Seattle, WA****1982-1987***Consulting Physician***Cherry Heights ICF****Seattle, WA****1980-1983***Staff Psychiatrist***Puget Sound Hospital****Tacoma, WA****1980-1981***Consulting Psychiatrist***Center for Addiction Services****Seattle, WA****1981***Staff Psychiatrist***Alaska Native Medical Center****Anchorage, AK****1981***Staff Psychiatrist and Forensic Evaluator***Alaska Psychiatric Institute – Psychiatric Security Unit****Anchorage, AK****1981***Staff Psychiatrist***Providence Hospital****Anchorage, AK****Postgraduate Training****1996-1998**

Owner/President Management Program

Harvard Business School**Boston, MA****1988-1994**

Candidate

Seattle Institute for Psychoanalysis

Seattle, WA

1979-1982

Psychiatry Residency

University of Washington

Seattle, WA

1978-1979

Mixed Medicine/Psychiatry Internship

University of Washington

Seattle, WA

Education

1974-1978

Michigan State University

M.D.

East Lansing, MI

1977 (August-September)

University of Washington

Psychiatric Clerkship

Seattle, WA

1970-1974

University of Michigan

B.A. with honors

Ann Arbor, MI

Licensure to Practice

1979-present

State of Washington

2011-present

State of New York

1990-2005

State of Oregon

1981-1982

State of Alaska

Board Certification

2010 (recertification)**American Board of Psychiatry and Neurology**

Added Qualifications in Forensic Psychiatry

1999-2009**American Board of Psychiatry and Neurology**

Added Qualifications in Forensic Psychiatry

1984**American Board of Psychiatry and Neurology****Organizations****1988-present****American Medical Association****1988-present****Washington State Medical Association****1982-present****King County Medical Society****1984-present****Physicians for Social Responsibility**

1982-1983

Program Committee

1980-1982

Speakers Bureau

1984-present**American Academy of Psychiatry and the Law**

1994-1996

Program Committee

2003-2010**American Psychiatric Association**

Distinguished Fellow

Committee on Occupational Psychiatry/Council on Economic Affairs

1994-2002

Fellow

1994-1995

Corresponding Member

1979-1994

Member

1998-2009

Group for the Advancement of Psychiatry – Occupational Psychiatry Committee

2000-2004

Editorial Advisory Board

“Hippocrates’ Lantern”

1990-2000

Academy for Organizational and Occupational Psychiatry

Founding Member

1996-1998

President

1992-1995

Newsletter Editor

1987-1998

Seattle Forensic Institute

1988-1995

International Association for the Study of Pain

1992

Washington State Psychiatric Association

Newsletter Editor, Pro Tem

1984-1990

Newsletter Editor – Honorable Mention

1988, 1989

APA Newsletter of the Year Award

1976-1984

Society for Medical Anthropology

1974-1978

American Medical Student Association

Grants and Research

1977-1978

Michigan State University

Investigation of Culture-Bound Syndromes

1975-1976

Michigan State University – Department of Human Genetics

Graduate Research Assistant

1971

University of Michigan – Department of Physiology

National Foundation March of Dimes – Summer Research Fellow

Special Local and National Responsibilities

2012

University of Washington

Meany Hall World Series – Advisory Board Member

1995-2014

Corporate Council for The Arts/ArtsFund

Board Member

2012

Seattle Symphony

Board Member

2007-2008

Seattle ProMusica

Board Member

2003-2008

Seattle Arts Commission

City Council Appointed Member

2003-2008

Public Art Advisory Committee

1997

State of Washington Department of Labor and Industries

Victim Advisory Board

1995 – April

United Way of King County

Prevention and Treatment Programming for Youth – Targeted Support Review Committee

1988

State of Washington Department of Labor and Industries

Special Examination Task Force

1983-1986

Crisis Clinic of King County

Board Member

1980-1981

University of Washington – Department of Psychiatry

Residency Admissions Committee

1979-1980

University of Washington – Department of Psychiatry

Graduate Education Steering Committee – Board Member

Teaching Activities and Lectures

September 11, 2014

University of Washington Department of Psychiatry – *Resident Didactic Presentation: Disability Determination and Injury Assessment*. Presented annually.

Seattle, WA

March 13, 2007

Professionals in Workers' Compensation - Annual Banquet. *Workers' Compensation and Passion – Is it Possible?*

Seattle, WA

November 5, 2005

Harvard Business School Alumni Healthcare Conference. *Roundtable leader: Evidenced Based Medicine: Can It Be Successfully Implemented in View of Current Incentives and Practice Structures?*

Boston, MA

August 8, 2005

American Association of State Compensation Insurance Funds. *Psychological Factors in Treatment – Identification and Treatment*.

Seattle, WA

August 3, 2005

Disability Management Employers Coalition. *Substance Abuse and Addiction in the Workplace*.

November 18, 2004

National Workers' Compensation and Disability Conference. *The Most Effective Use of IMEs*.

Chicago, IL

September 30, 2004 and subsequent years

University of Washington Department of Psychiatry Resident Didactic Series, *Understanding Disability*.

Seattle, WA

August 16, 2004

Valley Medical Center Department of Family Medicine. *Disability Determination and Injury Assessment.*

Renton, WA

February 6, 2004 and subsequent years

Western State Hospital Forensic Psychiatry Service (University of Washington Affiliate). *Independent Medical Assessments, Disability Determinations and Injury Claims.*

1984-2003

University of Washington Medical School, Harborview Medical Center, *Introduction to Clinical Medicine: The Mental Status Exam and Clinical Interview*; annually.

Seattle, WA

October 30, 2003

University of Washington Department of Psychiatry Resident Didactic Series, *Understanding Disability.*

Seattle, WA

October 17, 2003

Vincente Gigante and the Experts: *Was he Faking Incompetence? Panel Organizer and Senior Author. American Academy of Psychiatry and Law Annual Meeting.*

San Antonio, TX.

September 16, 2003

Controlling Disability Payments. Independent Medical Assessments & Injury Claims. Guns & Hoses: National Meeting of Police and Fire Pension Fund Trustees and Administrators.

San Diego, CA

March 24, 2002

Controlling Workers' Compensation & Disability Payments in the Public Pension Fund. Independent Medical Assessments & Injury Claims.

San Francisco, CA

June 4, 2002

National Public Employees's Retirement Funds Summit. Responding to the Growing Need for Psychological Assistance by Public Safety Workers.

Orlando, FL

May 15, 2002

Controlling Disability Payments in the Public Pension Fund. Benefit from Practical Tips on Assessing Post-Traumatic Stress Disorder Claims.

Crystal City, VA

December 19, 2001

University of Washington Department of Psychiatry Resident Didactic Series, *Understanding Disability.*

July 14, 2000

Oregon Self-Insurance Association, Annual Conference. "Junk Medicine".

Sunriver, OR

June 25, 2000

Royal Australian and New Zealand College of Psychiatrists Section of Forensic Psychiatry, Annual Conference. *The Disability Evaluation in the USA.*

Port Douglas, Australia.

September 16, 1999

University of Washington Department of Psychiatry Resident Didactic Series, *Understanding Disability.*

Seattle, WA

July 27, 1999

Institute for International Research: Disability Management Strategies.

Lake Tahoe, NV

May 18, 1999

American Psychiatric Association: Course speaker: *Medical and Legal Aspects of Assessment in the Workplace; Ethics in the Psychiatric Evaluation of Employees.* **Washington, D.C.**

June 2, 1998

American Psychiatric Association: Course speaker: *Medical and Legal Aspects of Assessment in the Workplace; Ethics in the Psychiatric Evaluation of Employees.* **Toronto, Ontario**

October 25, 1997

American Academy of Psychiatry and Law: Course speaker – *Evaluation and Treatment of Workers Compensation Patients.*

Denver, CO

May 20, 1997

American Psychiatric Association: Course speaker: *Medical and Legal Aspects of Assessment in the Workplace; Ethics in the Psychiatric Evaluation of Employees.*

San Diego, CA

May 19, 1997

American Psychiatric Association: Issues Workshop - *Work Stress: A Problem at All Organizational Levels.*

San Diego, CA

January 18, 1997

Academy of Organizational and Occupational Psychiatry Annual Meeting: *From Clinician to Entrepreneur/Consultant; Managing the Transition.*

Orlando, FL

August 13, 1996

First National Seminar on Stress - *Stress in the Workplace: A Focus on Managers and Executives.*

Bangkok, Thailand

August 8, 1996

Department of Psychiatry, Chulalongkorn University - *Organizational and Occupational Psychiatry in the U.S.*

Bangkok, Thailand

August 8, 1996

Department of Psychiatry, Chulalongkorn University - *Political and Economic Aspects of Psychiatry in the U.S.*

Bangkok, Thailand

May 8, 1996

American Psychiatric Association: Issues Workshop - *Disability Disputes: Who's Right?*
New York, NY

May 7, 1996

American Psychiatric Association: Course speaker: *Medical and Legal Aspects of Assessment in the Workplace; Ethics in the Psychiatric Evaluation of Employees.*
New York, NY

May 5, 1996

American Psychiatric Association: Course director and speaker: *An Introduction to Organizational and Occupational Psychiatry.*
New York, NY

February 26-27, 1996

U.S. Dept. of Health and Human Services: Center for Mental Health Services
Prevention Workshop - *Minimizing Trauma and Violence During Downsizing and Layoffs.*
Invited Participant.
Washington, D.C.

October 21, 1995

American Academy of Psychiatry and the Law, Annual meeting: *Panel - Diagnostic and Causal Challenges in Workers' Compensation.*
Seattle, WA

October 21, 1995

American Academy of Psychiatry and the Law, Annual meeting: *Panel - Workers' Comp: Returning the Litigant to Work.*
Seattle, WA

October 6, 1995

International Association of Industrial Accident Boards and Commissions, annual meeting.
Malingering - A Clinical and Administrative Challenge.
Albuquerque, N.M.

September 13, 1995

American Psychological Association, National Institute for Occupational Safety and Health, US Office of Personnel Management, Occupational Safety and Health Administration: *Work, Stress,*

and Health '95 - Creating Healthier Workplaces: Course speaker - *Evaluation & Treatment of Disability: Individual and Organizational Levels.*

Washington, D.C.

May 23, 1995

American Psychiatric Association: Participant in Issue Workshop - *New Approaches to Diagnosis in Disabled Patients.*

Miami Beach, Florida

May 22, 1995

American Psychiatric Association: Course director and speaker: *An Introduction to Organizational and Occupational Psychiatry.*

Miami Beach, Florida

May 21, 1995

Academy of Organizational and Occupational Psychiatry, Spring Meeting: *Coaching Executives in Transition*, Discussant.

Miami, Florida

November 3, 1994

Third Annual National Workers' Compensation and Disability Conference and Exhibit: *Work-Related Stress and Psychological Disorders: Loss Control and Treatment*

Chicago, Illinois

April 18, 1994

American College of Occupational and Environmental Medicine, Annual meeting: *Managing the Violent Employee.*

Chicago, Illinois

March 28, 1994

Independent Psychiatric Association (Russia): *Organizational and Occupational Psychiatry in the U.S.*

Moscow, Russia

March 27, 1994

Independent Psychiatric Association (Russia): *Political and Economic Aspects of Psychiatry in the U.S.*

Moscow, Russia

January 19, 1994

Washington Attorney General, Tort Division: *Selected Psychiatric Topics Relating to Injury Claims. Post-Traumatic Stress Disorder - Legal Issues.*

Olympia, Washington

October 13, 1993

Puget Sound Safety Summit: *The Role of the Attending Physician in Workers' Compensation Claims.*

Seattle, Washington

1993- present

University of Washington Medical School, Harborview Medical Center, *Basic Interview Techniques for Medical Students*

March 18, 1993

State Farm Insurance: *Malingering - A Clinical and Administrative Challenge.*

Seattle, Washington

February 12, 1993

Nationwide Insurance: *Selected Psychiatric Topics Relating to Injury Claims.*

Portland, Oregon

November 20, 1992

State Accident Insurance Fund: *Ethical Issues in Workers' Compensation.*

Salem, Oregon

November 20, 1992

Viking Insurance Company: *Chronic Pain and Related Conditions.*

Salem, Oregon

November 2, 1992

Gates-McDonald Administrators: *Psychiatric Disability - When is the Workplace Responsible?*

Concord, California

October 28, 1992

Fifth Annual Disabled Workers' Symposium; presented by the New London County Medical Society, Connecticut State Medical Society, and Connecticut Workers' Compensation Commission: *Ethical Issues in the Care of the Workers' Compensation Patient.*

Cromwell, Connecticut

October 19, 1992

Western National Insurance: *Chronic Pain and Related Conditions.*

Minneapolis, Minnesota

May 4, 1992

Academy of Organizational and Occupational Psychiatry spring meeting. *Psychiatric Disability - When Is The Workplace Responsible?*

Washington, D.C.

March 27, 1992

Washington Assistant Attorney General: *Advanced Training - Somatoform Pain Disorder, Chronic Pain Syndrome, Fibromyalgia and Related Conditions.*

Seattle, Washington

November 5, 1991

Washington Assistant Attorney General: *Psychiatric Issues, Evaluations, Presenting Psychiatric Testimony.*

Seattle, Washington

February 25, 1991

Panel participant on Workers' Compensation and Independent Medical Examinations. Washington State Labor Council.

Olympia, Washington

January 26, 1991

Academy of Organizational and Occupational Psychiatry annual meeting. Presentation: *The Workers' Compensation Psychiatric Evaluation.*

Phoenix, Arizona

April 19, 1990

WSIA Spokane District Meeting: *Selected Psychiatric Topics Relating to Injury Claims.*

Spokane, Washington

April 12, 1990

The Home Insurance Company: *Selected Psychiatric Topics Relating to Injury Claims.*

Seattle, Washington

September 27, 1989

Disability In Patients With Industrial Musculoskeletal Disorders.

Seattle, Washington

September 27, 1989

Swedish Hospital Medical Center: Independent Medical Examinations - *Rating the Industrial Injured Worker in conference on Preventing Long Term Disability In Patients With Industrial Musculoskeletal Disorders.*

Seattle, Washington

May 1989

Workshop Chairman: *Smoking and the Psychiatric Patient.* 1989 Annual Meeting American Psychiatric Association.

San Francisco, California

April 24, 1989

Washington Assistant Attorney Generals - *Industrial Insurance Division: Selected Psychiatric Topics Relating to Injury Claims.*

North Bend, Washington

December 1988

Legal Seminar: *Psychiatric Claims and Mental Aspects of Physical Claims*

Bellevue, Washington

January 1988

University of Washington Department of Psychiatry and Behavioral Sciences Grand Rounds: *Smoking and Mental Health*

Seattle, WA

1987-present

University of Washington Department of Psychiatry and Behavioral Sciences: Resident Supervisor

Seattle, WA

November 1986

Risk and Insurance Management Society, Washington Chapter: *The Risk Prone Worker*

June 1985 and June 1986

University of Washington Family Medicine Department: *The Difficult Patient*

May 1984

University of Washington Department of Psychiatry Resident Didactic Series, participant in presentation on the insanity defense

Seattle, WA

June 1984

Luton and Dunstable Hospital: *Psychological Aspects of the Nuclear Arms Race*

Luton, England

1982-1984 (several presentations)

University of Washington Adult Education and Experimental College: *Psychological Aspects of the Nuclear Arms Race*

Seattle, WA

December 1982

Providence Hospital Medical Surgical Grand Rounds: *Panic Disorder*

December 1982

Seattle Downtown Emergency Services Center Shelter: *Psychiatric Medications*

October 1982

University of Washington House Staff: *Psychiatric Emergencies on Medical Units* at Swedish Hospital and University Hospital.

September 1982

University of Washington House Staff: *Psychiatric Emergencies on Medical Units* at Providence Hospital

September 1982

Cabrini Hospital Department of Psychiatry: *The Psychiatric Evaluation and Mental Status Exam.*

Publications

Kost-Grant, B.L. "Self-Inflicted Gunshot Wounds in Alaskan Natives." Public Health Reports. Jan-Feb 1983. Vol. 98, No. 1.

Grant, B.L., and D.A. Coons. "Guilty Verdict in a Murder Committed by a Patient with Post-Traumatic Stress Disorder." Bulletin of the American Academy of Psychiatry and the Law. Vol. II, No. 4, 1983.

Grant, B.L., W. Katon and B. Beitman. "Panic Disorders." Journal of Family Practice. Vol. 17, No. 5, 1983.

Grant, B.L. and P.B. Lindsay. "Psychosis and Water Intoxication as Presenting Symptoms of Pulmonary Carcinoma." Psychosomatics. Vol. 27, No. 10, 1986.

Smith, W. and B. Grant. "Effects of a Smoking Ban on a General Hospital Psychiatric Service." Hospital and Community Psychiatry. Vol. 40, No. 5, 1989.

Grant, B.L. and Robbins, D.B. "Disability, Workers' Compensation, and Fitness for Duty." In Mental Health in the Workplace: A Practical Psychiatric Guide. J. Kahn, editor, pp. 83-105. New York. Van Nostrand Reinhold. 1993.

Grant, B.L. "Emotion and Illness: The Psychosomatic Interface." In Mental Health in the Workplace: A Practical Psychiatric Guide. J. Kahn, editor, pp. 414-446. New York. Van Nostrand Reinhold. 1993.

Grant, B.L. and Robbins, D.B. "Disability and Workers' Compensation." In Mental Health and Productivity in the Workplace. J. Kahn and A Langlieb, editors, pp 347-396. San Francisco. Jossey-Bass. 2002.

Grant, B.L. "Emotion and Illness: The Psychosomatic Interface." In Mental Health and Productivity in the Workplace. J. Kahn and A Langlieb, editors, pp 347-396. San Francisco. Jossey-Bass. 2002.

Grant, B.L., Editor – Psychiatry Section. The Medical Disability Advisor – 5th Edition. Boulder, CO. Reed Group. 2005

BRIANNA J. BEAN

Qualification Statement

Ms. Bean oversees MCN's largescale, companywide programs while managing the details of the multiple offices under her purview. Her work includes planning, initiating, managing, and executing multiple national client accounts, particularly in the disability space, in support of MCN's mission as a national provider of medical judgment services.

Employment History

Medical Consultants Network, Seattle, WA

2010-present

Director of Operations

2013-present

- Oversees the following MCN divisions: Quality Assurance/Review, National Scheduling/Disability Unit; Midwest Operations, and Northeast operations.
- Has served in the medical insurance field since 2008, with five years in MCN upper management.
- Holds expertise in many areas of medical review services including disability management and review, operations management, billing, program implementation, and staff training and development.
- Reviews client specifications to ensure that each report produced by MCN meets turn-time and quality requirements.
- Serves on corporate steering committee in design and implementation to ensure that new operating system, launched in September 2013, allows MCN a robust method to track and meet client specifications.
- Provides insight into physician and client portal design to improve user experience and workflows.
- Works closely with Human Resources Department to manage employee performances and personnel changes, overseeing new hire and annual employee training.
- Serves on corporate stewardship committee charged with organization strategic planning, budgeting, and fiscal oversight.
- Works with Regulatory Compliance and Co-Director of Operations to ensure that all MCN processes, policies, and procedures are in compliance with all applicable jurisdictional regulations in addition to meeting all individual client requirements for turn times and other specifications.

National Operations Manager

2010 - 2013

- Was promoted to National Operations Manager after successfully implementing procedural changes that increased office organization, productivity, and revenue. Supervises all operational aspects of both a local and remote team of medical schedulers and records coordinators handling IME, peer review, and utilization review services.
- Directly managed national disability unit, ensuring all involved staff including medical schedulers, records coordinators, physician recruiters, and reporter reviewers had on-going, up-to-date training in national regulations as well as individual client requirements.
- Works in conjunction with the Utilization Review Operating team to meet timeframe, quality, and jurisdictional/regulatory requirements.
- Designed workflows to ensure that all process steps meet timeframe, quality, and regulatory requirements.
- Tracked on-going jurisdictional changes for a team serving clients nationwide in workers' compensation, disability, and auto-related claims.
- Managed projects, conducts team training, and analyzes client service standards to ensure top customer satisfaction. Completes staff training and development exercises for new hires in all

operational positions across the company including Customer Service Representatives/Schedulers and Medical Records coordinators. Worked closely with Quality Assurance/Report Review team to ensure the timely delivery of reports answering all cover letter questions and within client requirements.

- Acted as an integral player in designing new internal system and facilitates interdepartmental communication and protocol.

Front Office Coordinator, Tacoma, WA**2008 - 2010**

- Managed the Tacoma office team to schedule and complete Independent Medical Examinations and peer reviews including: maintaining medical charts and files, answering phones, inputting information into operating system, scheduling appointments, and completing client and claimant communications throughout the processes.
- Ensured that all work was completed per individual client specification.
- Ran clinic days at several locations by checking in claimants, processing paperwork, and chaperoning exams.
- Coordinated provider schedules and client visits.
- Served as first point of contact for clients, claimants, and providers in a diverse and fast paced environment.

Agape Project International, Kenya, Africa**2010****Medical Trip Volunteer**

- Volunteered on a medical mission trip to Kenya, working alongside both American and African doctors, nurses, and translators.
- Aided in designing a mobile medical clinic and traveled to remote villages to treat patients.
- Took personal ownership over design and implementation of the mobile pharmacy.
- Performed basic triage, patient intake, and vital signs.
- Collected samples, distributed medications, and assisted provider in treating patients.

University of Puget Sound, Tacoma, WA**2007 - 2008****Student Fundraiser**

- Contacted alumni, parents, and friends of the university via telephone. Solicited monetary gifts while building rapport with prospects and conveying information about the university with persuasiveness and enthusiasm. Served as a representative of the university, its values, and its goals.
- Frequent shift leader in number and size of gifts contributed.
- Polished ability to communicate clearly and persuasively and project a highly professional image.

University of Puget Sound Tacoma, WA**2007 - 2008****Biology Teaching Assistant**

- Oversaw biology experiments and supervised students during laboratory time.
- Assisted faculty in grading coursework and coordinated laboratory design, set-up, and follow through.
- Initiated office hours to better serve students and encourage mastery of class material.
- Advised students in research goals and learning objectives.

University of Puget Sound, Tacoma, WA
Research Assistant**2007**

Influence of Female-Specific Ornament on Male Response in Striped Plateau Lizards (*Sceloporus virgatus*)

- Responsible for initiating research into grant opportunities, designed biological experiment, submitted proposal and budget to committee, and obtained highest level of funding at the university.
- Managed research from start to finish including conducting field work, analyzing data, and presenting results.
- Commended for exemplary written and visual presentations.

Education and Training**University of Puget Sound, Tacoma, WA****2008****Bachelor of Science, Biology; Cumulative GPA: 3.63**

- Minor: Science, Technology, and Society (History of Science)
- Member, Phi Sigma Honor Society, graduated with Honors in Biology
- Dean's List Fall 2007

Undergraduate Scholarships and Awards

- Puget Sound Trustee Scholarship
- Presidential Freedom Scholarship
- McCormick Scholar Research Award

Presentations

- University of Puget Sound Student Research Poster Presenter
- Alumni Presenter and Panel Discussion Member at Murdock College Science Research Conference – November 2011

Certifications

- Certified in CPR and First Aid by the American Heart Association

Erik Plowcha



Professional Summary

Hardworking and dedicated professional with a solid history of achievement in physician recruiting. Able to adapt to new environments quickly while maintaining a positive and friendly demeanor at all times.

Skills

- Skilled researcher.
- Ability to multitask and problem solve with a strong attention to detail.
- Experience with Microsoft CRM software.
- Proficient in Microsoft Office.
- Excellent oral and written communication skills.
- Functions well under pressure and able to meet deadlines with ease.

Experience

Physician Recruiting Manager *September 2014 - Present*
Medical Consultants Network *Seattle, WA*

- Manage a team of eight Physician Recruiters.
- Communicate with physicians regularly to gauge their satisfaction in working with Medical Consultants Network.
- Responsible for the interviewing and hiring of potential employees.
- Analyze data to verify that each metropolitan area has a satisfactory mix of physician specialties and, if necessary, make adjustments to ensure this.
- Collaborate with other departments and offices on a daily basis in order to ensure smooth operations.
- Exhibit at conferences throughout the country in order to build the brand and recruit physicians.

Physician Recruiter *April 2013 - September 2014*
Medical Consultants Network *Seattle, WA*

- Recruited physicians of varying specialties to perform unbiased evaluations for the purpose of assisting with insurance claims.
- Worked closely with fellow recruiters to ensure all cases were addressed daily.
- Negotiated compensation and terms with physicians via face-to-face interaction as well as over the phone.
- Prepare monthly reports summarizing recruiting efforts.

English Instructor *December 2011 – December 2012*
Korea Poly School *Seongnam, South Korea*

- Planned for and taught eleven classes.
- Wrote monthly progress reports for 120 students detailing academic and behavioral development.

Education

Bachelor of Science: Communications Media
Indiana University Of Pennsylvania

August 2005
Indiana, PA

Exhibit I.B - BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Prepare this form for each key staff individual, including subcontractor provided key staff, if any.

Name: Brianna J. Bean

Job Title: Director of Operations

Relationship to Project: Ms. Bean will provide program oversight for this project, reviewing all reporting to ensure that all reports meet the program requirements.

EDUCATION

<u>Institution & Location</u>	<u>Degree</u>	<u>Year Conferred</u>	<u>Discipline</u>
University of Puget Sound Tacoma, WA	BA of Science	2008	Biology

PROFESSIONAL EMPLOYMENT (Start with most recent.)

<u>Dates From - To</u>	<u>Employer</u>	<u>Title</u>
2013 – Present	Medical Consultants Network	Director of Operations
2010-2013	Medical Consultants Network	National Operations Manager
2008-2010	Medical Consultants Network	Front Office Coordinator

PROFESSIONAL EXPERIENCE (Significant experience/education relevant to program)

- Oversees the following MCN divisions: Quality Assurance/Review, National Scheduling/Disability Unit; Midwest Operations, and Northeast operations.
- Has served in the medical insurance field since 2008, with five years in MCN upper management.
- Holds expertise in many areas of medical review services including disability management and review, operations management, billing, program implementation, and staff training and development.
- Reviews client specifications to ensure that each report produced by MCN meets turn-time and quality requirements.
- Works with Regulatory Compliance and Co-Director of Operations to ensure that all MCN processes, policies, and procedures are in compliance with all applicable jurisdictional regulations in addition to meeting all individual client requirements for turn times and other specifications.

Exhibit I.B - BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Prepare this form for each key staff individual, including subcontractor provided key staff, if any.

Name: Abigail Magilavy

Job Title: Northeast Regional Operations Manager

Relationship to Project: Ms. Magilavy will oversee the daily operations involved in this project and will ensure that all requirements are being met.

EDUCATION

<u>Institution & Location</u>	<u>Degree</u>	<u>Year Conferred</u>	<u>Discipline</u>
The George Washington University Washington, D.C.	Biomedical Engineering	2007	Premedicine

PROFESSIONAL EMPLOYMENT (Start with most recent.)

<u>Dates From - To</u>	<u>Employer</u>	<u>Title</u>
2015-Present	Medical Consultants Network	Regional Operations Manager
2011-2015	Medical Consultants Network	Client Services Specialist
2009-2011	Acupath Laboratories, Inc.	Cytogenetic Technician
2009	Acupath Laboratories, Inc.	Medical Transcriptionist
2007-2009	HIM at BIDMC	Assistant Researcher

PROFESSIONAL EXPERIENCE (Significant experience/education relevant to program)

- Serves as current Regional Operations Manager, overseeing delivery of IMEs, Medical Peer Reviews, Medical Second Opinions, Schedule Awards, and File Reviews per all client contract specifications for all insurance lines including New York State Workers' Compensation, Liability, Disability, and Auto/PIP. Reviews weekly, quarterly, and annual reporting submitted to clients per contract requirements.
- Tracks on-going jurisdictional changes for a team serving clients on the eastern seaboard in workers' compensation, disability, and auto-related claims.
- Supervises all operational aspects of both a local and remote team of medical schedulers and records coordinators handling IME, peer review, and utilization review services.

Exhibit I.B - BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Prepare this form for each key staff individual, including subcontractor provided key staff, if any.

Name: Bonnie Rapess, RN

Job Title: Quality Assurance/Report Review Manager

Relationship to Project: Ms. Rapess will act as the quality assurance (QA) analyst for this project, ensuring that all questions are answered appropriately and in accordance with program regulations.

EDUCATION

<u>Institution & Location</u>	<u>Degree</u>	<u>Year Conferred</u>	<u>Discipline</u>
Flushing Hospital School of Nursing	RN	1977	Nursing

PROFESSIONAL EMPLOYMENT (Start with most recent.)

<u>Dates</u> <u>From - To</u>	<u>Employer</u>	<u>Title</u>
2002-Present	Medical Consultants Network	Quality Assurance and Report Review Manager
2001-2002	Corvel	Telephonic Case Management and IME/Peer Reviewer
1999-2000	National Disability Consultants	N/A
1996-1999	Northeast Meds	IME Supervisor
1986-1996	National Disability Consultants	IME Reviewer and Nurse Consultant
1983-1986	Syosset Community Hospital	Emergency and Critical Care Nurse
1977-1983	Flushing Hospital/Medical Center	Med/Surg. Emergency and Critical Care Nurse

PROFESSIONAL EXPERIENCE (Significant experience/education relevant to program)

- Experience with New York State Workers' Compensation, No Fault, Short- and Long-Term disability Reviews, Second Opinion Examinations, and Third Opinion Examinations.
- Has worked with the AMA Guides since 2002, has a deep understanding of the current 6th edition, and has participated in training physicians in the use of the AMA Guides.
- Completes Report Review/Quality Assurance for the OWCP Washington D.C. and New York regions ensuring that all questions are answered appropriate and in accordance with DFEC program regulations, and impairment ratings are based upon the AMA Guides 6th Edition.

Exhibit I.B - BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Prepare this form for each key staff individual, including subcontractor provided key staff, if any.

Name: Erik Plowcha

Job Title: Physician Recruiting Manager

Relationship to Project: Mr. Plowcha will oversee all aspects of the project related to MCN's providers.

EDUCATION

<u>Institution & Location</u>	<u>Degree</u>	<u>Year Conferred</u>	<u>Discipline</u>
Indiana University of Pennsylvania Indiana, PA	BA of Science	2005	Communications Media

PROFESSIONAL EMPLOYMENT (Start with most recent.)

<u>Dates From - To</u>	<u>Employer</u>	<u>Title</u>
2014-Present	Medical Consultants Network	Physician Recruiting Manager
2013-2014	Medical Consultants Network	Physician Recruiter
2011-2012	Korea Poly School	English Instructor

PROFESSIONAL EXPERIENCE (Significant experience/education relevant to program)

- Manages a team of eight Physician Recruiters
- Communicates with physicians regularly to gauge their satisfaction in working with MCN
- Analyzing data to verify that each metropolitan area has a satisfactory mix of physician specialties and make adjustments when necessary to ensure this
- Collaborate with other departments and offices to ensure client satisfaction and seamless operations

MCN Sample Monthly Report

Case Number	Case Contact	Member Name	Product	Specialty	Date of Appeal/Request	Date of Report	Turn Time	Review/Appeal Type
xxxxxx	John Doe	Jane Doe	Review	Orthopedic Surgery	5/9/2014	5/12/2014	3 days	Treating
xxxxxx	Bill Doe	Emily doe	review	PM & R	5/9/2014	5/13/2014	4 days	Evaluating
xxxxxx	John Doe	David Doe	Review	Neurology	5/9/2014	5/12/2014	3 days	Treating
xxxxxx	Bill Doe	Fred Doe	review	Chiropractice	5/9/2014	5/13/2014	4 days	Evaluating
xxxxxx	John Doe	Greg Doe	Review	Orthopedic Surgery	5/9/2014	5/12/2014	3 days	Treating
xxxxxx	Bill Doe	Heather Doe	review	PM & R	5/9/2014	5/13/2014	4 days	Evaluating
xxxxxx	John Doe	Isaac Doe	Review	Neurology	5/9/2014	5/12/2014	3 days	Treating
xxxxxx	Bill Doe	Kathy Doe	review	Chiropractice	5/9/2014	5/13/2014	4 days	Evaluating

Summary Statement

Appeals Received:	8 reviews
Number of Valid Appeals	8 reviews
Number of Appeals finding for the Treating Physician	4 reviews
Number of Appeals finding for the Evaluating Physician	4 reviews
Average turn time:	3.5 days

Exhibit I.M - Compliance with Public Officers Law Requirements



State of New York
Department of Civil Service
Alfred E. Smith State Office Building
Albany, NY 12239

Compliance with Public Officers Law Requirements

ADM-992 (1.07)

The New York State Public Officers Law ("POL"), particularly POL Sections 73 and 74, as well as all other provisions of New York State law, rules and regulations, and policy establishes ethical standards for current and former State employees. In submitting its Proposal, the Offeror must guarantee knowledge and full compliance with such provisions for purposes of this RFP and any other activities including, but not limited to, contracts, bids, offers, and negotiations. Failure to comply with these provisions may result in disqualification from the procurement process, termination, suspension or cancellation of the contract and criminal proceedings as may be required by law.

The Offeror hereby submits its affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations.

Please provide below an affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations. Please attach additional pieces of paper as necessary.

Name of Offeror: Medical Consultants Network

Name & Title of Representative: Brian Grant, President & Medical Director

Signature: _____

Date: 8/9/10

Exhibit I.N - Compliance with Americans with Disabilities Act



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

Compliance with Americans with Disabilities Act

ADM-987 (1/07)

The Offeror hereby provides assurance of its compliance with the Americans With Disabilities Act (42 USC§12101 et. seq.), in that any services and programs provided during the course of performance of the Agreement resultant from this RFP shall be accessible under Title II of the Americans With Disabilities Act, and as otherwise may be required under the Americans With Disabilities Act.

Name of Offeror: Medical Consultants Network

Name & Title of Representative: Brian Grant, President & Medical Director

Signature: _____

Date: 8/9/10

Exhibit I.P – Offeror’s Certification of Compliance Pursuant to State Finance Law

Offeror’s Certification of Compliance Pursuant to State Finance Law §139-k(5)

Instructions:

New York State Finance Law (SFL) §139-k(5) requires that every contract award subject to the provisions of SFL §§139-k or 139-j shall contain a certification by the Offeror that all information provided to the Department with respect to SFL §139-k is complete, true and accurate.

At the time an Offer or Bid is submitted to the Department, the Offeror must provide the following certification that the information it has and will provide to the Department pursuant to SFL §139-k is complete, true and accurate including, but not limited to, disclosures of findings of non-responsibility made within the previous four years by any State governmental entity where such finding of non-responsibility was due to a violation of SFL §139-j or due to the intentional provision of false or incomplete information to a State governmental entity.

Offeror Certification

I certify that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

Name of Offeror: Medical Consultants Network

By: (Signature)

Name: Brian Grant, MD

Title: President & Medical Director

Address: 1301 Fifth Ave., Ste. 2900

Seattle, WA 98101

Date: 2/9/10

Exhibit I.U.1 - Key Subcontractors or Affiliates

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	
The Offeror: <input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services <input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling \$100,000 or more during the term of the 5 year agreement	
Subcontractor's Legal Name:	<u>See Exhibit I.U.1 for a full roster of potential key subcontractors who are currently under contract to complete this type of services for Medical Consultants Network.</u>
Business Address:	<u>See Exhibit I.U.1 for a full roster of potential key subcontractors who are currently under contract to complete this type of services for Medical Consultants Network.</u>
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other Given the number of potential key subcontractors, the type of entity varies though most are sole proprietorships or partnerships.
As of the date of the Offeror's Proposal, a subcontract <input checked="" type="checkbox"/> has <input type="checkbox"/> has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Dispute Resolution Program Services.	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	Given the number of potential key subcontractors, MCN would be willing and able to provide this detailed information per individual subcontractor listed in Exhibit I.U.1 after contract award and once individual specialty needs are determined.
2. Client Reference Name and Phone #	See above
3. Program Title:	See above

Exhibit I.U.1 - Key Subcontractors or Affiliates

4. Program Start Date:	See above
5. In the space provided below, Program Status:	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	
Medical Consultants Network has entered into a subcontractor Agreement, including related HIPAA agreement, with each of the subcontractors listed in Exhibit I.U.1. A sample of the contract is attached as Exhibit I.U.3.	



Department of Civil Service

ALBANY, NEW YORK 12239

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

OFFICE OF FINANCIAL ADMINISTRATION

EEO-100 (1/2016)

Solicitation No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Report includes: <input type="checkbox"/> Contractor's work force to be utilized on this contract <input type="checkbox"/> Contractor's total work force <input type="checkbox"/> Subcontractor's work force to be utilized on this contract <input type="checkbox"/> Subcontractor's total work force
Contractor/Subcontractor's Name:		
Contractor/Subcontractor's Address:		
FEIN:		

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO Job Categories	Total Work Force	Work force by Gender		Work force by Race/Ethnic Identification						Disabled Individual		Veteran					
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		American Indian or Alaskan Native (M) (F)		(M)	(F)	(M)	(F)

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	EMAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):		

General Instructions: All Offerors must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's total work force, the Offeror shall complete this form for the contractor's total work force. Subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor must complete this form upon request of the Department.

Instructions for completing:

1. Enter the Solicitation Number that this report applies to along with the name and address of the Offeror (contractor).
2. Check off the appropriate box to indicate if the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the contractor's/subcontractor's work force being reported is just for the contract or the total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading "Work force by Gender."
6. Break down the total work force by race/ethnic background and enter under the heading "Work force by Race/Ethnic Identification."
7. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE: (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK: A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.

HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN & PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

AMERICAN INDIAN OR ALASKAN NATIVE (Not of Hispanic Origin): A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

DISABLED INDIVIDUAL - any person who:

- has a physical or mental impairment that substantially limits one or more major life activity
- has a record of such an impairment; or
- is regarded as having such an impairment.

VIETNAM ERA VETERAN: A veteran who served at any time between and including January 1, 1963 and May 7, 1975.

SMITH BUNDAY BERMAN BRITTON, P.S.

MEDICAL CONSULTANTS NETWORK LLC

CONSOLIDATED FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2015 AND 2014

March 1, 2016

Board of Directors
Medical Consultants Network LLC
Seattle, Washington

Independent Auditors' Report

We have audited the accompanying financial statements of Medical Consultants Network LLC and its subsidiary (the Company), which comprise the consolidated balance sheets as of December 31, 2015 and 2014, and the related consolidated statements of income and comprehensive income, changes in owner's equity and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements.

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

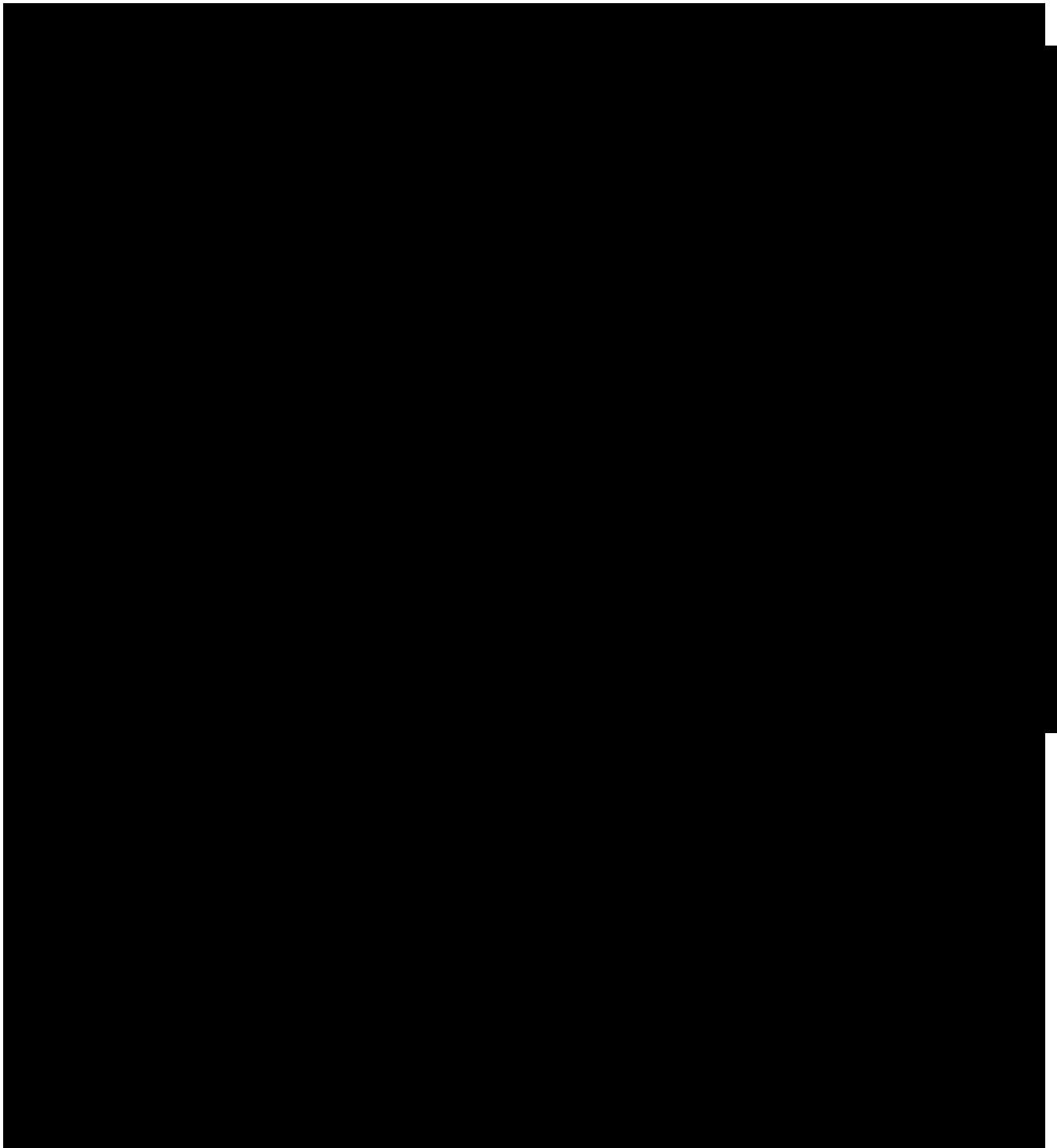
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

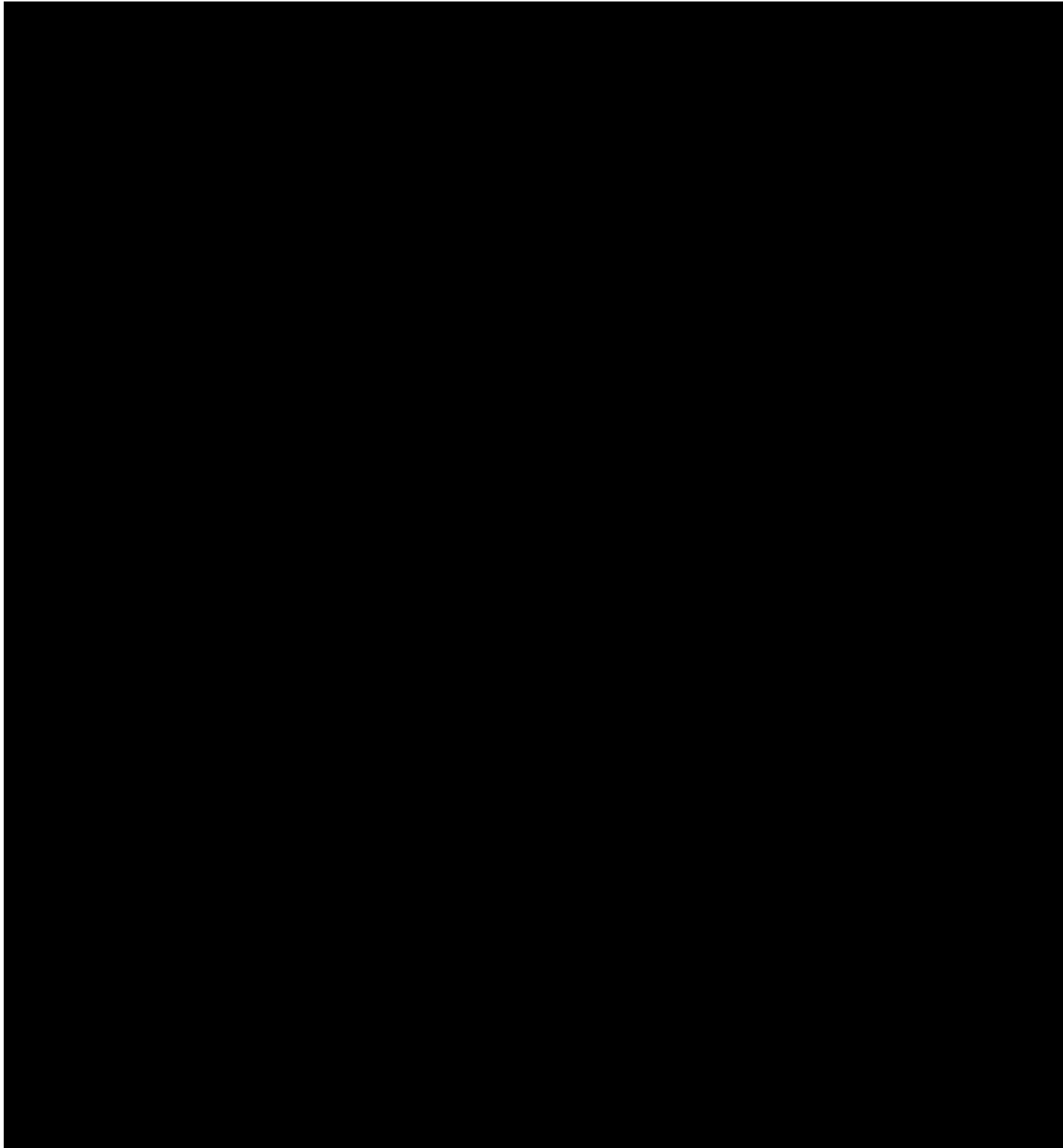
Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Medical Consultants Network LLC and its subsidiary as of December 31, 2015 and 2014, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

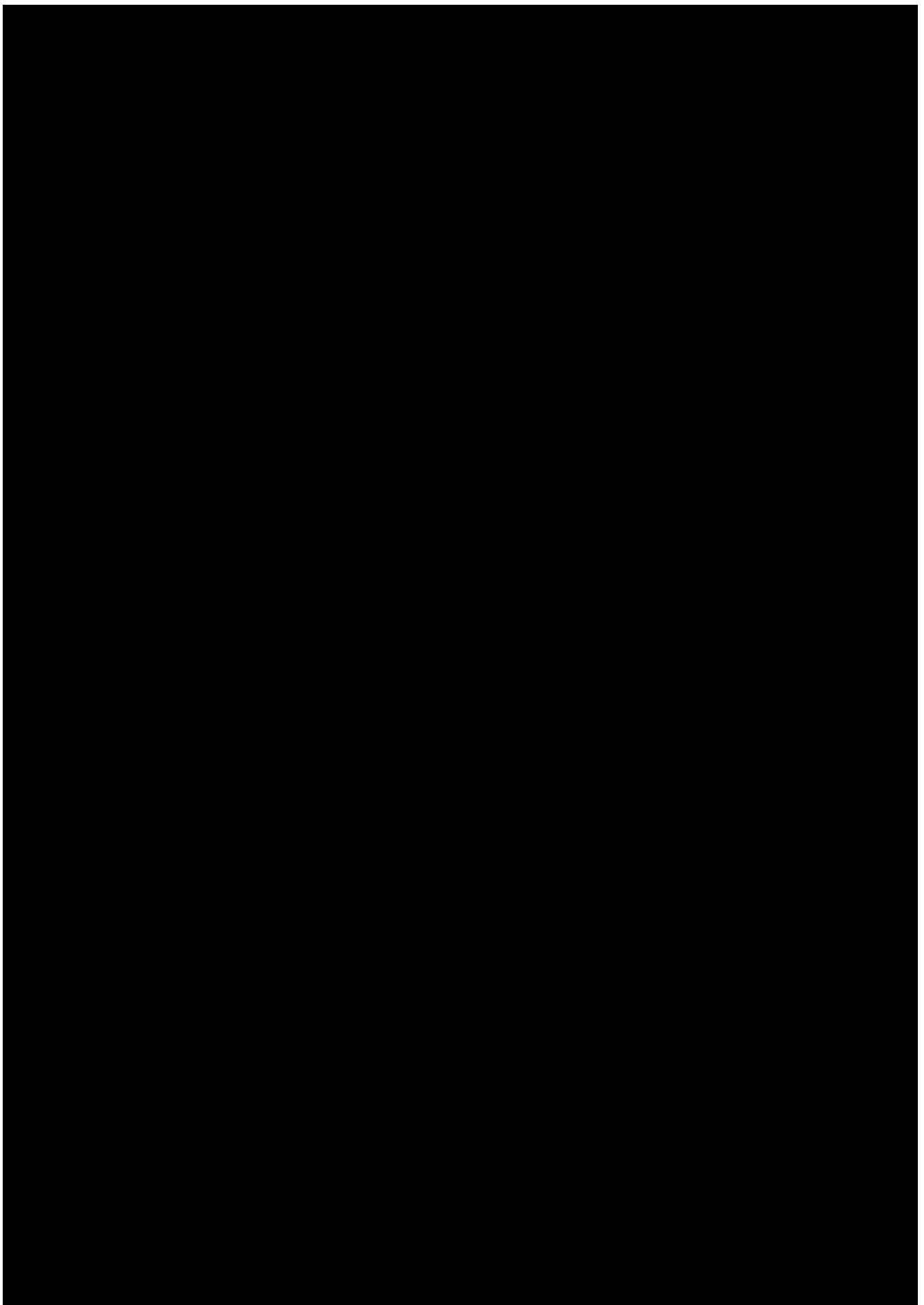


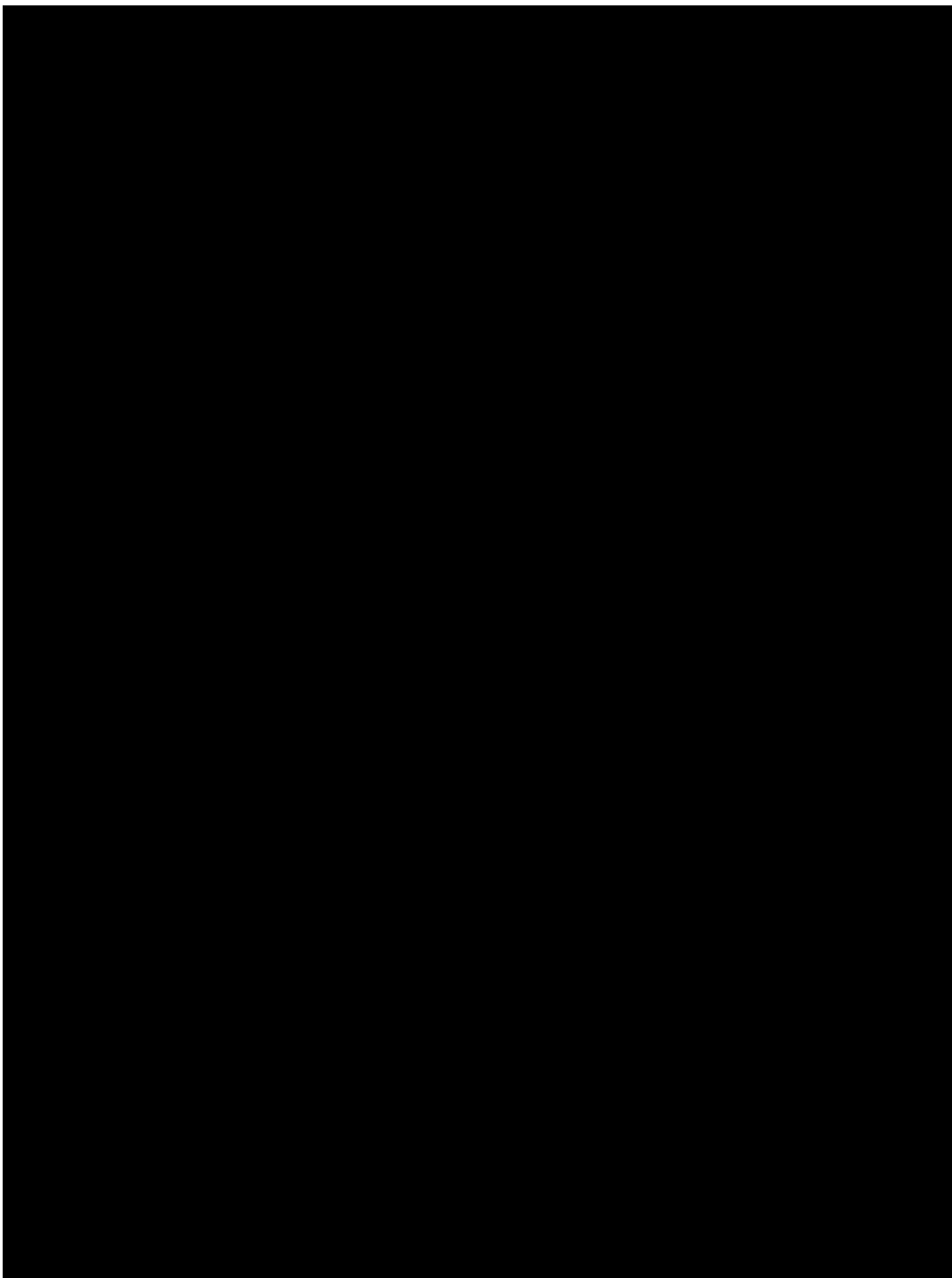


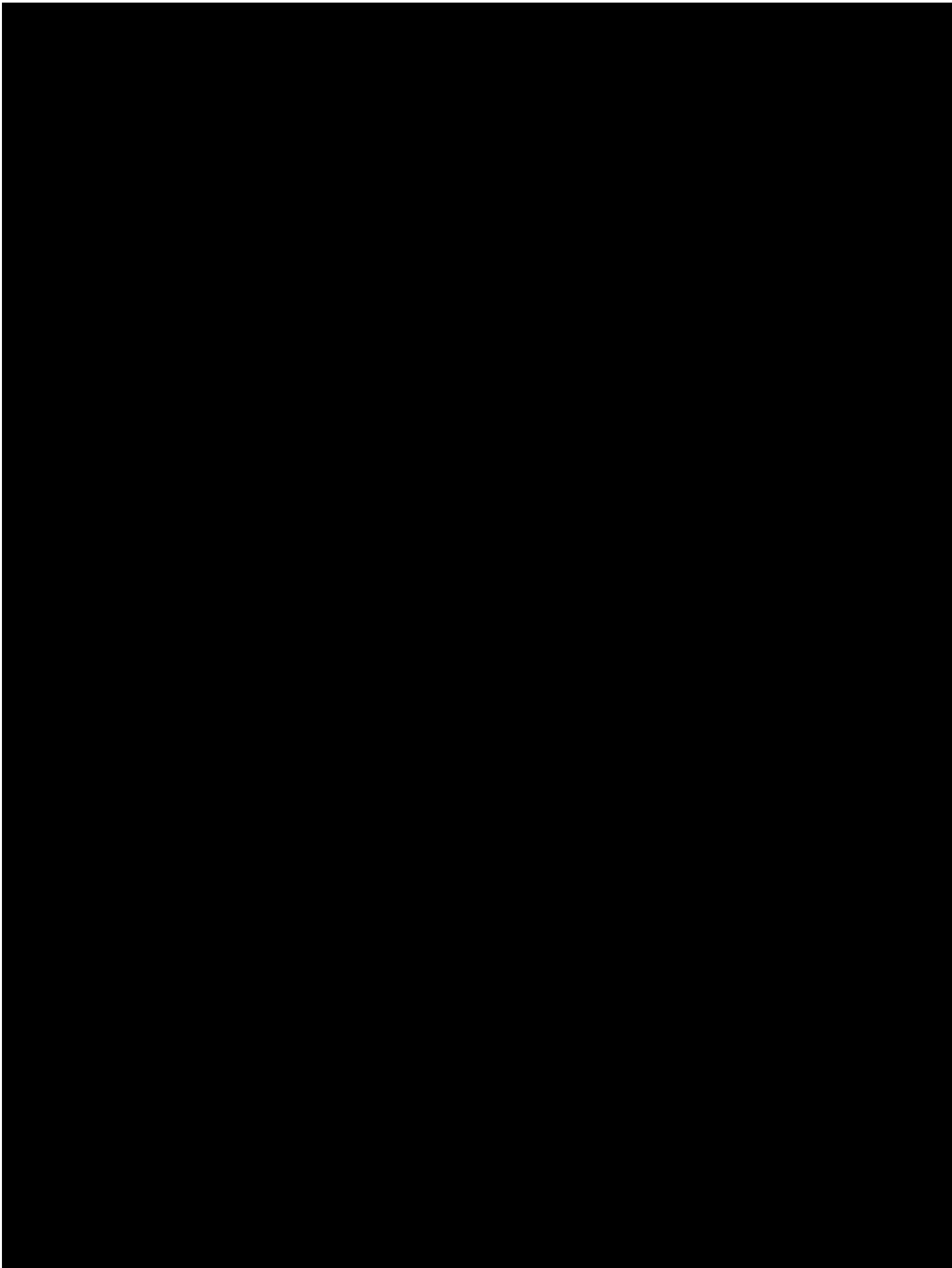
The accompanying notes are an integral part of the financial statements

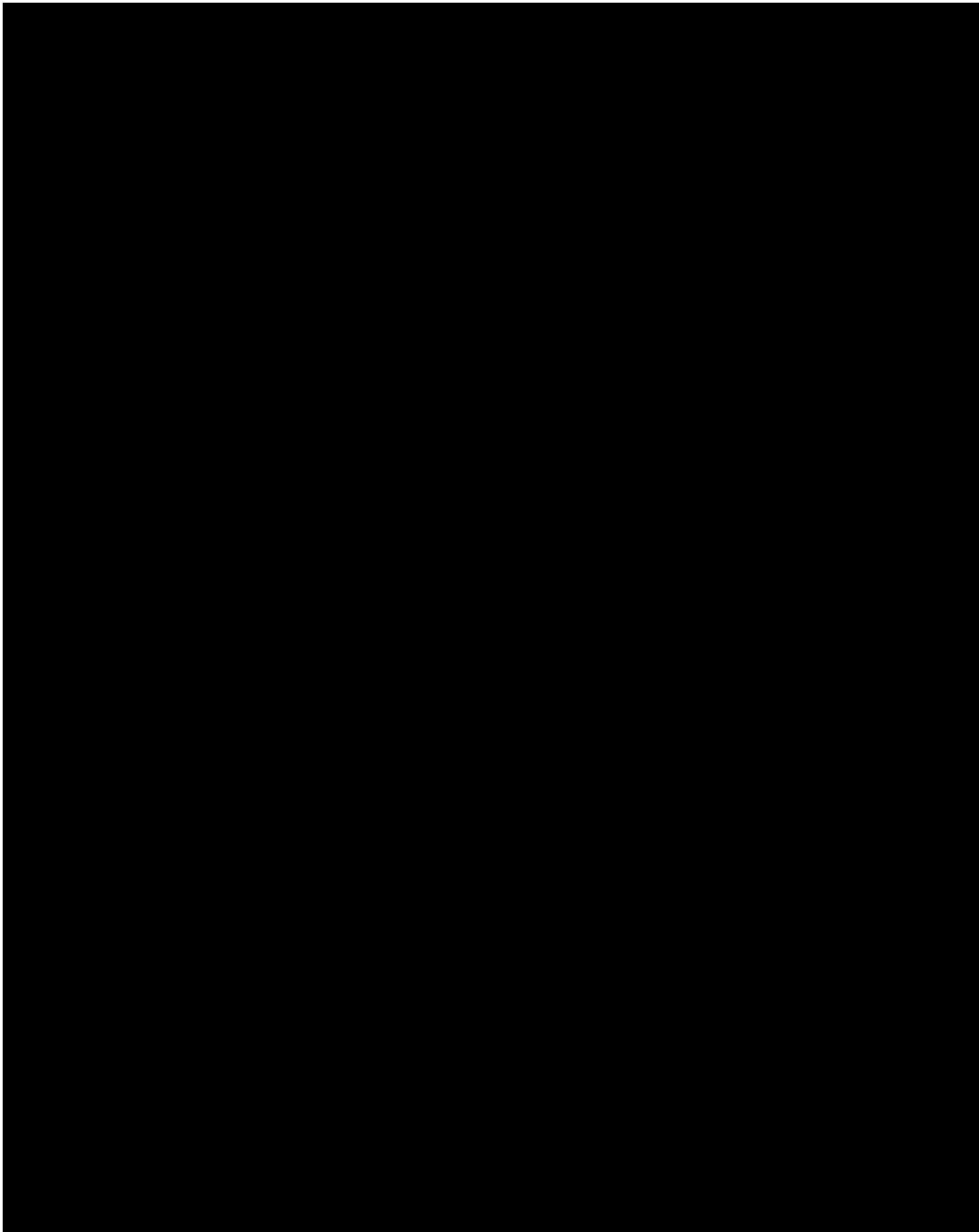


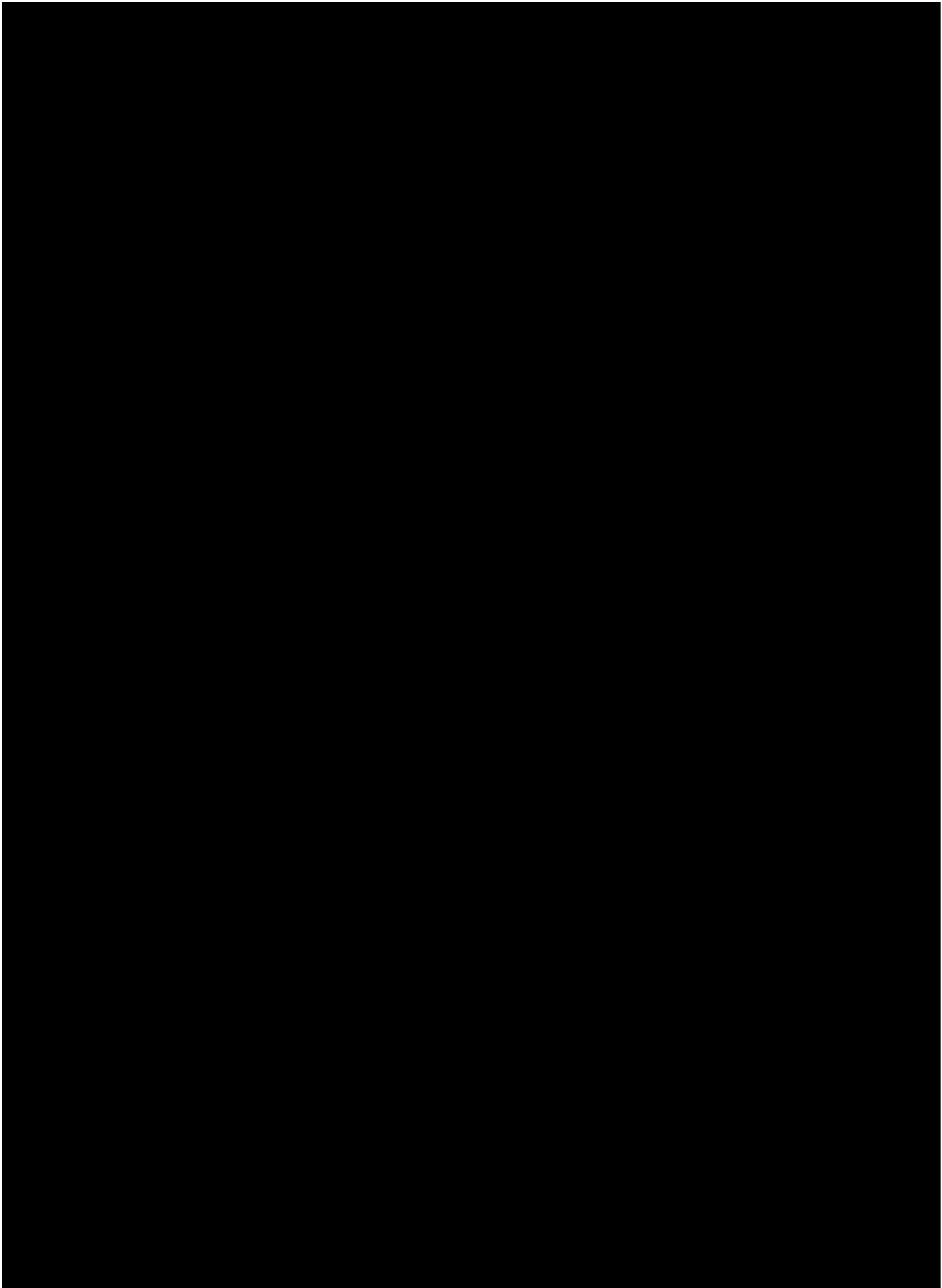
The accompanying notes are an integral part of the financial statements

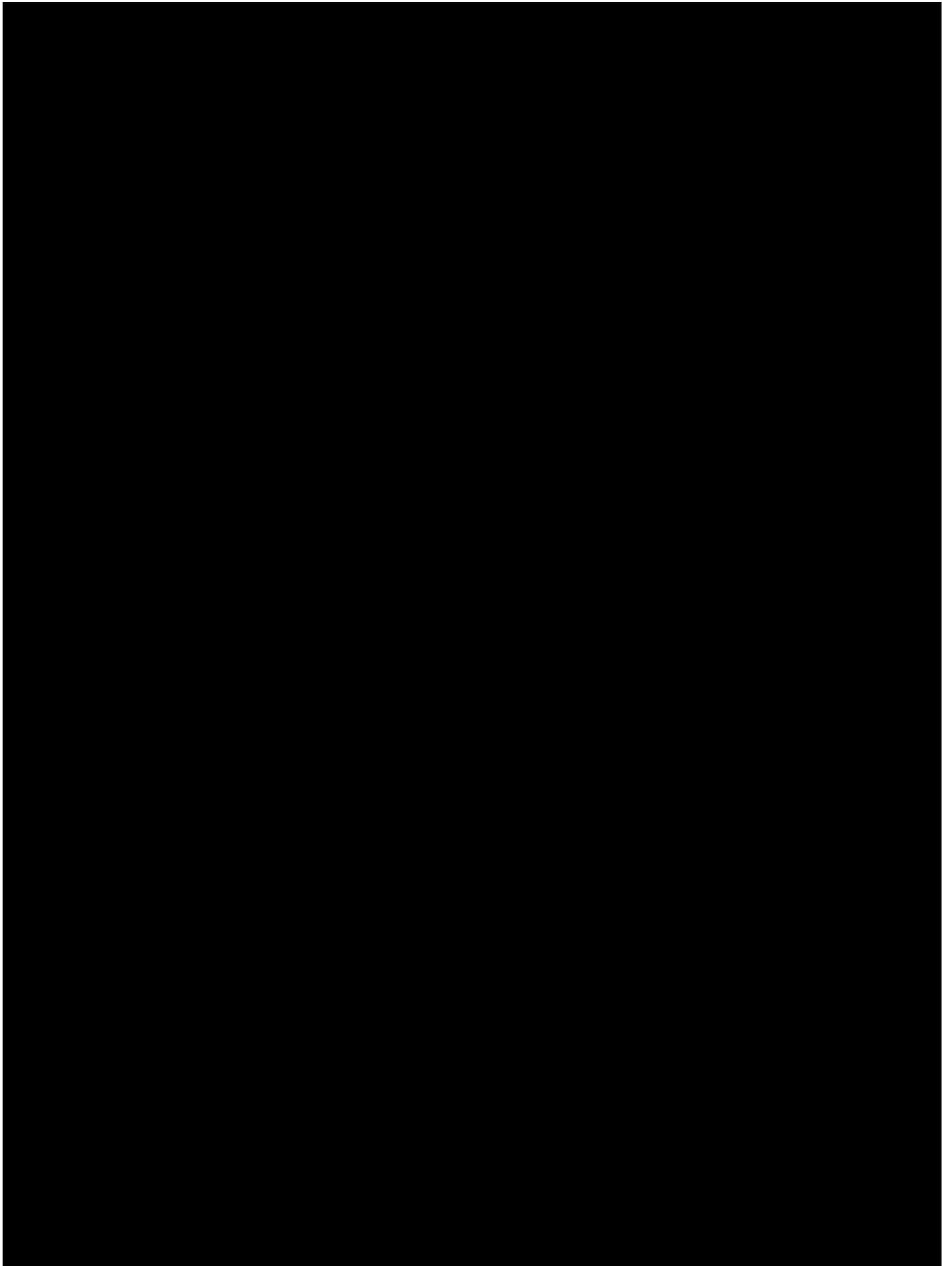


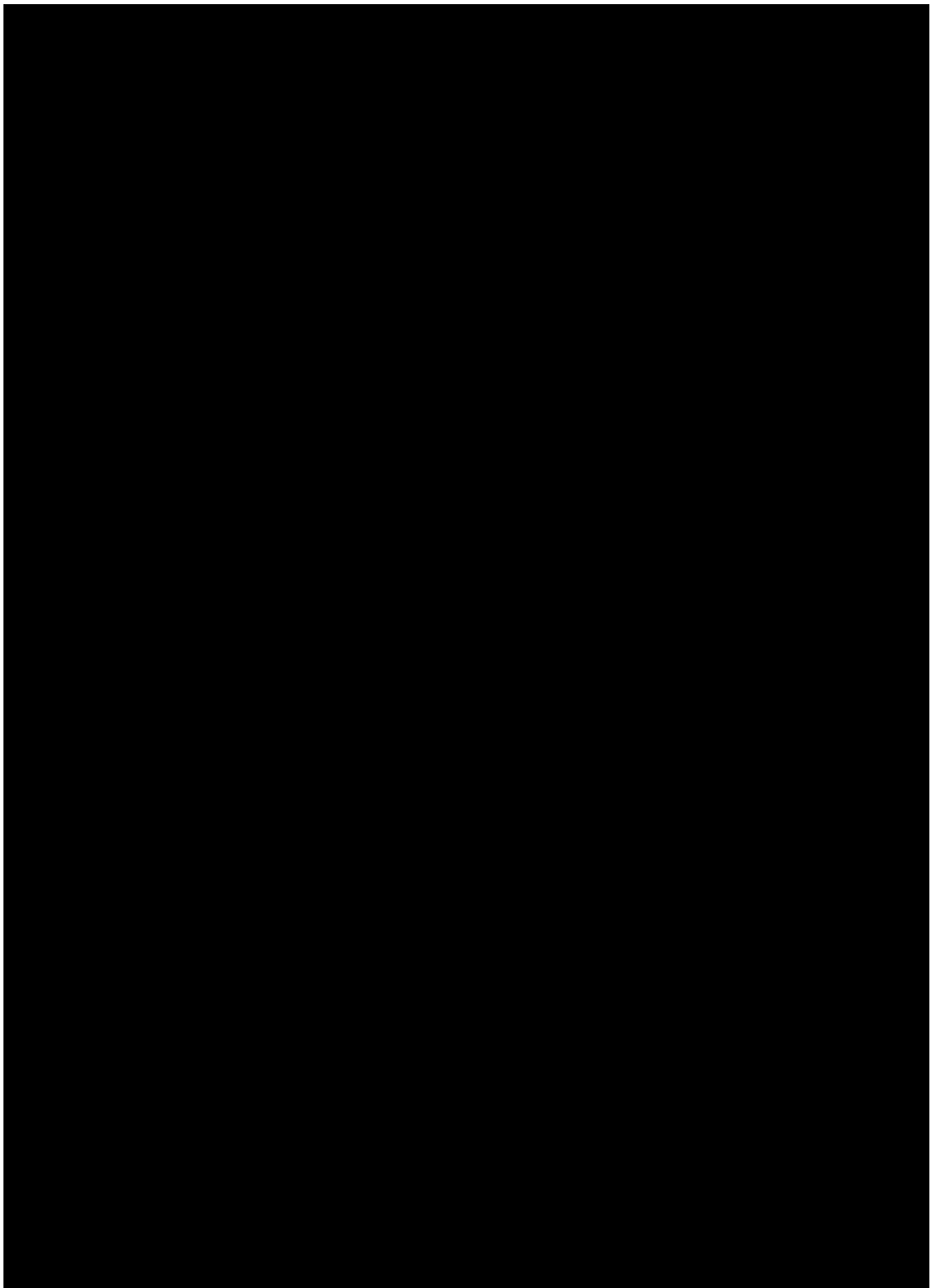


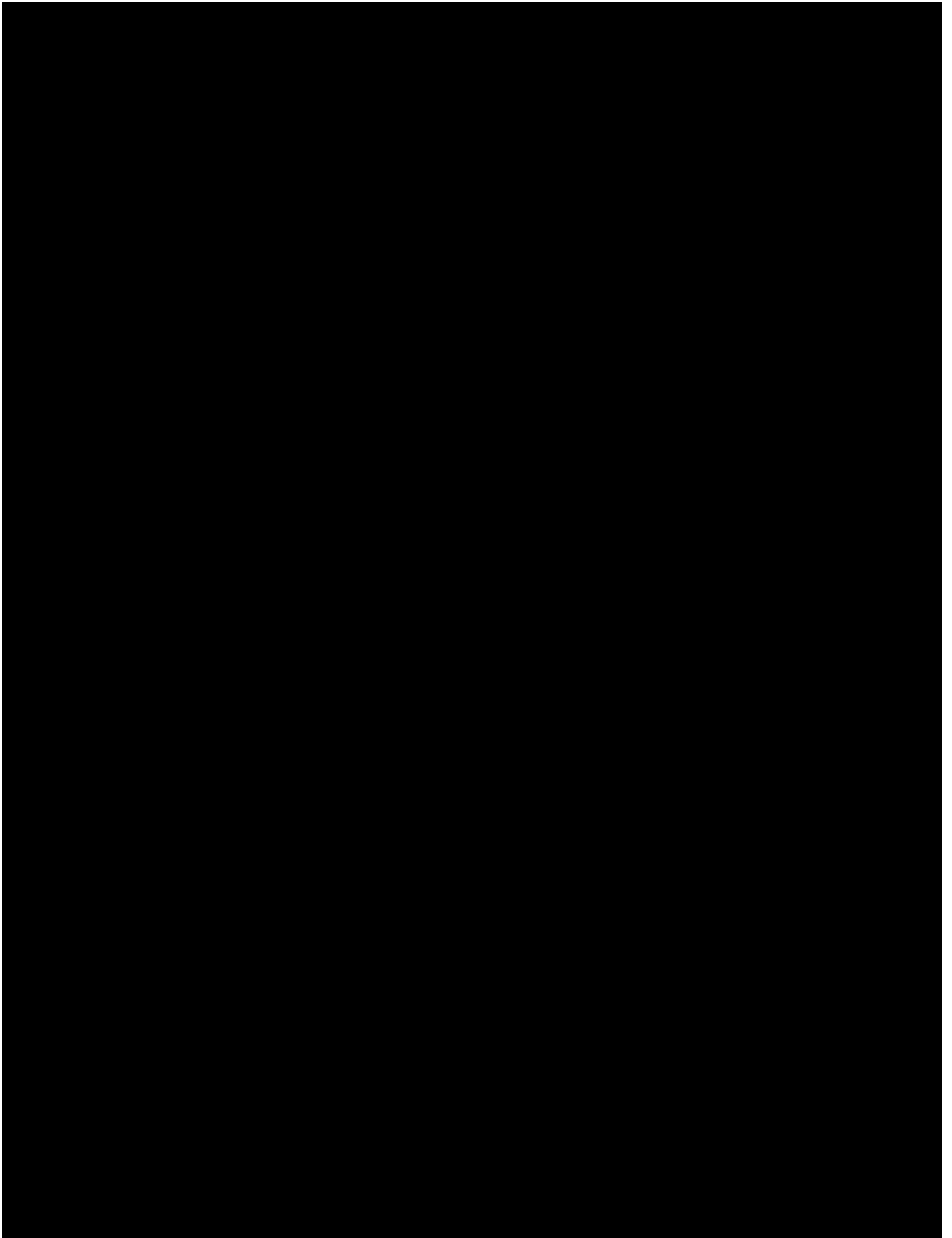


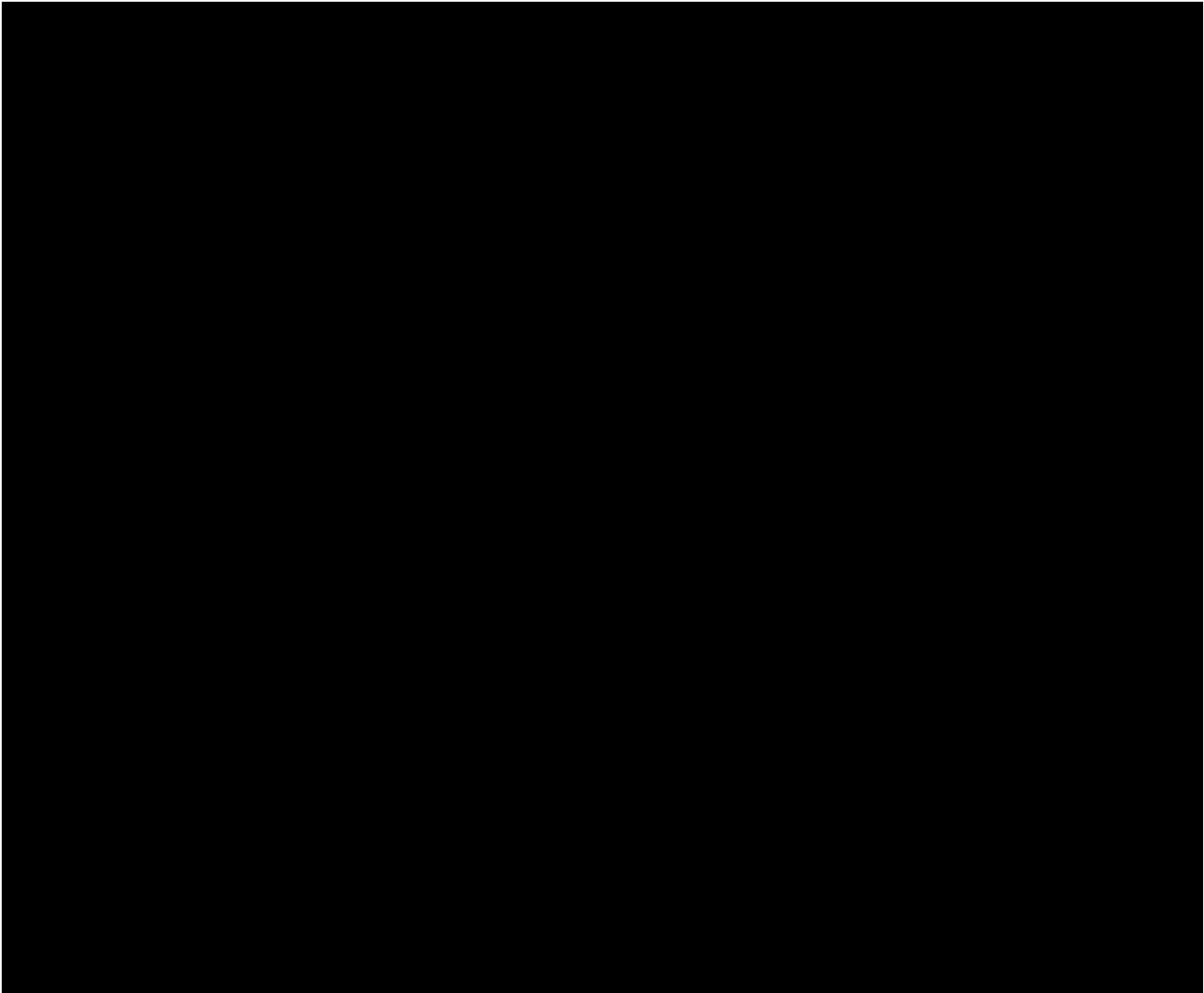


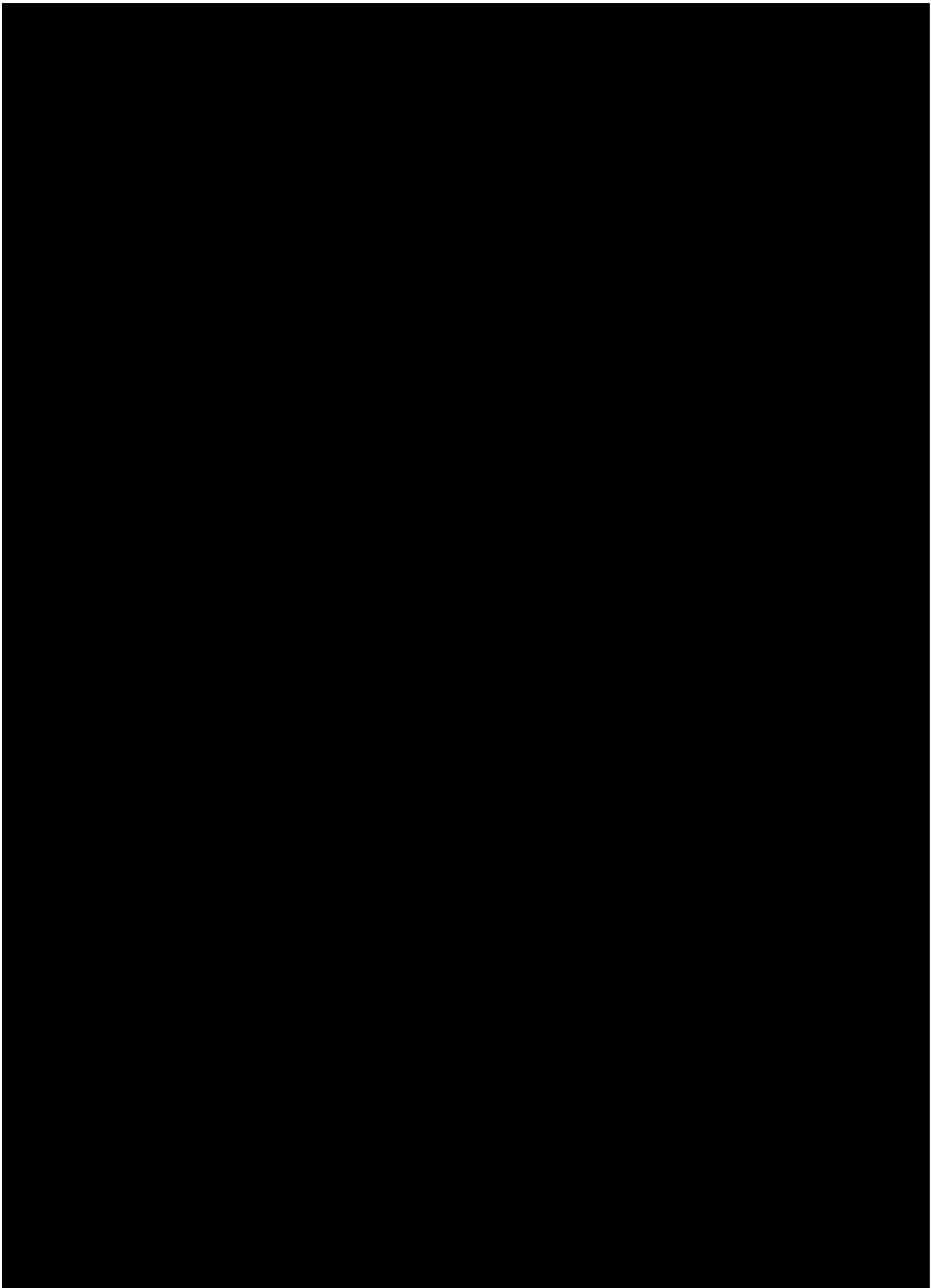


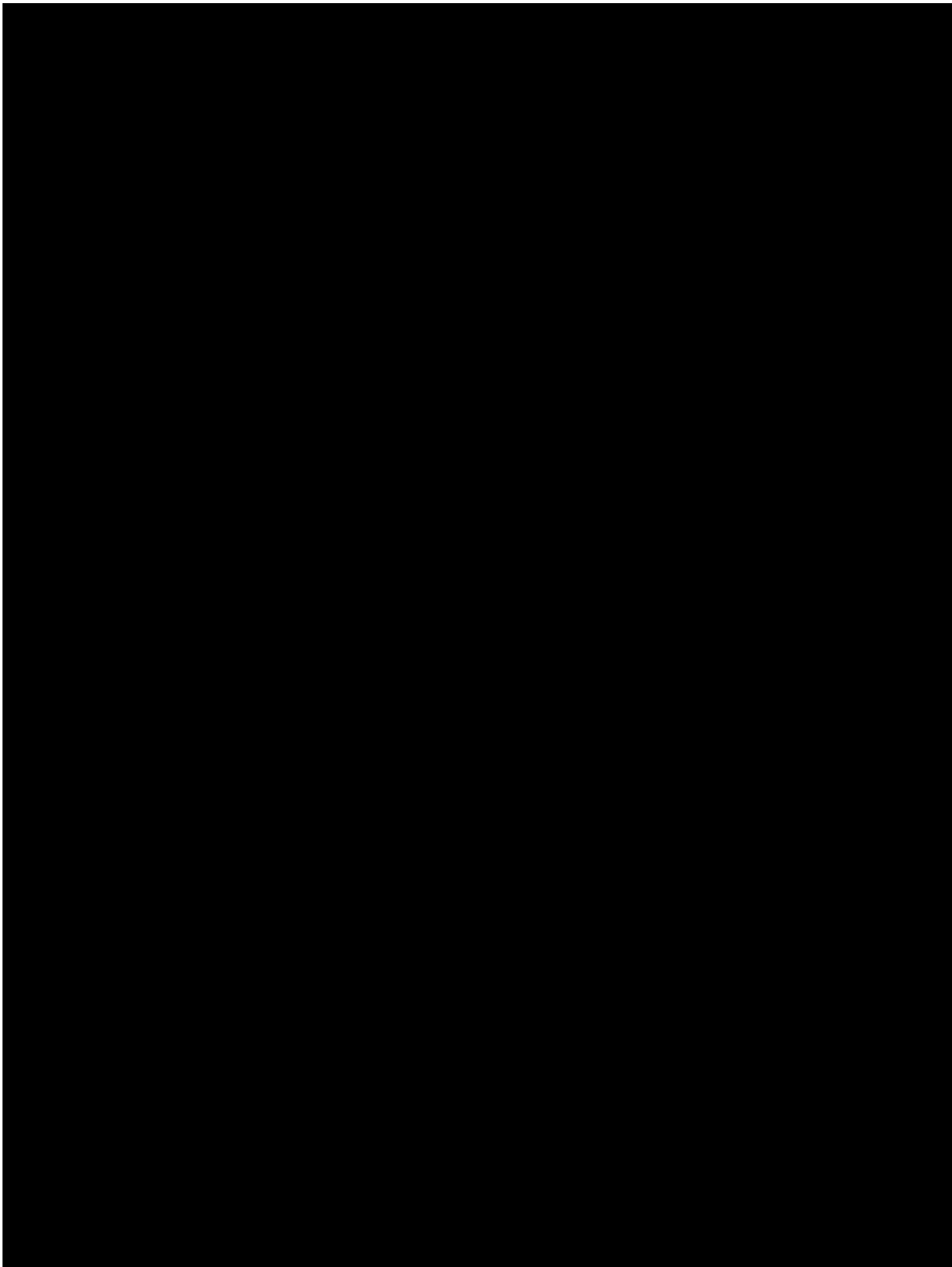


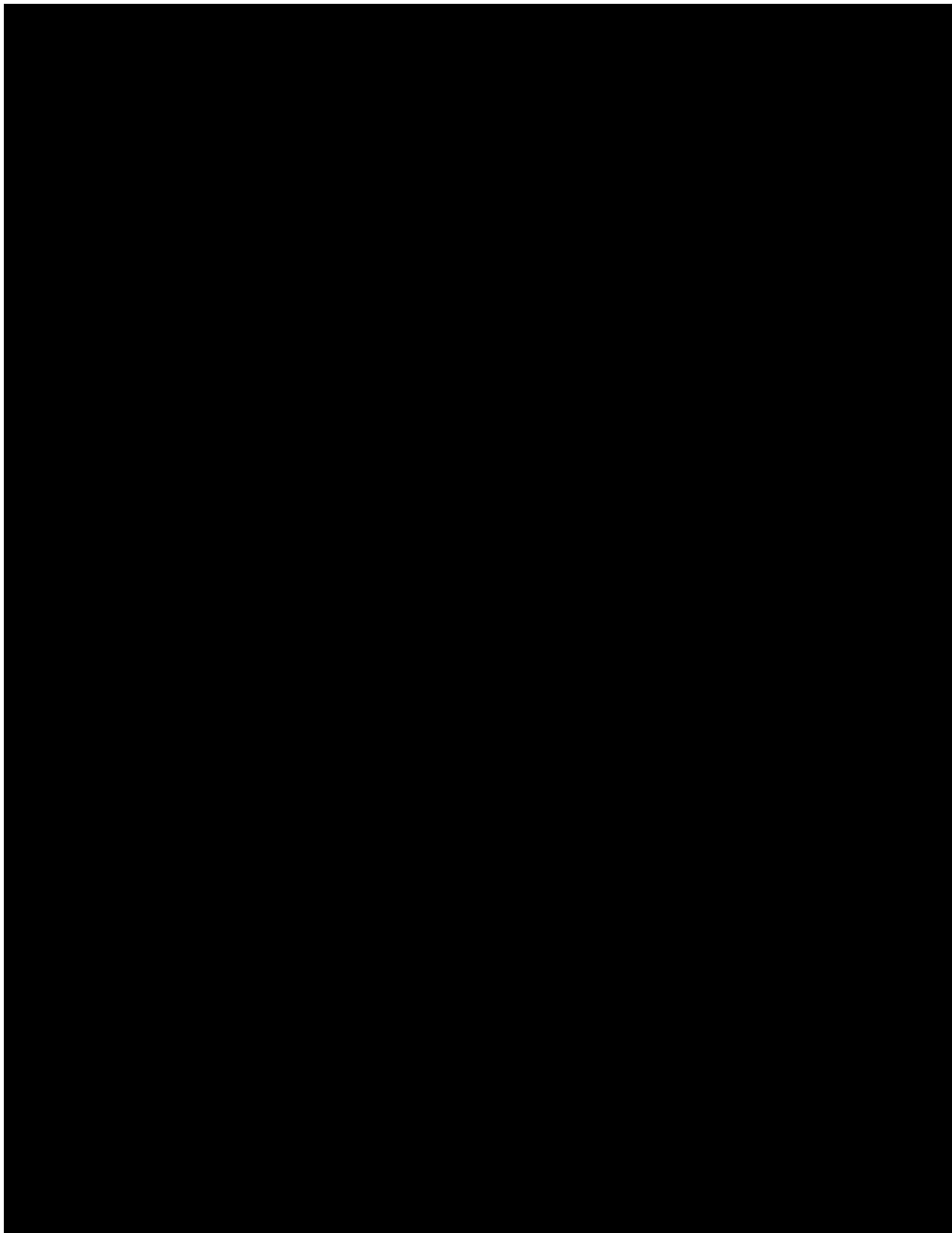


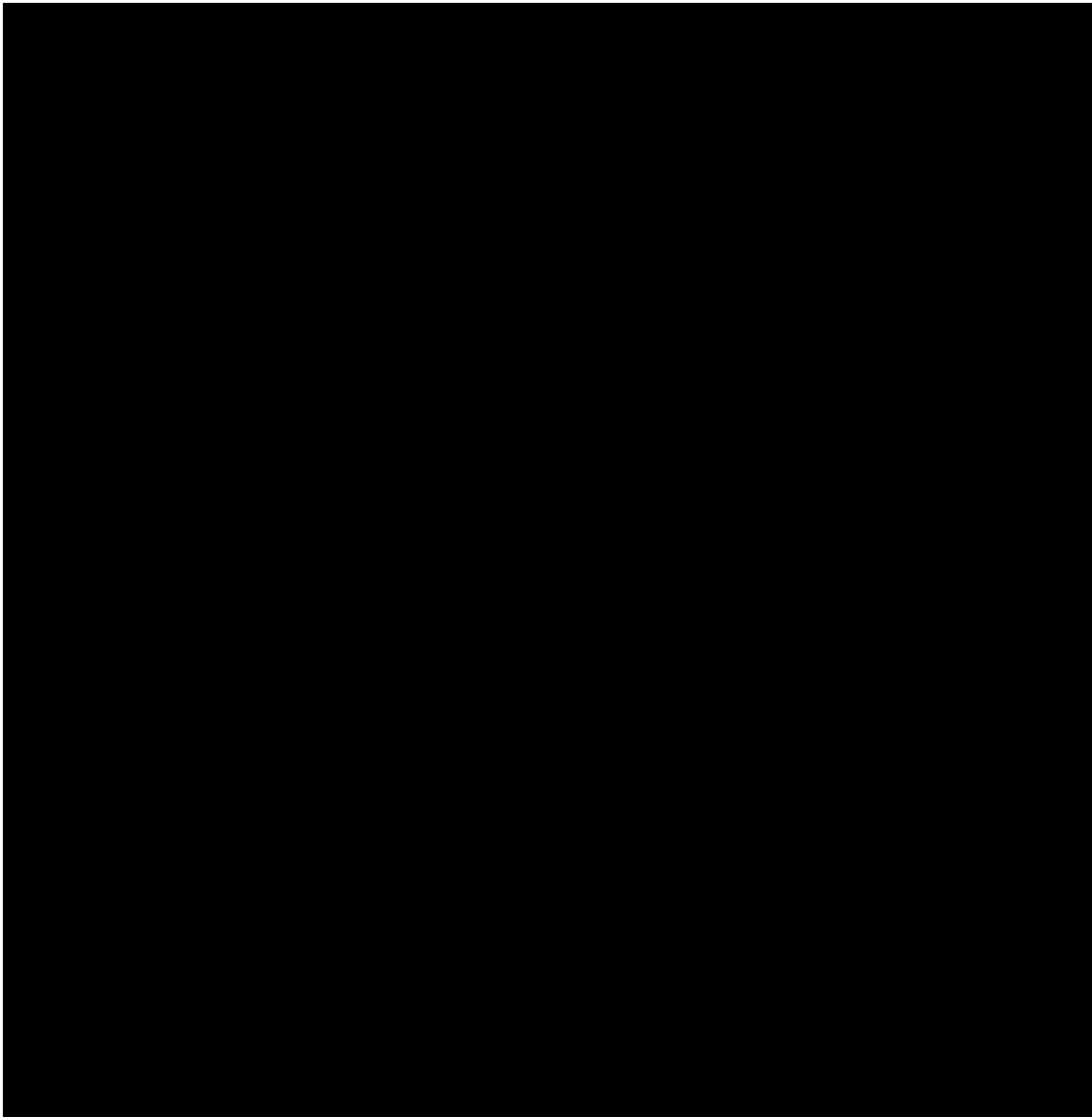


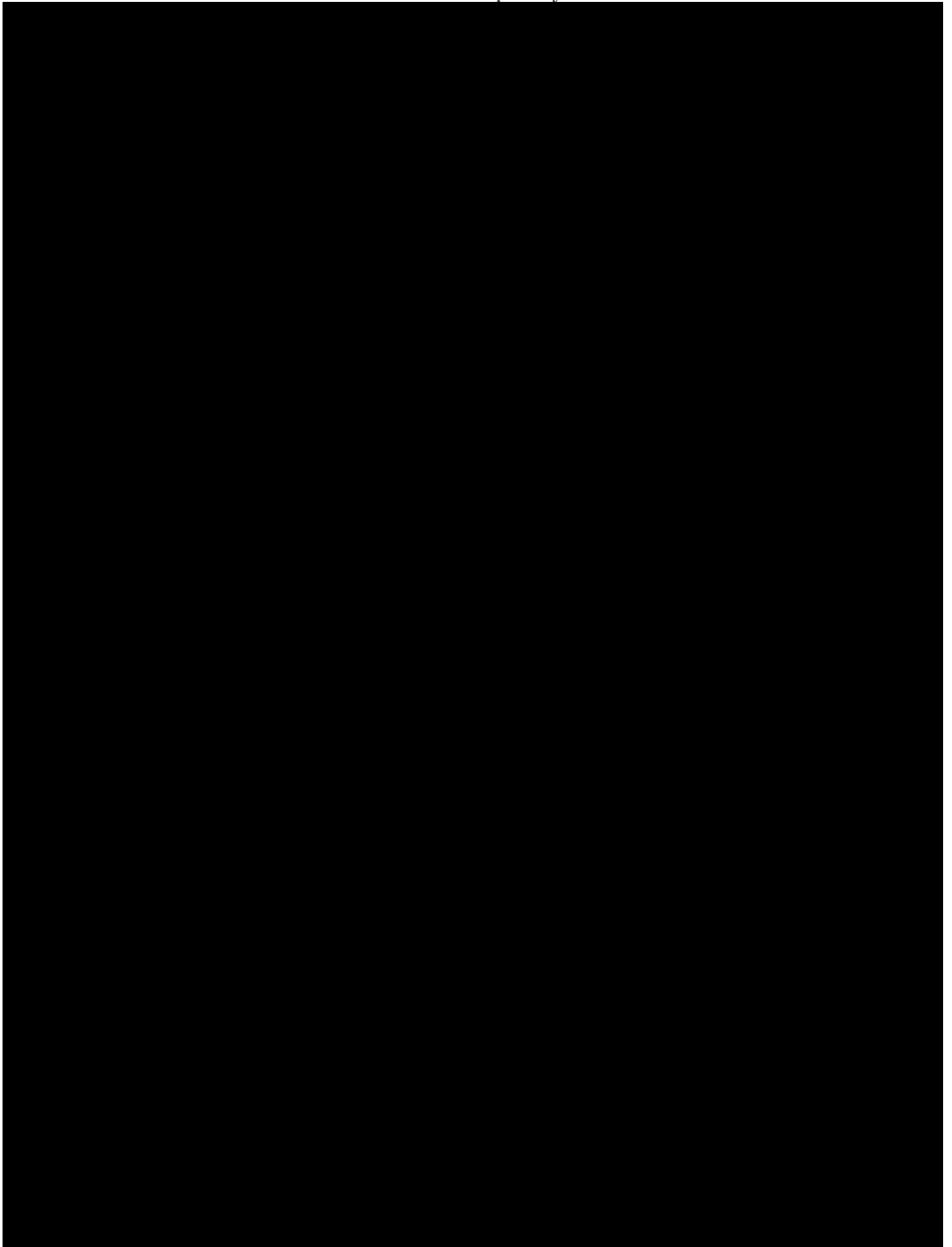














1301 Fifth Ave., Ste. 2900
Seattle, WA 98101
mcn.com | PeerReview@mcn.com

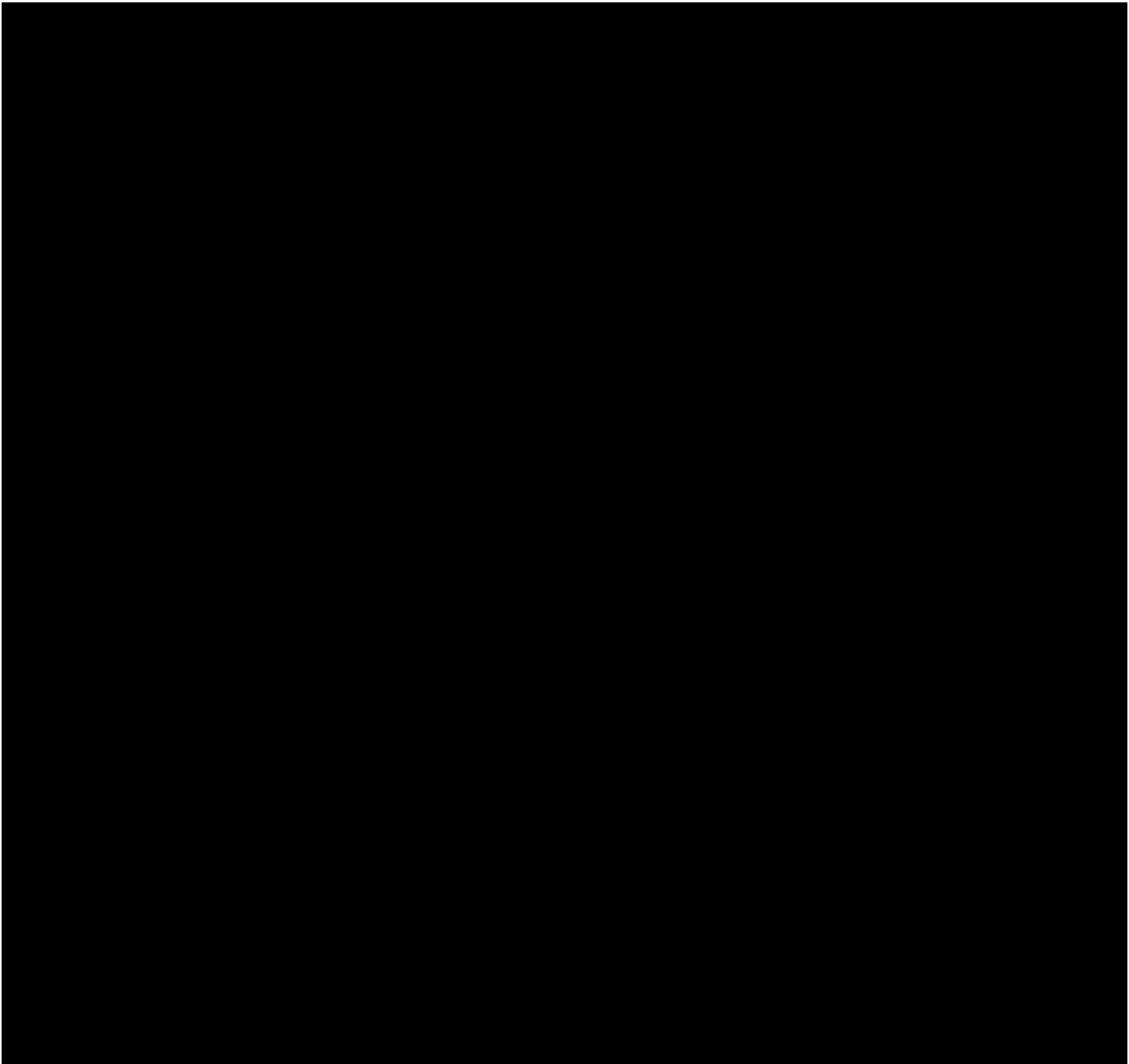
t: 800.636.3926
t: 206.621.9097
f: 206.973.8459

Medical
Consultants
Network

Policy Name:	PERFORMANCE MONITORING
Effective date:	January 1, 2013
Most recent revision approval date:	June 23, 2016
Future review date:	June 22, 2017
Approved by:	Executive Management
URAC Standard(s):	URAC IR 5.0: 17
State specific consideration(s):	

POLICIES

- I. MCN shall monitor IRO performance to ensure quality performance and compliance.



■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

For Reference Purposes

URAC

Definitions

Organization: A business entity that seeks accreditation under these standards.

Interpretive Note for term “Organization”: This can include a program or department and can be geographically defined.

Referring Entity: The organization or individual that refers a case to an organization. Referring entities may include insurance regulators, health benefits plans, consumers, and attending providers. Some states may limit by law which individuals or organizations may be a referring entity.

Review of Service Request: Review of information submitted to the organization for health care services that do not need medical necessity certification nor result in a non-certification decision.

Reviewer(s): The individual (or individuals) selected by the organization to consider a case.

Note: Selection of the reviewer(s) for a case must be conducted in accordance with standards IR 1 through IR 6.

- All reviewer(s) who are health care practitioners must have the following qualifications:
- Active U.S. licensure;
- Recent experience or familiarity with current body of knowledge and medical practice;
- At least five (5) years of experience providing health care;
- If the reviewer is an M.D. or D.O., board certification by a medical specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association.
- If the reviewer is a D.P.M., board certification by one of the following:
 - American Board of Podiatric Surgery (ABPS)
 - American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM)
 - American Board of Multiple Specialties in Podiatry (ABMSP)
- All reviewer(s) who are health insurance lawyers conducting rescission, benefit interpretation, reimbursement or other administrative/legal review, must have the following qualifications:
- Active U.S. licensure as a lawyer, which may need to be specific to the state with jurisdiction over review;
- Recent experience or familiarity with current body of knowledge and health insurance practice;
- At least five (5) years’ experience providing legal services regarding health insurance matters.

IR 17 - Performance Monitoring

The *organization* monitors its performance regarding review procedures according to its written policies and/or documented procedures, whereby:

- (a) Prior to communicating a review determination with a *referring entity*:
 - (i) The medical director (or equivalent designate) conducts and documents a quality check for at least the first two (2) cases conducted by a *reviewer* new to the *organization*; **and**
 - (ii) The *organization* conducts a quality check and if a review does not meet the *organization's* quality standards, then each issue and its outcome are documented;
- (b) The medical director (or equivalent designate) conducts and documents random quality checks;
- (c) The *organization* conducts and documents random regulatory compliance checks for each state that it does business in;
- (d) The *organization* conducts and documents random compliance checks among the current contracts that are within the scope of this accreditation;
- (e) At least quarterly, the *organization* generates reports to track and trend against measures of acceptable levels of performance with regards to:
 - (i) Review timelines;
 - (ii) Routine quality checks per standard element (a)(ii);
 - (iii) Random quality checks per standard element (b);
 - (iv) Random compliance checks per standard elements (c) and (d);
 - (v) Client *complaints*; **and**
- (f) As needed, the *organization* implements action plans to correct identified problems and meet acceptable levels of performance for measures.



1301 Fifth Ave., Ste. 2900
Seattle, WA 98101
mcn.com | PeerReview@mcn.com

t: 800.636.3926
t: 206.621.9097
f: 206.973.8459

Medical
Consultants
Network

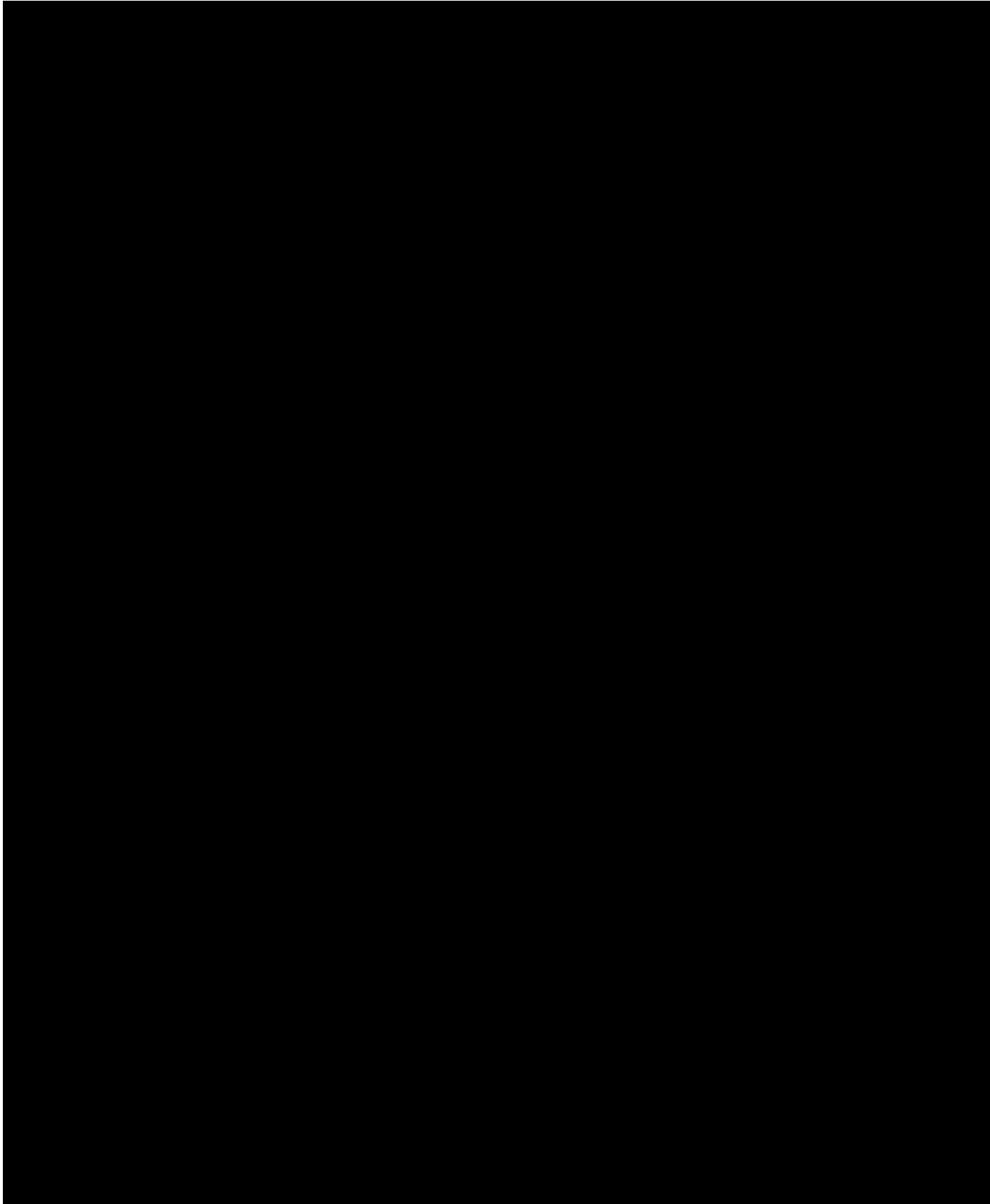
Policy Name:
Effective date:
Most recent revision approval date:
Future review date:
Approved by:
URAC Standard(s):
State specific consideration(s):

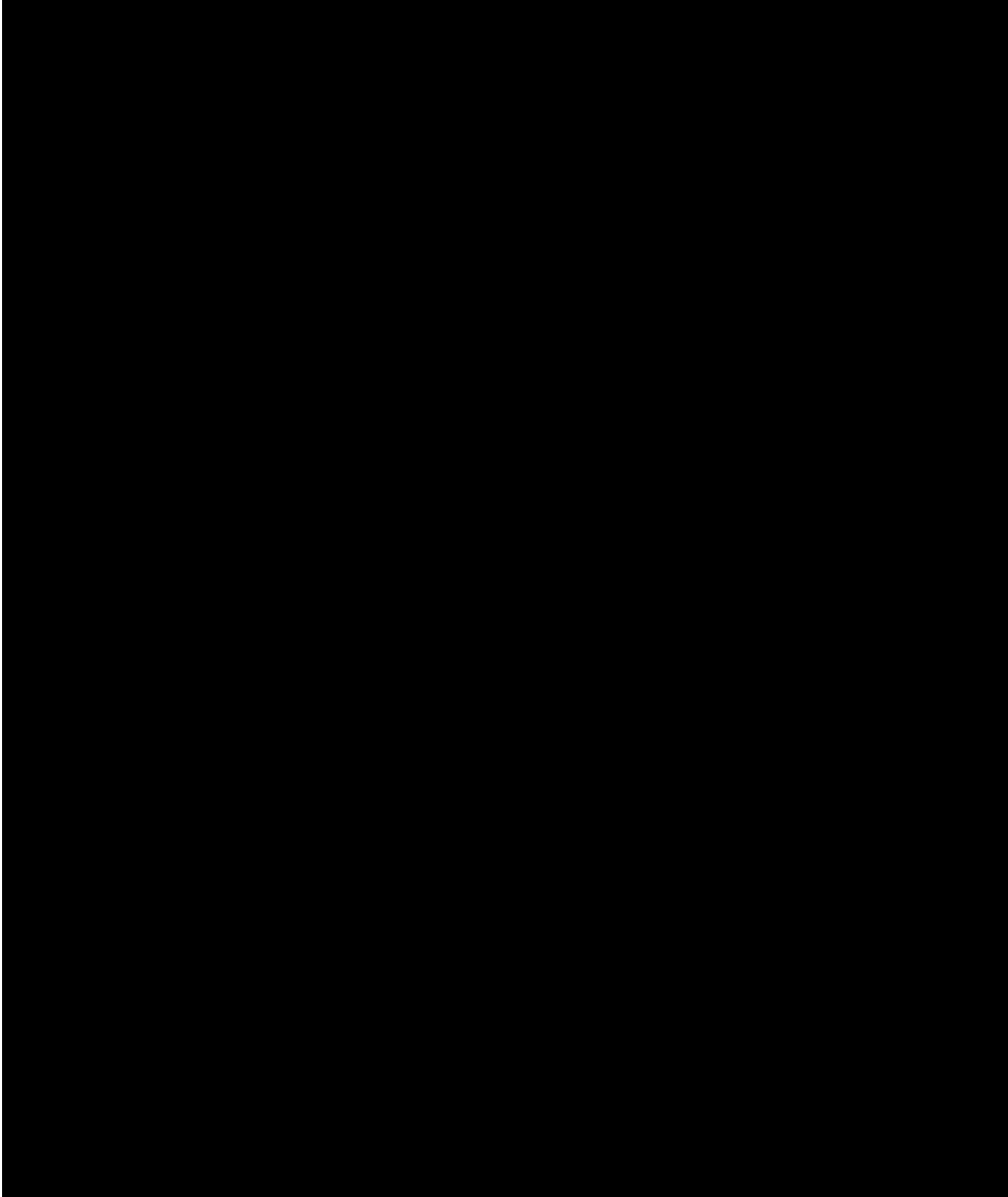
Reviewer and MCN Conflict of Interest
February 15, 2012
June 20, 2016
June 20, 2017
Executive Management Committee
URAC IRO 5.0 IR: 8, 9, 10, 11, 13, 14

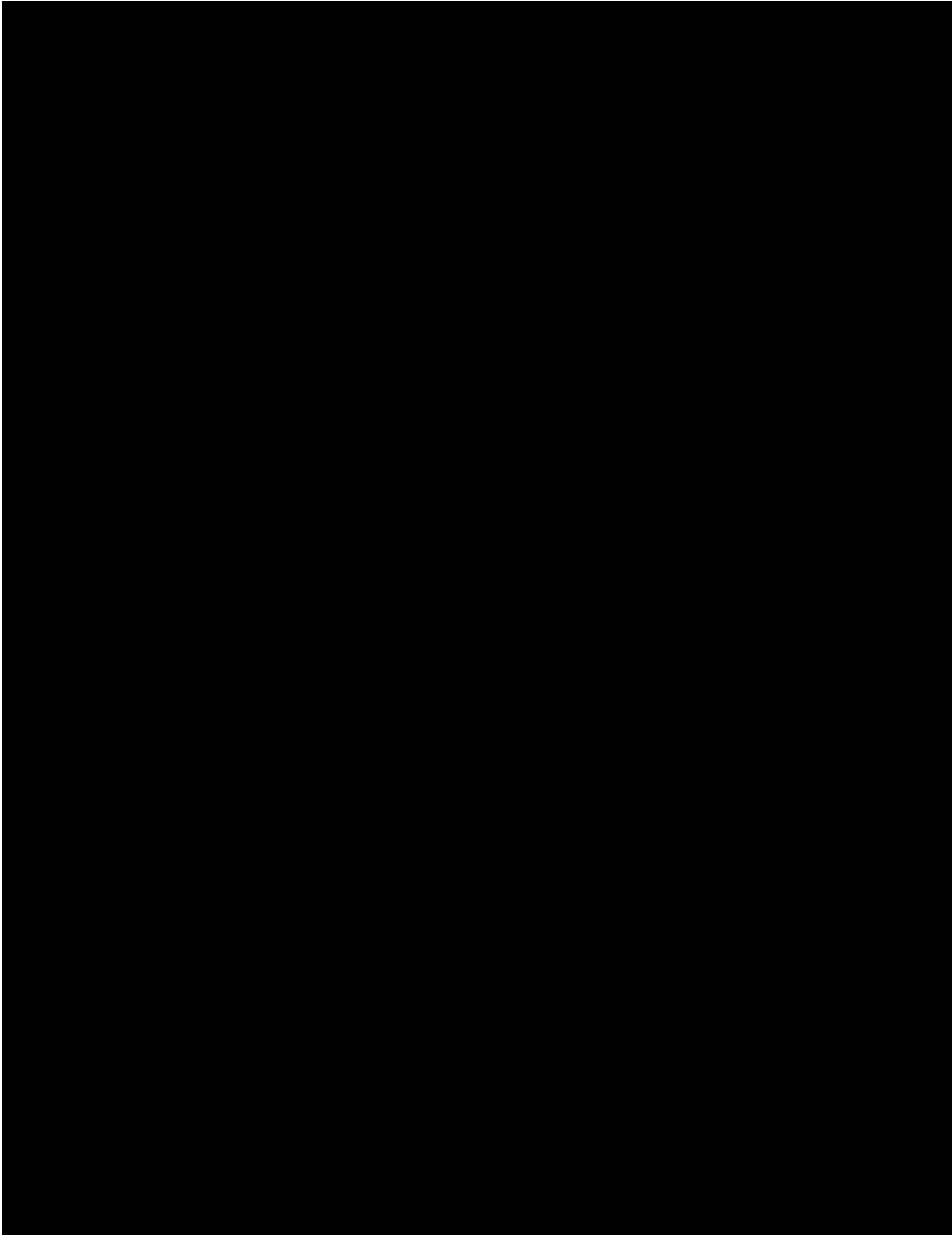
PURPOSE:

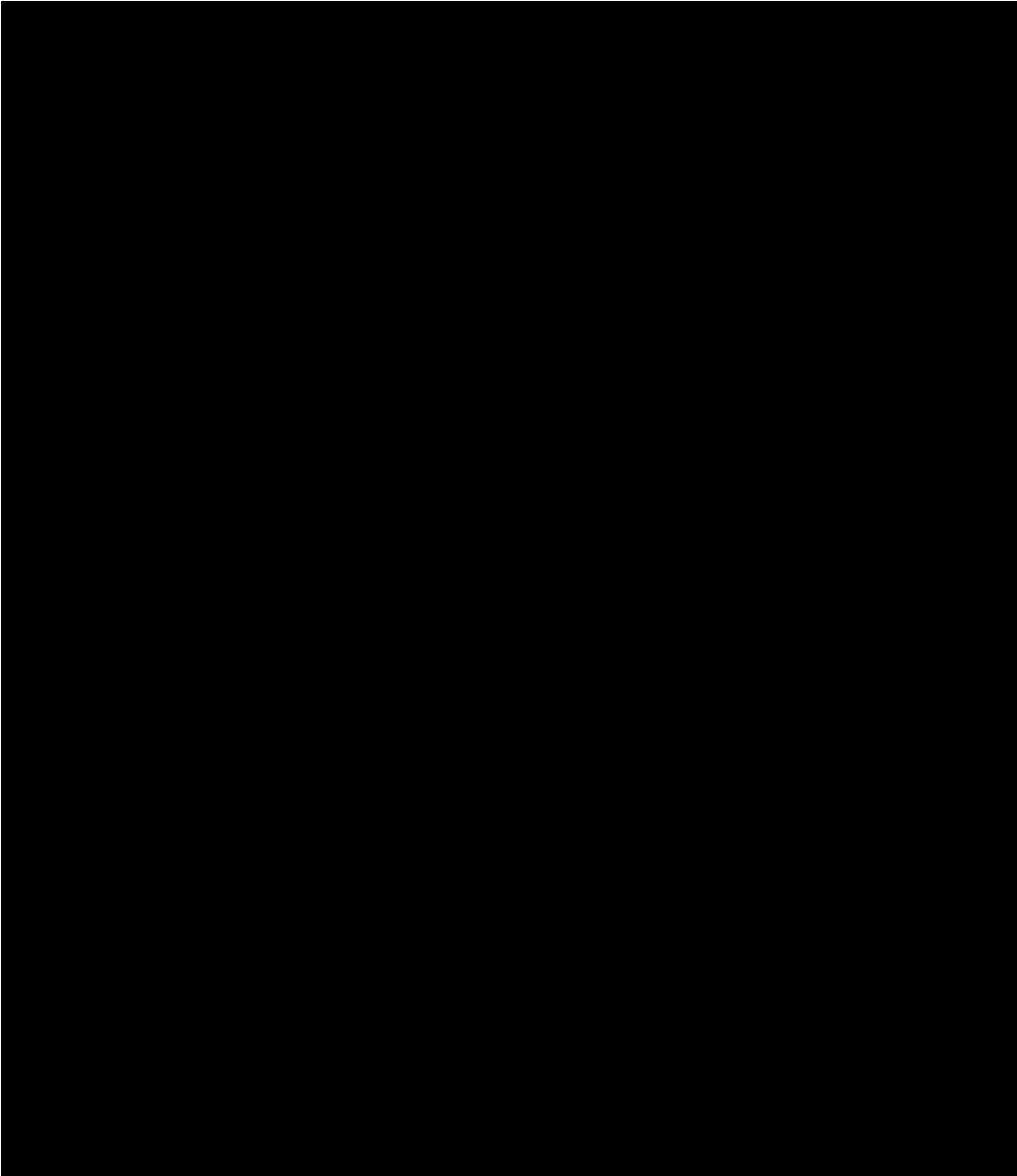
The purpose of this policy and these procedures is to establish MCN and provider conflict of interest procedures to ensure all IRO reviews are free from conflict of interest.

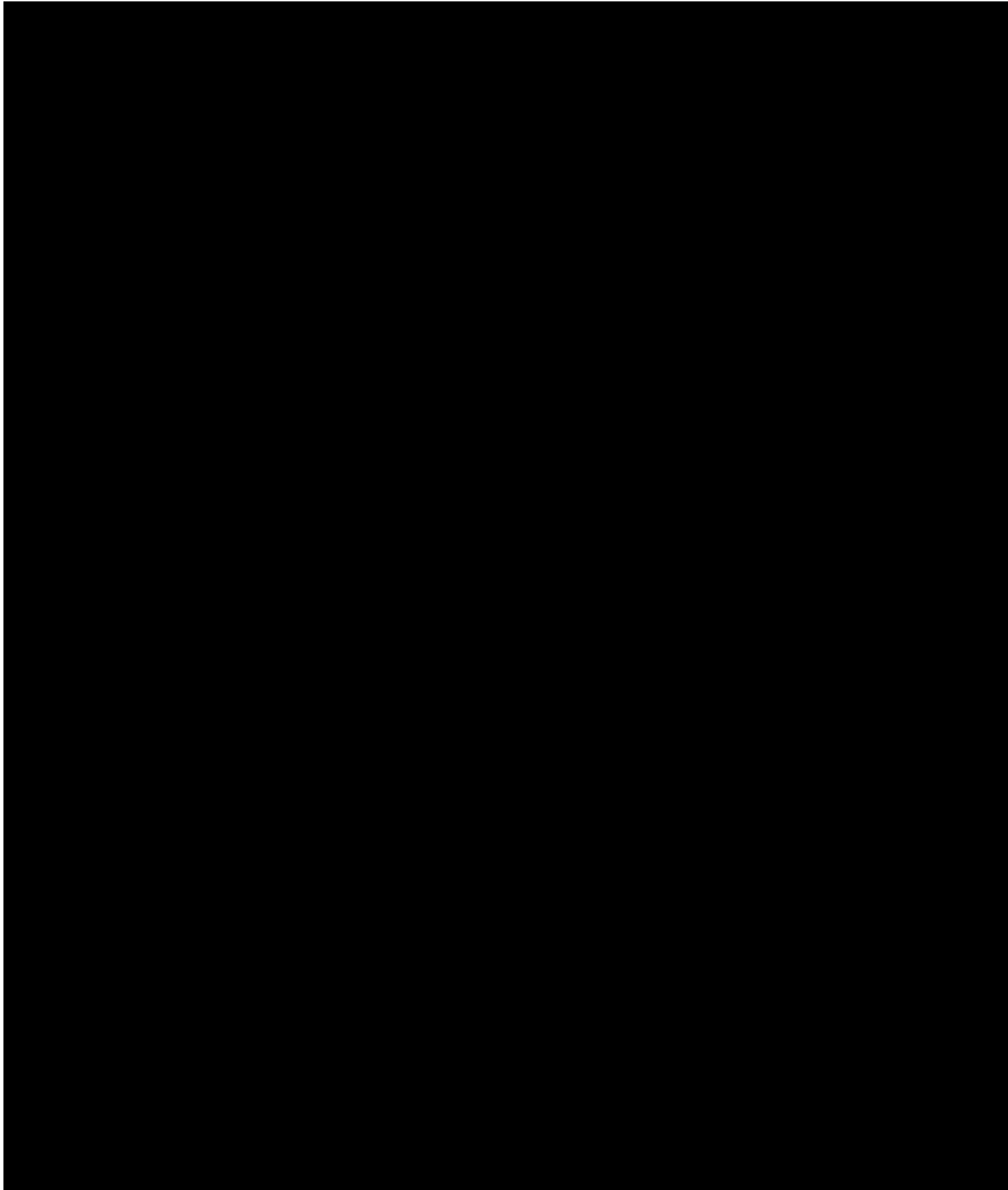
[REDACTED]

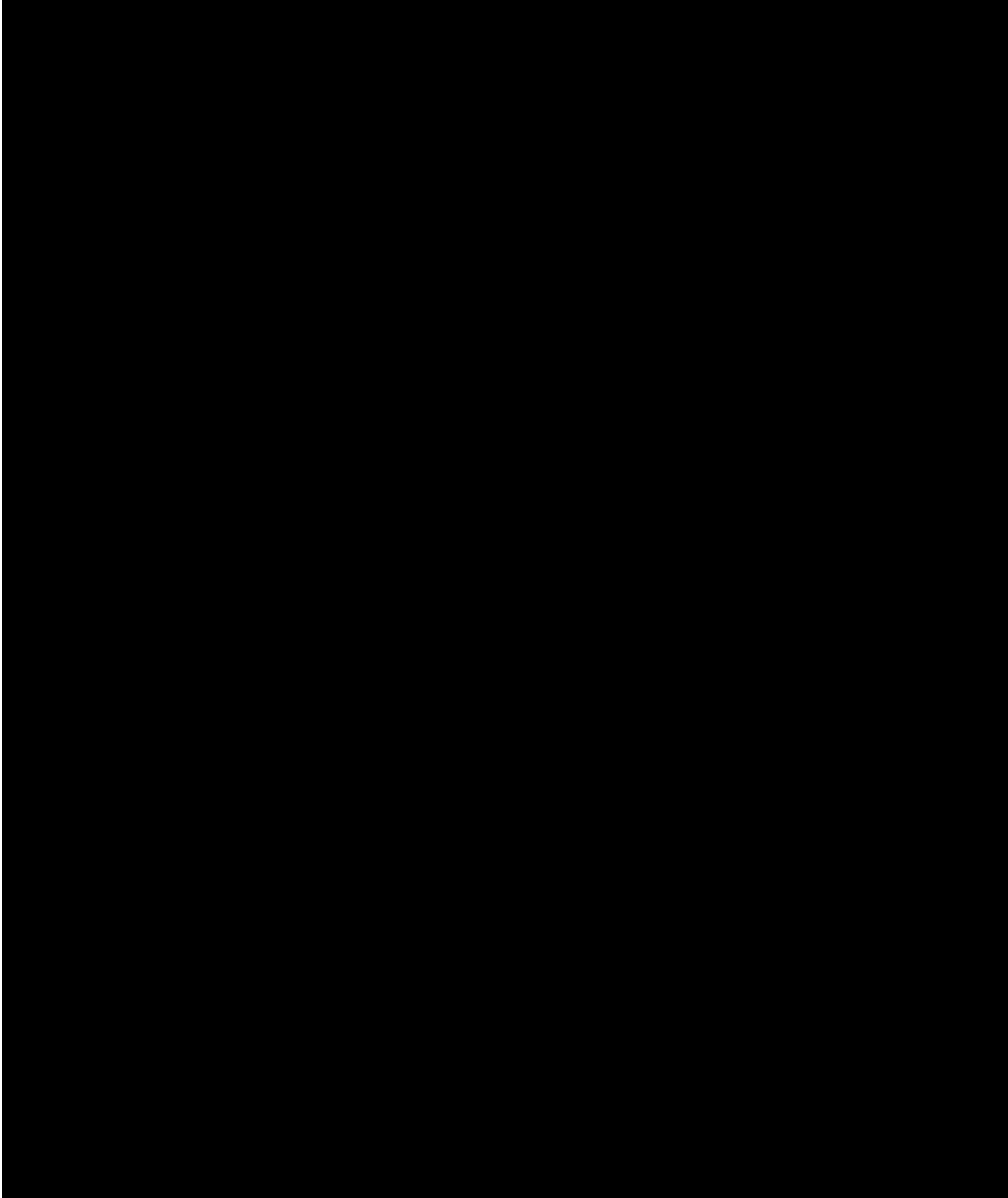


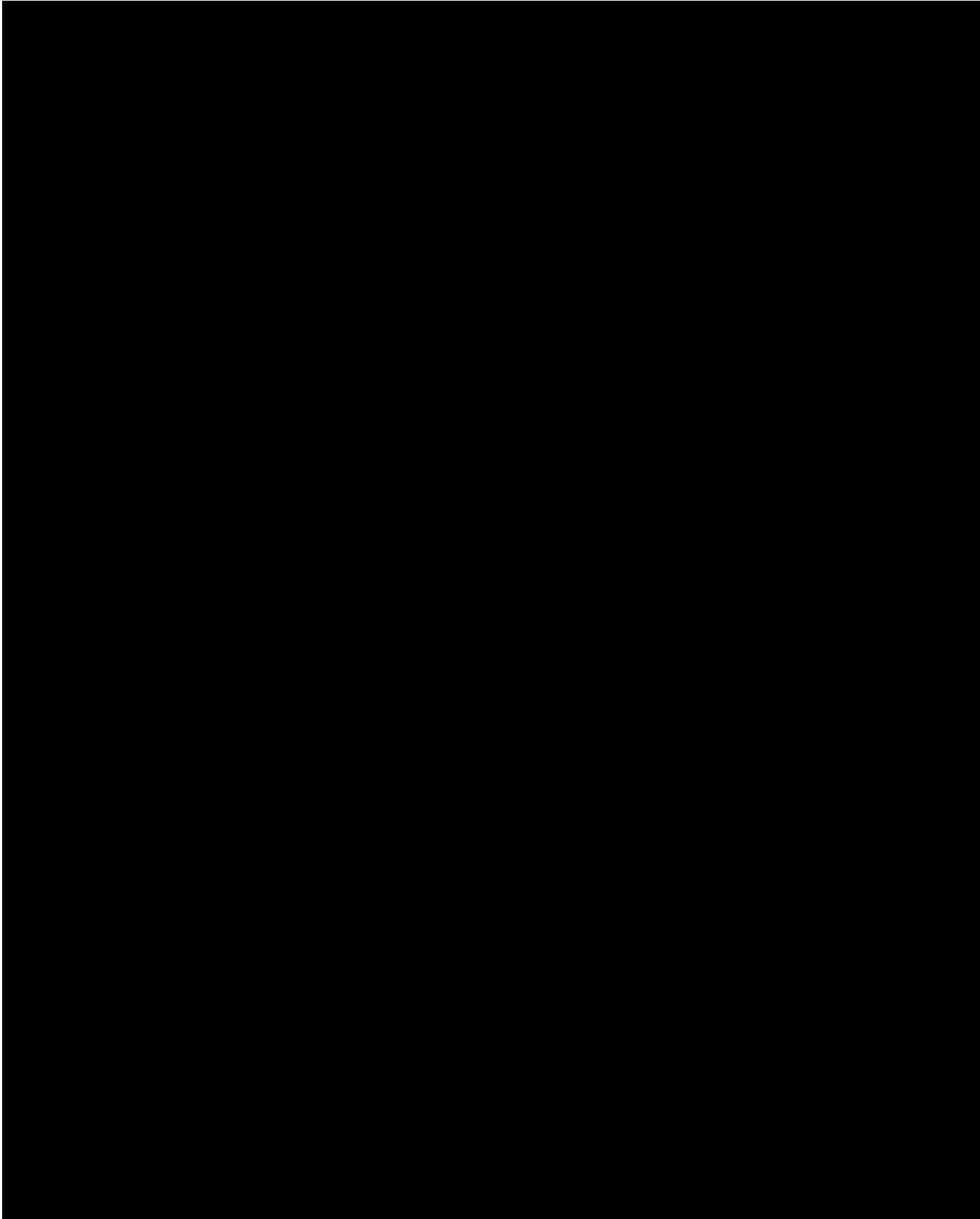


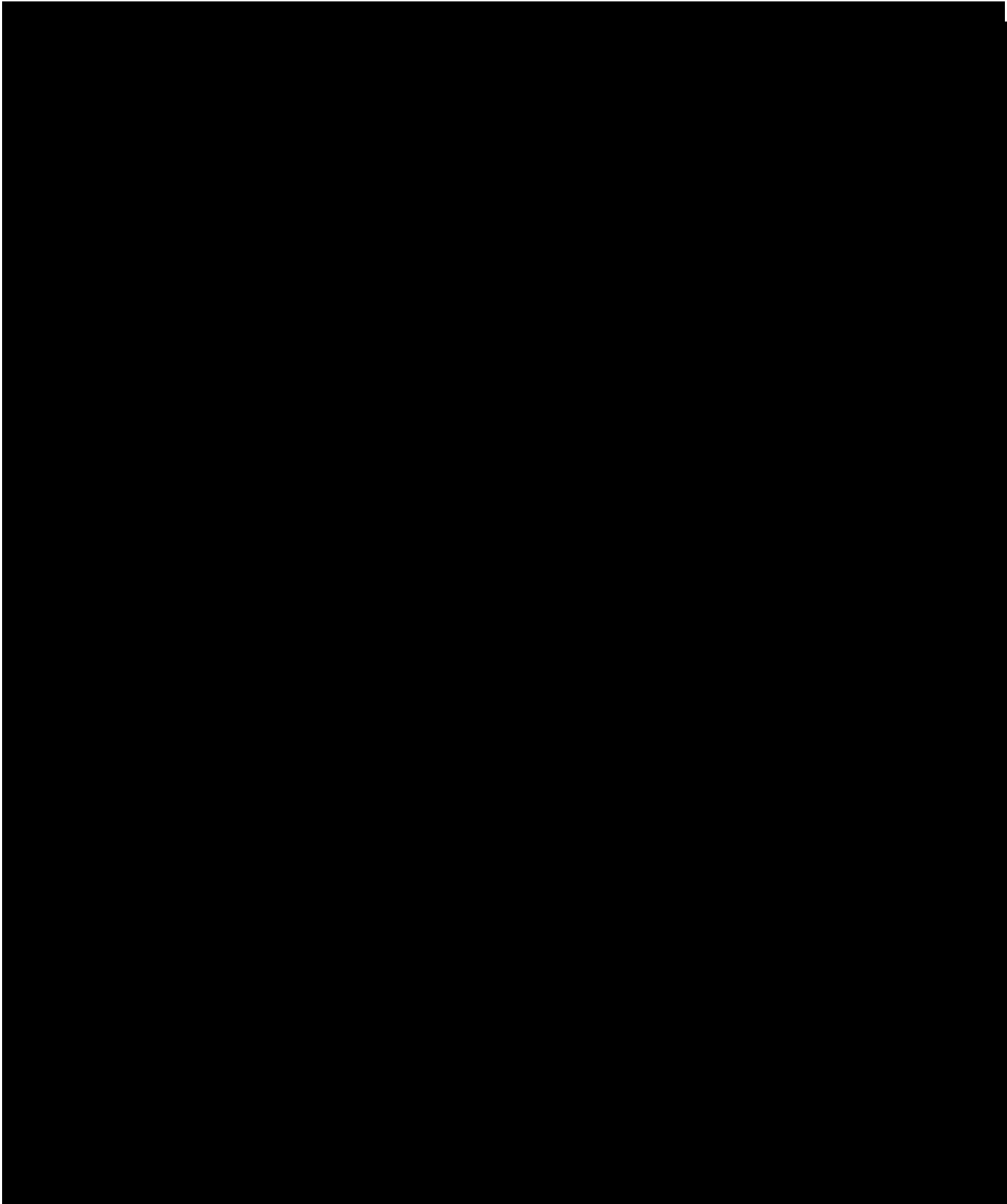


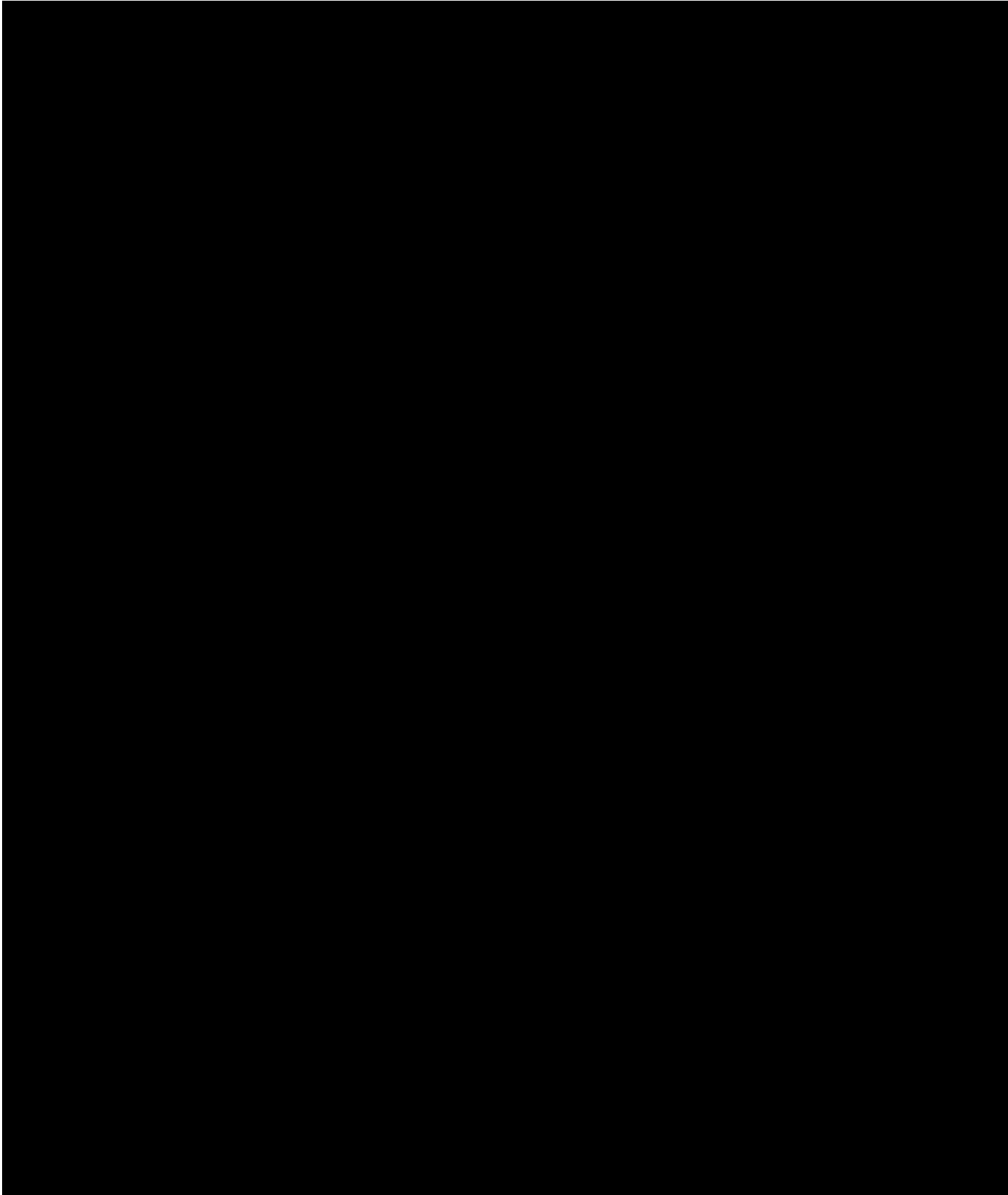


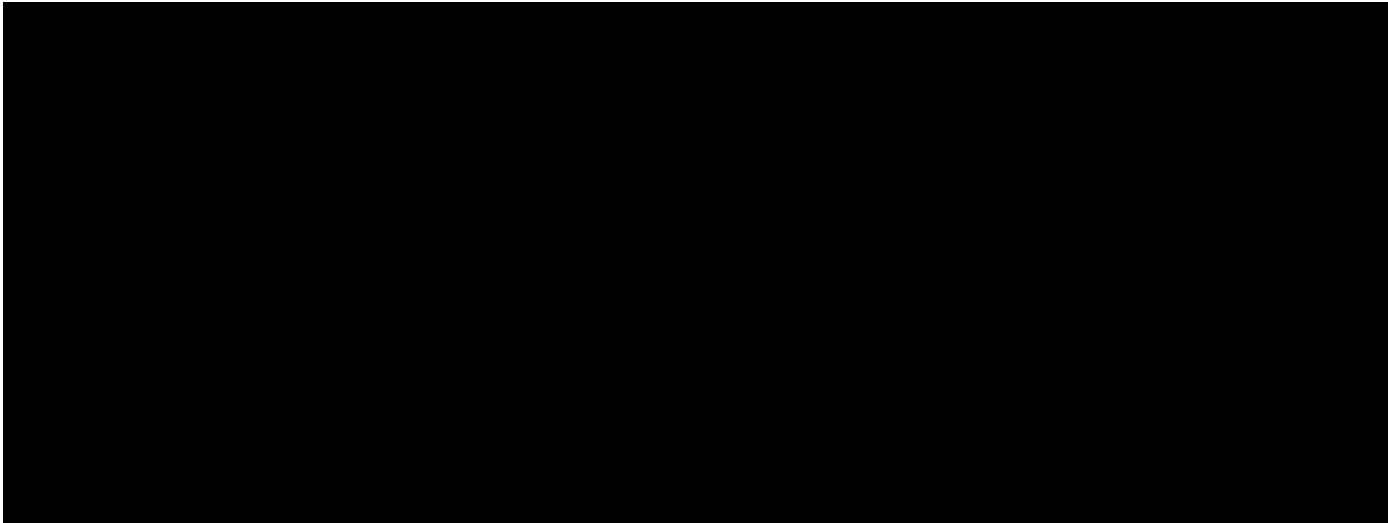














1301 Fifth Ave., Ste. 2900
Seattle, WA 98101
mcn.com | PeerReview@mcn.com

t: 800.636.3926
t: 206.621.9097
f: 206.973.8459

Medical
Consultants
Network

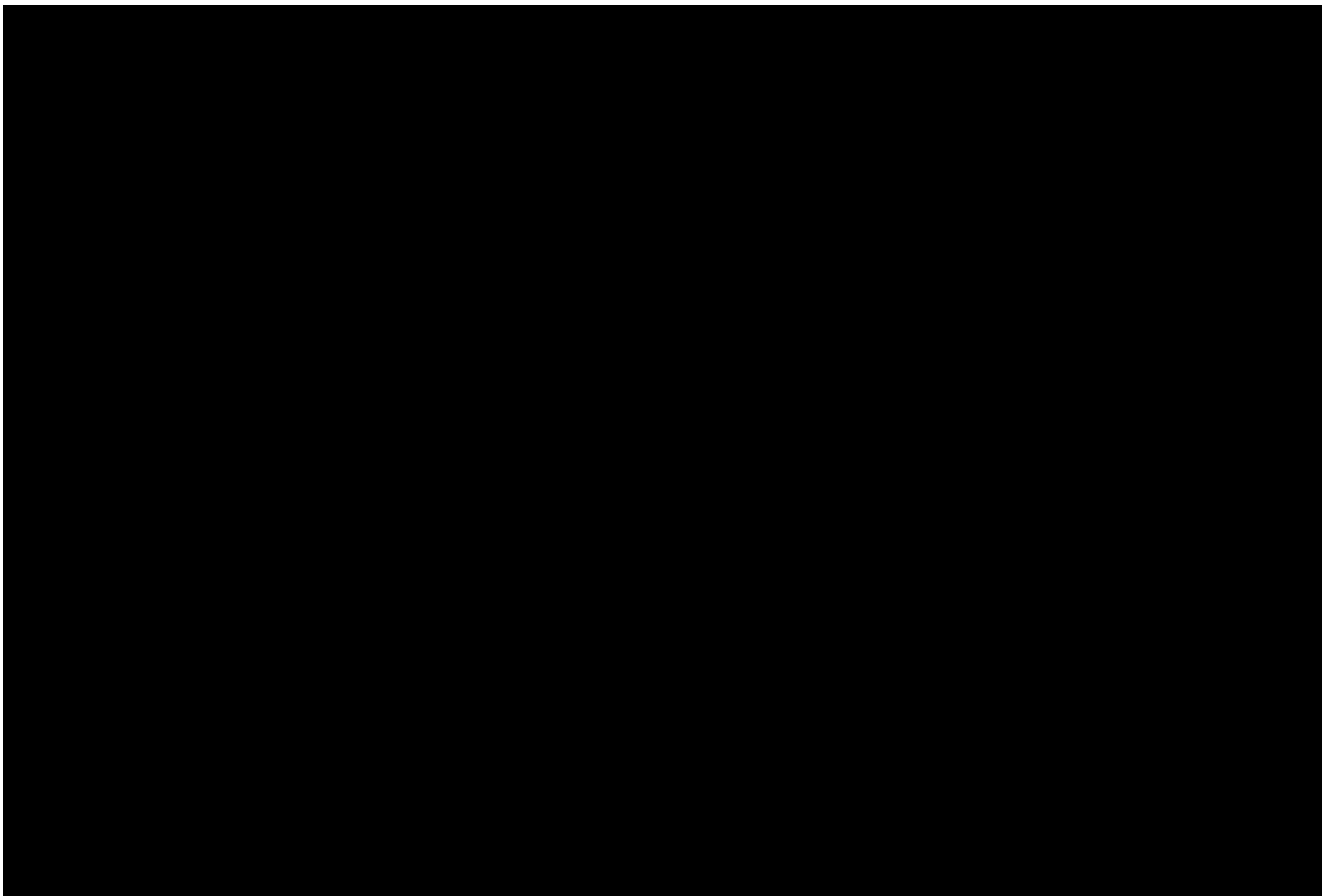
Policy Name:	IRO CONFLICT OF INTEREST CONTRACTING
Effective date:	February 1, 2011
Most recent revision approval date:	June 13, 2016
Future review date:	June 13, 2017
Approved by:	Regulatory Compliance Committee
URAC Standard(s):	URAC IRO Version 5.0: IR 7, 8, 12, and 13
State specific consideration(s):	

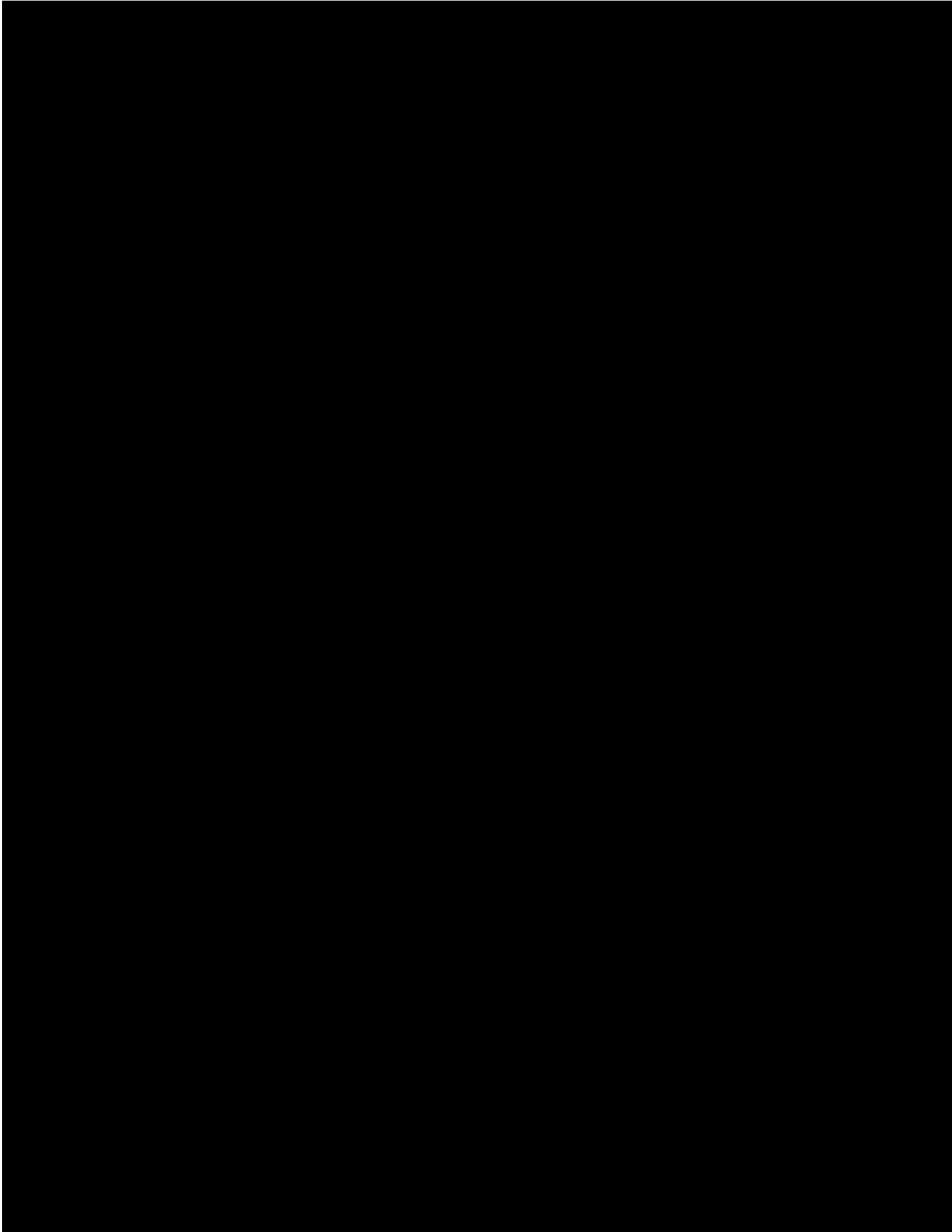
PURPOSE

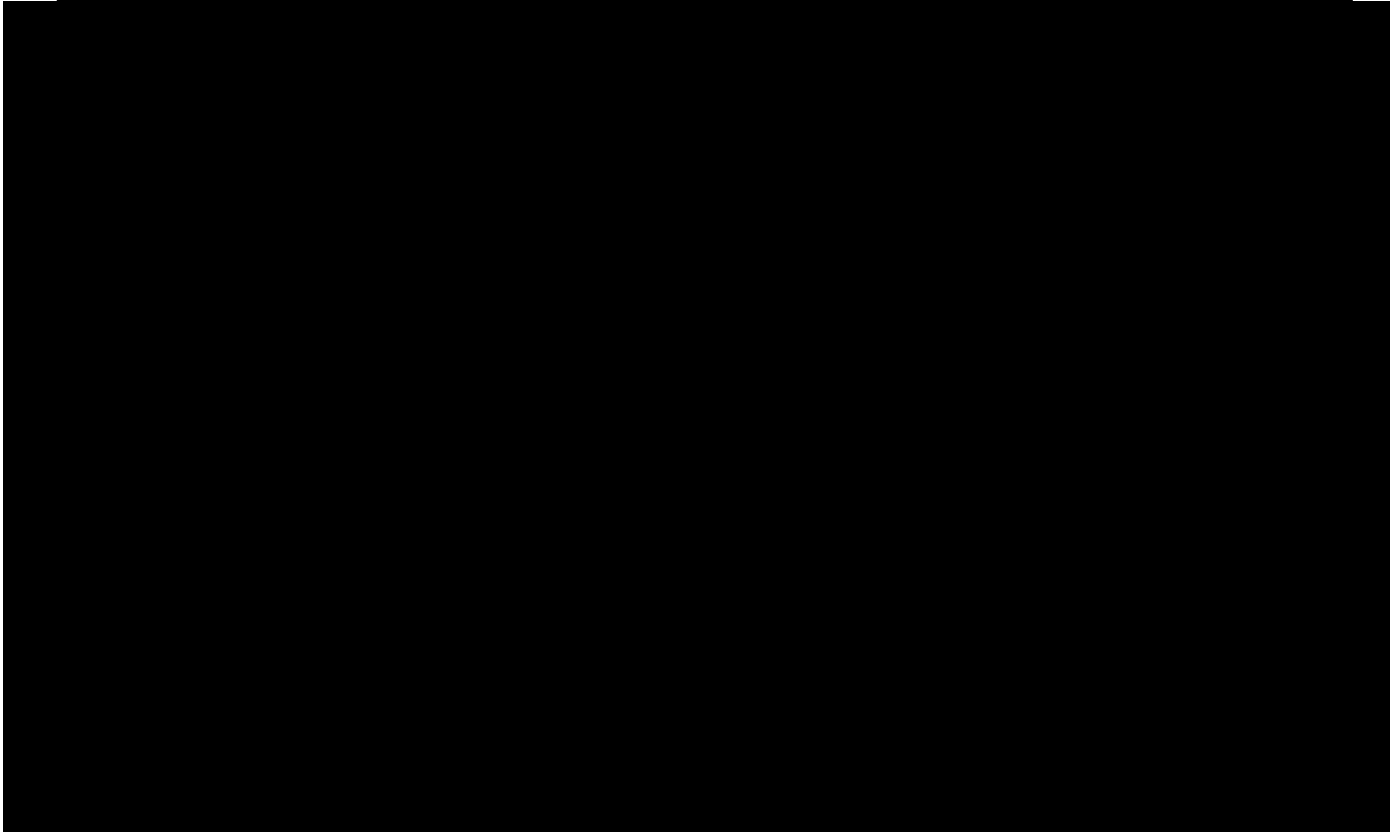
The purpose of this policy and these procedures is to ensure the independence and objectivity of the review process, as well as any and all assessment work completed by MCN. All employees, providers (including reviewers), members of the Board of Directors and contracted personnel are required to identify actual or potential conflicts of interests (COI) and apply the principles set forth within this policy. Conflict of interest is any relationship or affiliation on the part of the organization or provider that could compromise the independence or objectivity of the independent review process as well as any and all assessment work completed by MCN.

POLICIES

- I. Prior to executing a contract to provide assessment services, MCN shall verify what constitutes provider conflict of interest according to applicable state or federal law or regulation as well as according to the contracting entity. This includes clarification of the following situations with regards to conflict of interest:







FOR REFERENCE PURPOSES**URAC****Definitions**

Case: A specific request for medical or clinical services referred to an organization for a determination regarding the medical necessity and medical appropriateness of a health care service or whether a medical service is experimental/investigational or not. It is a non-approval regarding medical necessity and medical appropriateness decisions for services covered under a health benefit plan's terms and conditions or for coverage decisions regarding experimental or investigational therapies that is at issue during the independent review process.

Conflict of Interest: Any relationship or affiliation on the part of the organization or a reviewer that could compromise the independence or objectivity of the independent review process. Conflict of interest includes, but is not limited to:

- An ownership interest of greater than 5% between any affected parties;
- A material professional or business relationship;
- A direct or indirect financial incentive for a particular determination;
- Incentives to promote the use of a certain product or service;
- A known familial relationship;
- Any prior involvement in the specific case under review.

Covered Person: Means a policyholder, subscriber, enrollee or other individual participating in a health benefit plan. For Workers' Compensation, this would include the injured worker.

External Review: A review of an adverse benefit determination (including a final internal adverse benefit determination) conducted pursuant to an applicable State or Federal external review process. (Source: Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes under the Patient Protection and Affordable Care Act; Interim Final Rule [HHS 45 CFR Part 147])

Facility: An institution that provides health care services.

Group health plan: An entity providing health insurance coverage, including insured and self-insured group health plans.

Health benefit plan: A policy, contract, certificate or agreement offered or issued by a health issuer to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services.

Internal Review: Review, including appeal review, by an insurance issuer or group health plan or their designee (i.e., such as a TPA) of an adverse benefit determination. (Source: Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes under the Patient Protection and Affordable Care Act; Interim Final Rule [HHS 45 CFR Part 147])

Organization: A business entity that seeks accreditation under these standards.

Interpretive Note for term "Organization": This can include a program or department and can be geographically defined.

Provider: A licensed health care facility, program, agency, or health professional that delivers health care services.

Referring Entity: The organization or individual that refers a case to an organization. Referring entities may include insurance regulators, health benefits plans, consumers, and attending providers. Some states may limit by law which individuals or organization may be a referring entity.

Reviewer(s): The individual (or individuals) selected by the organization to consider a case.

Note: Selection of the reviewer(s) for a case must be conducted in accordance with standards IR 1 through IR 6.

All reviewer(s) who are health care practitioners must have the following qualifications:

- Active U.S. licensure;
- Recent experience or familiarity with current body of knowledge and medical practice;
- At least five (5) years of experience providing health care;
- If the reviewer is an M.D. or D.O., board certification by a medical specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association.
- If the reviewer is a D.P.M., board certification by one of the following:
 - American Board of Podiatric Surgery (ABPS)
 - American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM)
 - American Board of Multiple Specialties in Podiatry (ABMSP)
- All reviewer(s) who are health insurance lawyers conducting rescission, benefit interpretation, reimbursement or other administrative/legal review, must have the following qualifications:
 - Active U.S. licensure as a lawyer, which may need to be specific to the state with jurisdiction over review;
 - Recent experience or familiarity with current body of knowledge and health insurance practice;
 - At least five (5) years' experience providing legal services regarding health insurance matters.

IR – 7 – Defining Reviewer Conflict of Interest

Prior to executing a contract to provide review services, the *organization* verifies what constitutes *reviewer conflict of interest* according to applicable state or federal law or regulation as well as contracting entity, including clarification of the following situation with regards to *conflict of interest*:

- (a) A *reviewer* has a contract to provide health care services to enrollees of a *health benefit plan* of an insurance issuer or *group health plan* that is the subject of a review; **and**
- (b) A *reviewer* has staff privileges at a *facility* where the recommended health care service or treatment would be provided if the insurance issuer's or *group health plan's* previous non-certification is reversed.

Interpretive Information/Commentary

- The elements (a) and (b) are not required exclusions, but rather, need to be clarified before executing a contract.
- Note that standard element (a) is not referring to situations where a reviewer is conducting reviews for an insurance issuer or group health plan, which is considered a conflict of interest under these standards; please reference IR 8(c)(ii) along with its supporting interpretive information for further clarification.
- Element (a) includes participant in advisory groups that provide guidance to the various programs that support a provider network, including credentialing, medical policy and quality management committees. However, under these standards participation in an insurance issuer's or group health plan's board of directors or any sub-committee of that board is considered a conflict of interest for an individual clinical practitioner [IR8(c)(iv)].
 - In addition, having a role in management – in particular, as a medical director at any level of any department of an insurance issuer or group health plan 00 is also considered

to be a “material professional” conflict of interest for a reviewer. Again, reference IR 8(c)(iv) along with its supporting interpretive information for more information.

IR – 8 – Reviewer Conflict of Interest Attestation

For each *case* they accept, *reviewers* attest that they do not have a *conflict of interest* as follows:

- (a) The reviewer does not accept compensation for review activities that is dependent in any way on the specific outcome of the case;
- (b) To the best of the *reviewer’s* knowledge, the reviewer was not involved with the specific episode of care prior to referral of the case for review; **and**
- (c) The *reviewer* does not have a material professional, familial, or financial *conflict of interest* regarding any of the following:
 - (i) The referring *entity*;
 - (ii) The insurance issuer or *group health plan* that is subject of the review;
 - (iii) The *covered person* whose treatment is the subject of the review and the *covered person’s* authorized representative, if applicable;
 - (iv) Any officer, director or management employee of the insurance issuer that is the subject of the review;
 - (v) Any *group health plan* administrator, plan fiduciary, or plan employee;
 - (vi) The health care *provider*, the health care provider’s medical group or independent practice association recommending the health care service or treatment that is the subject of the review;
 - (vii) The *facility* at which the recommended health care service or treatment would be provided; **or**
 - (viii) The developer or manufacturer of the principle drug, device, procedure, or other therapy being recommended for the *covered person* whose treatment is the subject of the review.

Interpretive Information/Commentary

- Acceptable means for reviewer to “...attest that they do not have a conflict of interest...” for each case they accept includes: electronic signature, wet signature, electronic or wet mark in a checkbox where the identity of the reviewer can be determined (e.g., by name and/or unique identifier).
- For element (a), the operative word is “episode of care,” where for a particular patient a reviewer may not conduct a review if s/he was previously involved in any way with the given episode of care under review. URAC uses “episode of care” and “specific case” to mean the same thing. See also URAC’s definition of “conflict of interest.”
- For element (c), in order to have a financial conflict of interest, a reviewer would have ownership interest of greater than 5% in a particular entity as listed in the sub-elements for this standard (i)-(vii). See also URAC’s definition of “conflict of interest.”
- For element (c):
 - Refer to standard IR 7(a) when addressing IR 8(c)(ii).
 - Refer to standard IR 7(b) when addressing IR 8(c)(vii).
 - In addition, for IR 8(c)(ii) and (iv), if a reviewer conducts reviews for an insurance issuer or group health plan that is the subject of a review, or participates in management, including supervises others on behalf of the insurance issuer or group health plan (i.e., a medical director at any level of any department), or participates on the insurance issuer’s or group health plan’s board of directors or any subcommittee of the board, then *this is considered a conflict of interest* pursuant to this standard; whereas,
 - Depending upon the decision made for IT 7(a), being a participating provider for a group health plan under review does not necessarily create a conflict of interest, nor does having used a procedure or device under review, as long as the provider is not financially benefiting from using that procedure or device.
- In cases where the insurance issuer or group health plan is not known to the organization, then it is presumed that there is no conflict of interest with the insurance issuer or group health plan [IR 8(c)(ii)].

IR – 12 – External Review: Defining Organization Conflict of Interest

Prior to executing a contract to provide *external review* services, the *organization* verifies what constitutes an organizational *conflict of interest*:

- (a) According to applicable state or federal law or regulation;
- (b) According to the contracting entity; **and**
- (c) Including clarification whether a relationship between the *organization* and an insurance issuer's or *group health plan's* parent company, sister companies or subsidiaries constitutes an organizational *conflict of interest*.

Interpretive Information/Commentary

- It is the organization's responsibility to know what constitutes an organizational conflict of interest prior to executing contracts to provide external review services.
- For element (c), the nature of the relationship between an insurance issuer or group health plan and its parent/sister/subsidiary companies may come into play. For instance, the presence or absence of a controlling interest between the insurance issuer or group health plan and one of these other entities, such as the parent company, would be a factor in determining conflict of interest.

IR – 13 – External Review: Organization Conflict of Interest Attestation

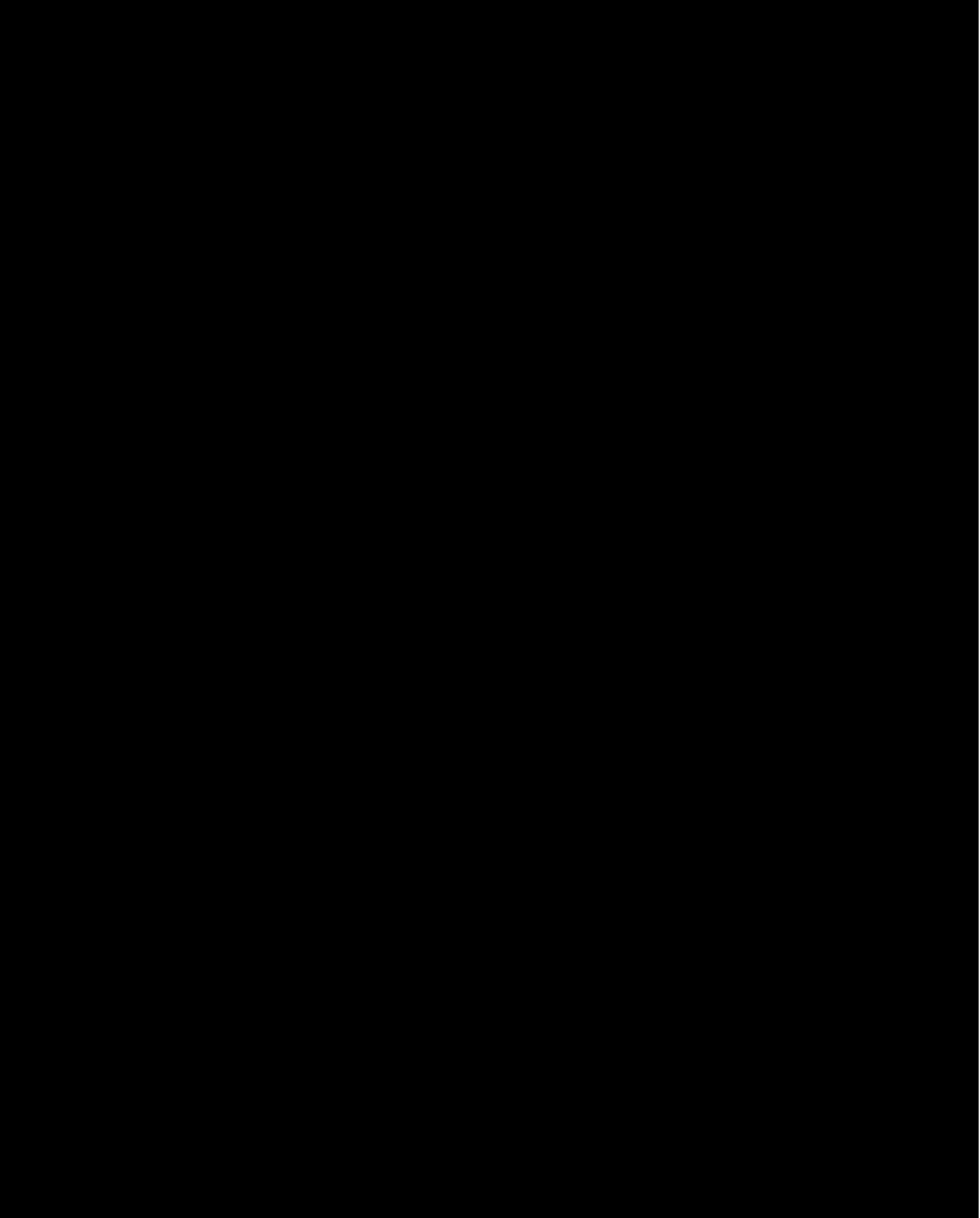
The *organization* attests to its known organizational *conflict of interest* prior to or as part of executing a contract for *external review* services. As part of that attestation, the *organization* definitively identifies whether:

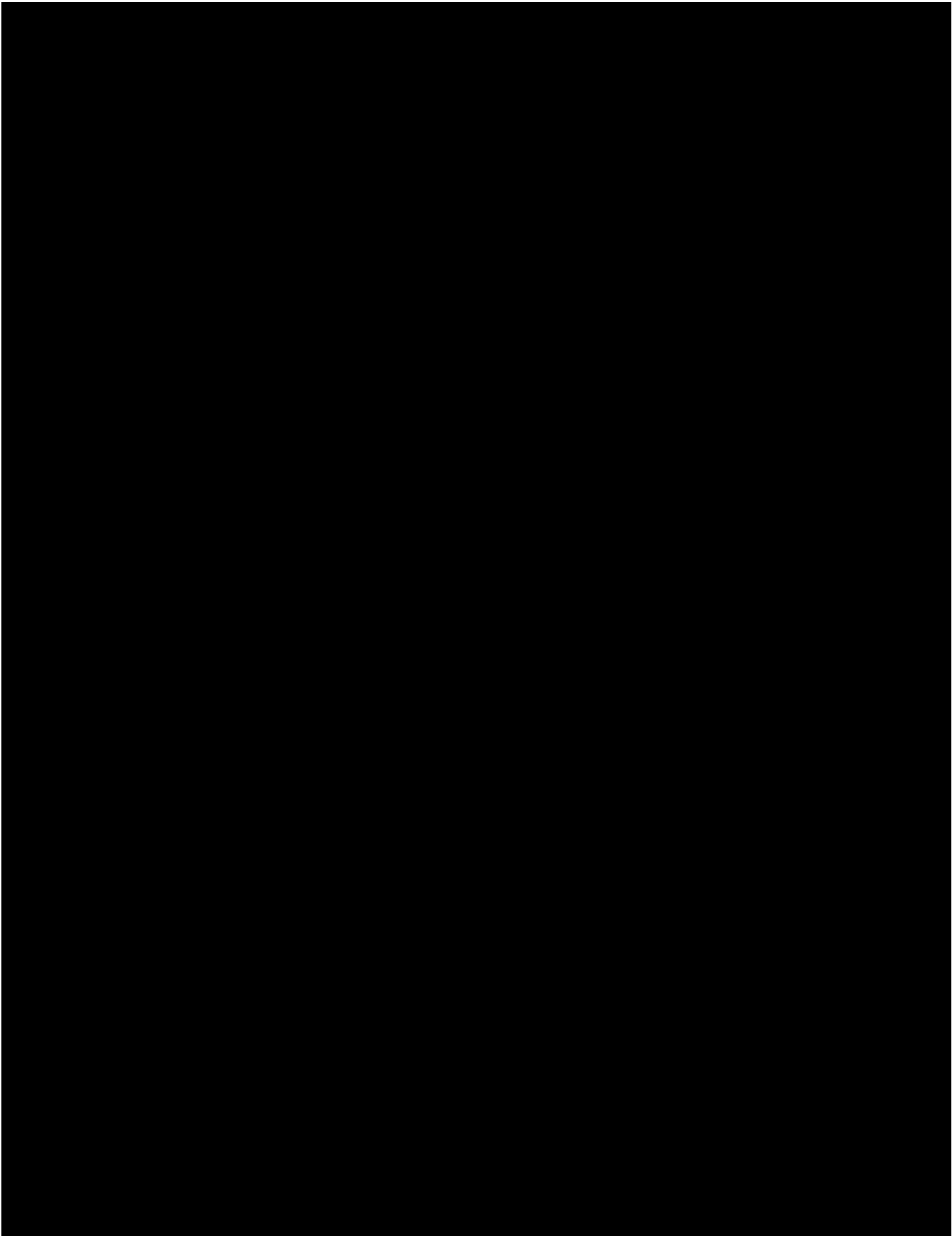
- (a) Is owned or controlled, or is a subsidiary of or in any way owned or controlled by, or exercises control with an insurance issuer or *group health plan*, a national, state or local trade association or issuers or plans, or a national, state or local trade association of health care providers;
- (b) Conducts *internal review* and if so, discloses the names of those entities for which it conducts *internal review* so that the referring entity has the opportunity to forward these cases to a different *organization* for *external review*; and
- (c) Has a material professional, familial, or financial *conflict of interest* regarding any of the following:
 - (i) An insurance issuer;
 - (ii) Any officer, director or management employee of an insurance issuer;
 - (iii) Any *group health plan* administrator, plan fiduciary, or plan employee
 - (iv) A medical group or independent practice association;
 - (v) A *facility* providing health care service and treatments; and
 - (vi) The developer or manufacturer of a drug, device, procedure, or other therapy.

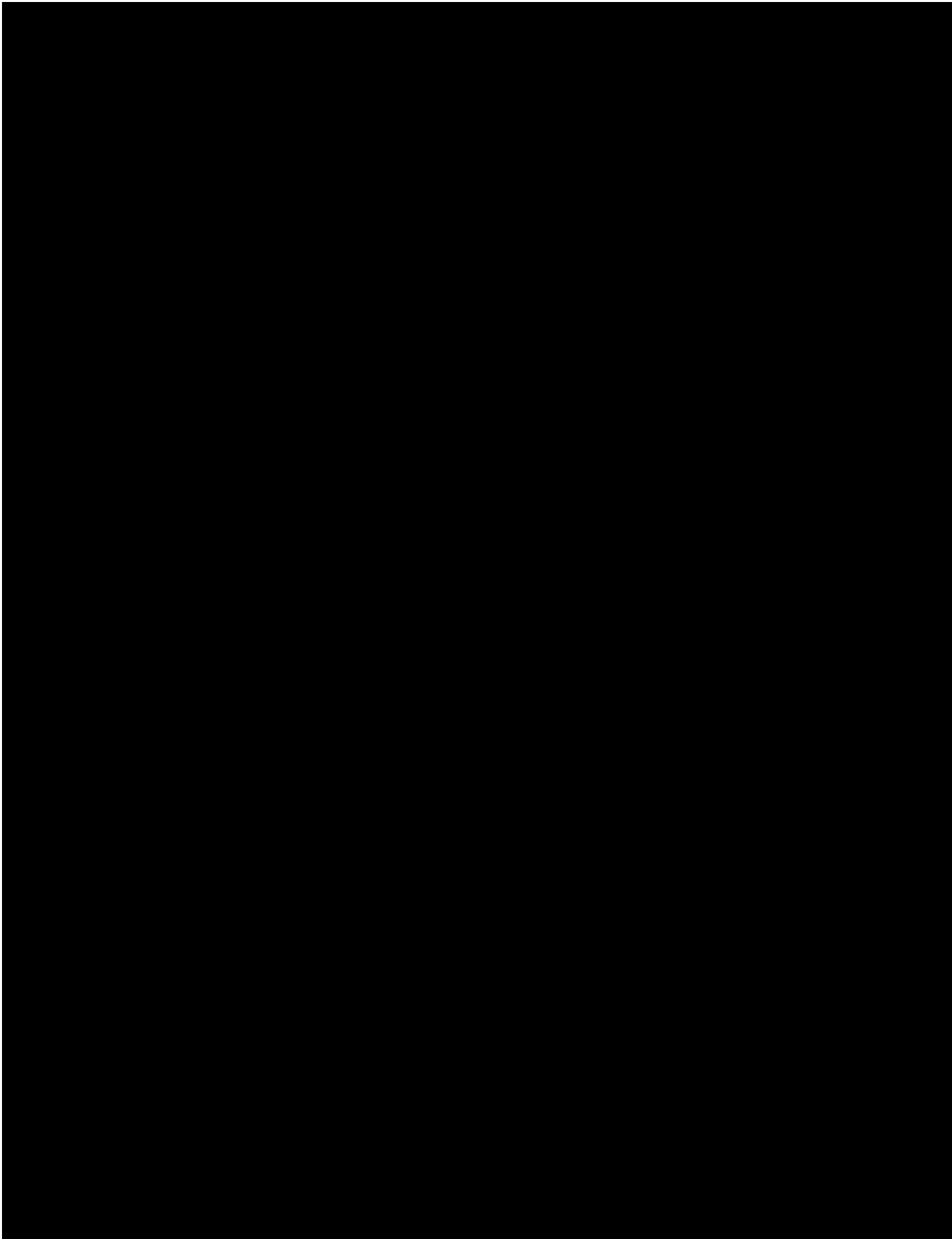
Interpretive Information/Commentary

- As part of the desktop review, the organization submits a copy of its current organization conflict of interest attestation. URAC will verify that all standard elements are definitively addressed one way or the other (i.e., a relationship does or does not exist). If certain elements are not addressed, then the organization will be requested to amend its attestation in order to come into compliance with that particular element of the standard.
- All elements in this standard must be addressed one way or the other in the organization's conflict of interest attestation.
- For IR 13(c)(i), the organization is expected to identify the insurance issuer or group health plan for which it does reviews. This transparency with its external review clients allows a state/state commissioner to clarify if this is considered an organization conflict of interest and if so, screen for it prior to referring the case.
 - Note that per IR 8(c)(ii) and (iv), however, if a reviewer conducts reviews for an insurance issuer or group health plan that is the covered person's insurance issuer or group health plan related to the case, or participates in management, including supervising others on behalf of the insurance issuer or group health plan (i.e., a medical director at any level of

any department), or participates on the insurance issuer's or group health plan's board of directors or any subcommittee of the board, then *this is considered a conflict of interest* at the reviewer level.







[REDACTED]

For Reference Purposes

URAC**Definitions**

Board-certified: A certification – approved by the American Board of Medical Specialties, the American Osteopathic Association, or another organization as accepted by URAC – that a physician has expertise in a particular specialty or field. To the extent that future URAC standards include other certifications, URAC will specify further approved boards.

Interpretive Note for term “Board-certified”: URAC recognizes that ABMS- and AOA-approved board certifications may not be the only certification programs that may be acceptable for health professionals in URAC-certified organizations. For example, non-physician professionals will have appropriate certifications that are not ABMS- or AOA-approved. Any applicant wishing to have URAC recognize another board certification program should notify URAC early in the certification process. URAC will then take this recommendation to URAC’s Accreditation Committee. The Accreditation Committee will review all requests, and will decide to approve or reject the certification. The Accreditation Committee will consider the following criteria in judging whether a certification is acceptable:

- Is the certification accepted within its target community of health professionals?
- Was the certification developed through an open, collaborative process?
- Does the certification reflect accepted standards of practice?
- Is the certification administered through an objective process open to all qualified individuals?

Certification: (General Definition) A professional credential, granted by a national organization, signifying that an individual has met the qualifications established by that organization. To qualify under these standards, the certification program must:

- Establish standards through a recognized, validated program;
- Be research-based; and
- Be based (at least partially) on passing an examination

License: A license or permit (or equivalent) to practice medicine or a health profession that is (1) issued by any state or jurisdiction in the United States; and (2) required for the performance of job functions.

Interpretive Note for term “License”: In this definition, the word “equivalent” includes certifications, registrations, permits, etc. Specific terms will vary by state and health profession.

Organization: A business entity that seeks accreditation under these standards.

Interpretive Note for term “Organization”: This can include a program or department and can be geographically defined.

Primary Source Verification: Verification of a practitioner’s credentials based upon evidence obtained from the issuing source of the credential. Also known as “Primary Source.”

Reviewer(s): The individual (or individuals) selected by the organization to consider a case.

Note: Selection of the reviewer(s) for a case must be conducted in accordance with standards IR 1 through IR 6.

All reviewer(s) who are health care practitioners must have the following qualifications:

- Active U.S. licensure;
- Recent experience or familiarity with current body of knowledge and medical practice;
- At least five (5) years of experience providing health care;
- If the reviewer is an M.D. or D.O., board certification by a medical specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association.
- If the reviewer is a D.P.M., board certification by one of the following:
 - American Board of Podiatric Surgery (ABPS)

- American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM)
- American Board of Multiple Specialties in Podiatry (ABMSP)
- All reviewer(s) who are health insurance lawyers conducting rescission, benefit interpretation, reimbursement or other administrative/legal review, must have the following qualifications:
 - Active U.S. licensure as a lawyer, which may need to be specific to the state with jurisdiction over review;
 - Recent experience or familiarity with current body of knowledge and health insurance practice;
 - At least five (5) years' experience providing legal services regarding health insurance matters.

Staff: The Organization's employees, including full-time employees, part-time employees, and consultants.

IR 1 - Reviewer Credentialing Program

The *organization* establishes and implements a *reviewer* credentialing program that: (No Weight)

- (a) Establishes selection criteria for *reviewers*; (4)
- (b) Requires verification of all credentials specified in the credentialing program: (No Weight)
 - (i) Prior to assigning reviews to a newly-hired *reviewer*; **and** (Mandatory)
 - (ii) Thereafter no later than scheduled expiration for those credentials that expire; **and** (Mandatory)
- (c) For credentials that expire, includes a written policy and/or documented procedure for not assigning cases to a *reviewer* whose credentials are verified as inactive or have not been re-verified prior to scheduled expiration. (4)

IR 2 - Reviewer Credentials Verification

At a minimum, the *reviewer* credentialing program shall address professional credentials, including: (No Weight)

- (a) *Primary source verification* of the requisite *licensure* or *certification* required for clinical or legal practice; (Mandatory)
- (b) If a reviewer is an M.D., D.O. or D.P.M. and is *board certified*, then *primary source verification* of the *reviewer's board certification(s)*; (Mandatory)
- (c) Verification of history of sanctions and/or disciplinary actions; **and** (Mandatory)
- (d) Collection of information regarding professional experience, including: (No Weight)
 - (i) Length of time providing direct patient care; **and** (Mandatory)
 - (ii) Dates indicating when the direct patient care occurred. (Mandatory)

IR 3 - Credential Status Changes

The organization implements a written policy and/or documented procedure to: (No Weight)

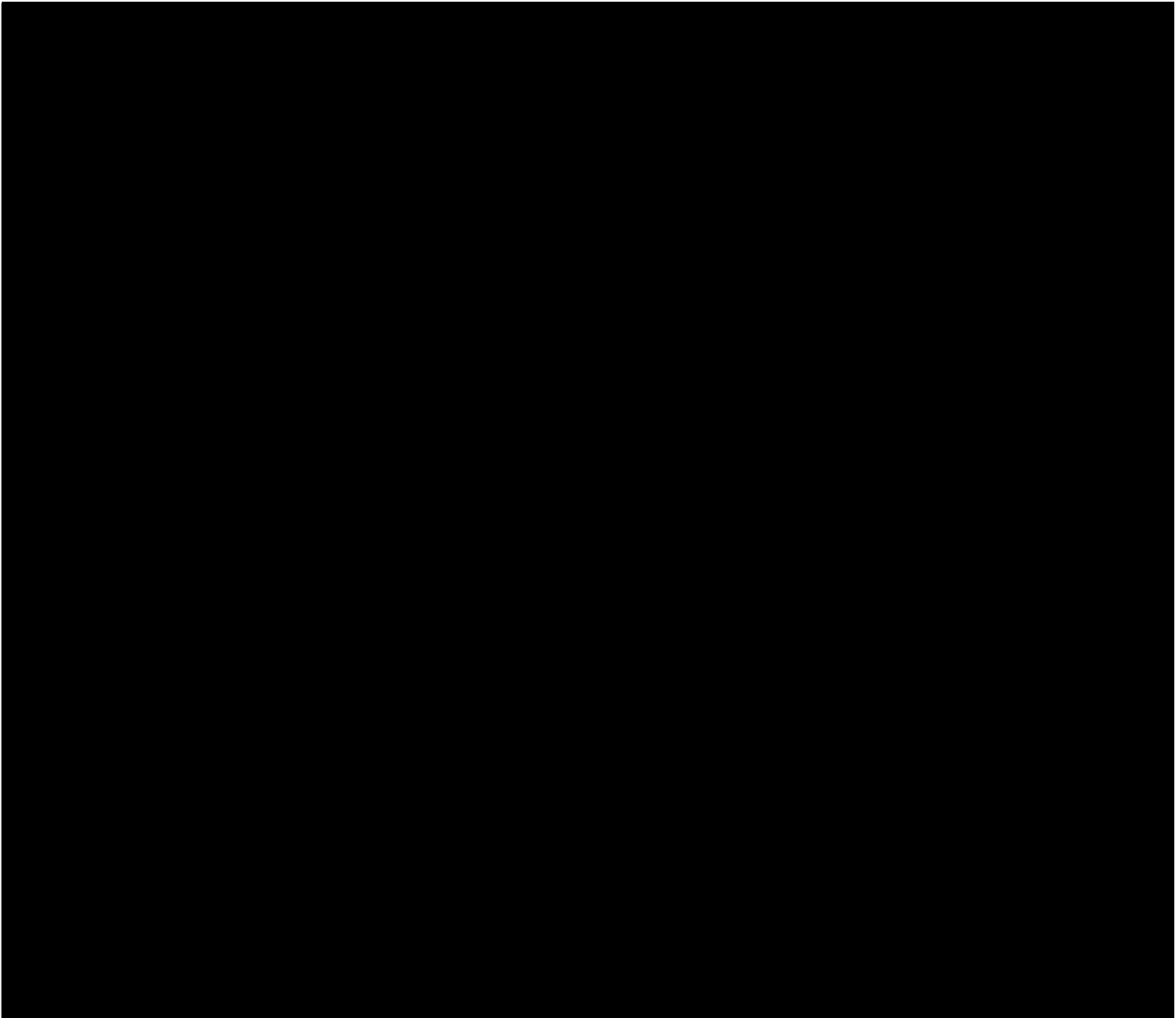
- (a) Require staff to notify the organization in a timely manner of an adverse change in licensure or certification status, including board certification status; **and** (Mandatory)
- (b) Implement corrective action in response to adverse changes in licensure or certification status, including board certification status. (Mandatory)

[REDACTED]
[REDACTED]
New City, NY 10956

July 27, 2016

[REDACTED]
[REDACTED]
PO Box 4614
Buffalo, NY 14240

Re: [REDACTED]
Claim Number: [REDACTED]
Date of Injury: 03/15/2016
MCN Number: [REDACTED]

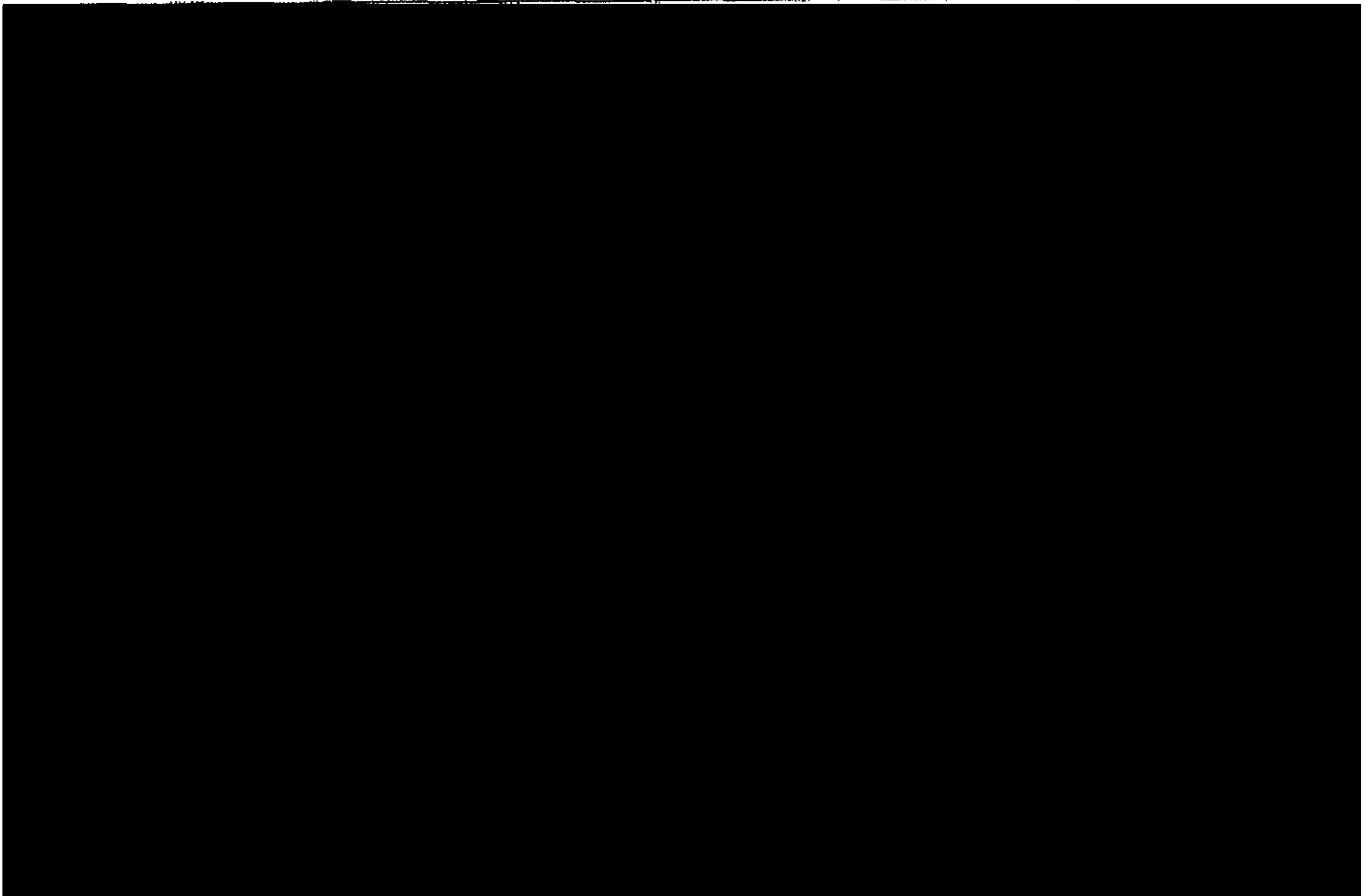


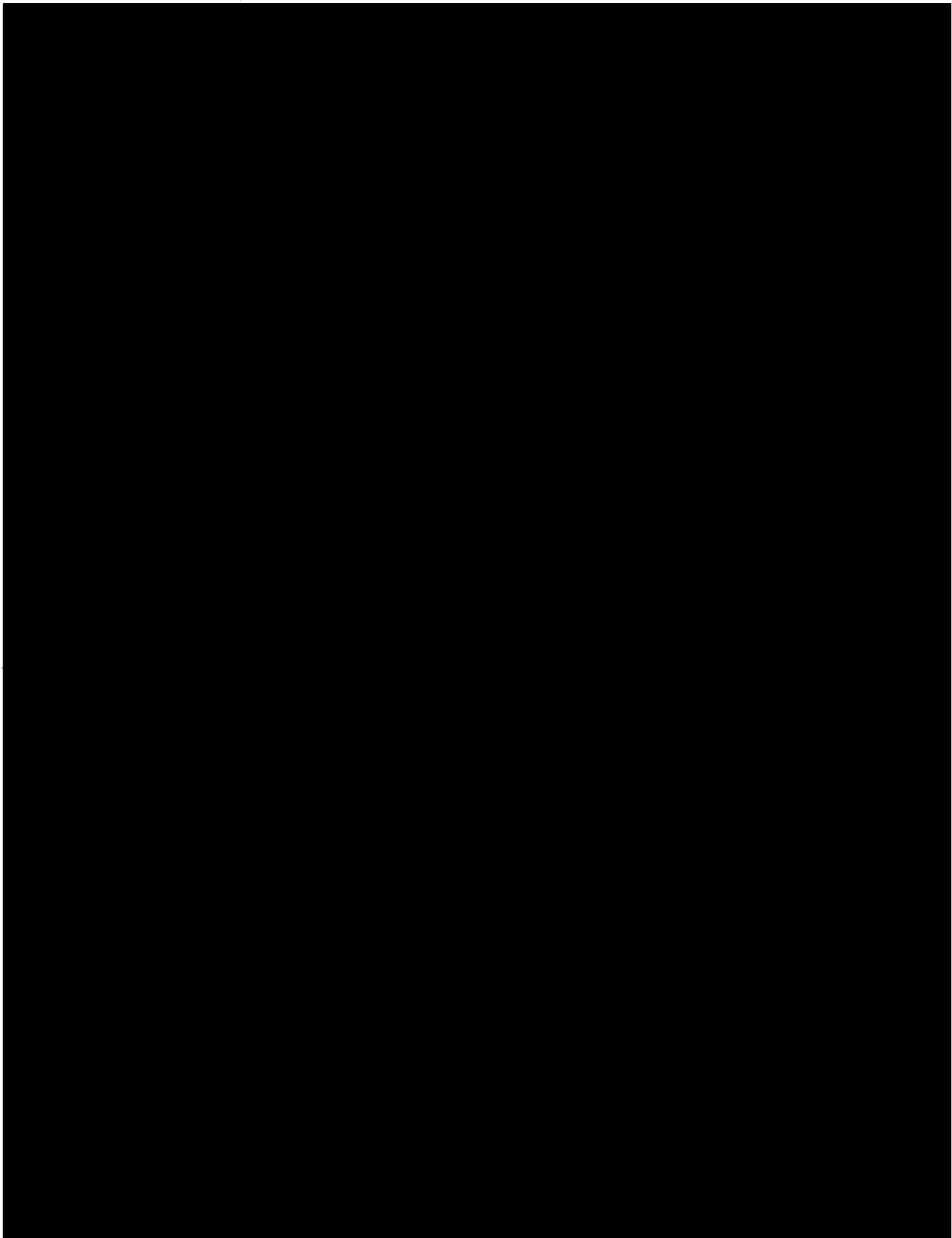
[REDACTED] MD

Claim Number: [REDACTED]

Re: [REDACTED]

July 27, 2016 | Page 2



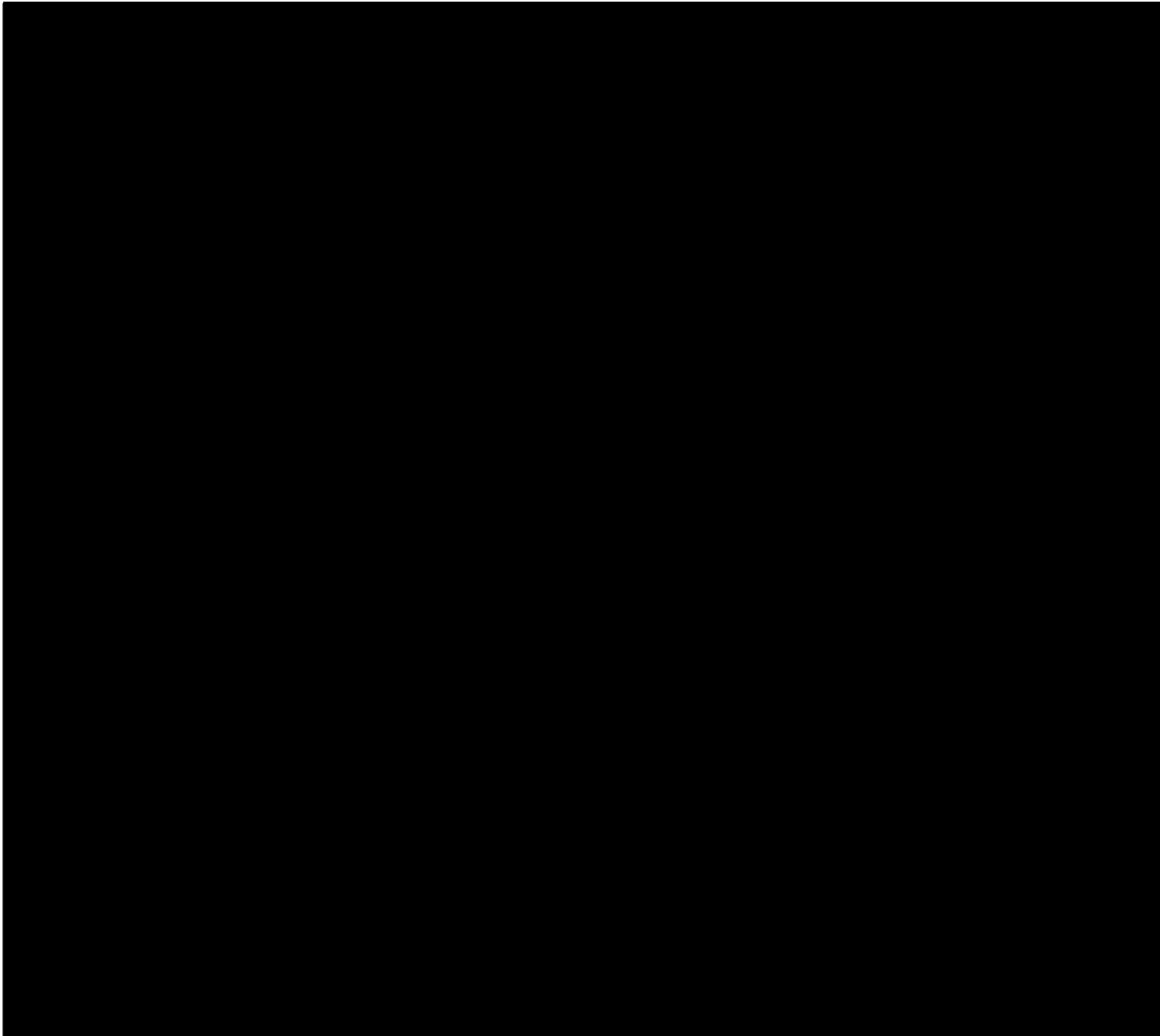


[REDACTED], MD
[REDACTED]
Middle Village, NY 11379

July 1, 2016

[REDACTED]
[REDACTED]
PO Box 4614
Buffalo, NY 14240

Re: [REDACTED]
Claim Number: [REDACTED]
Event Number: [REDACTED]
Date of Loss: 09/08/2015
WCB Number: [REDACTED]



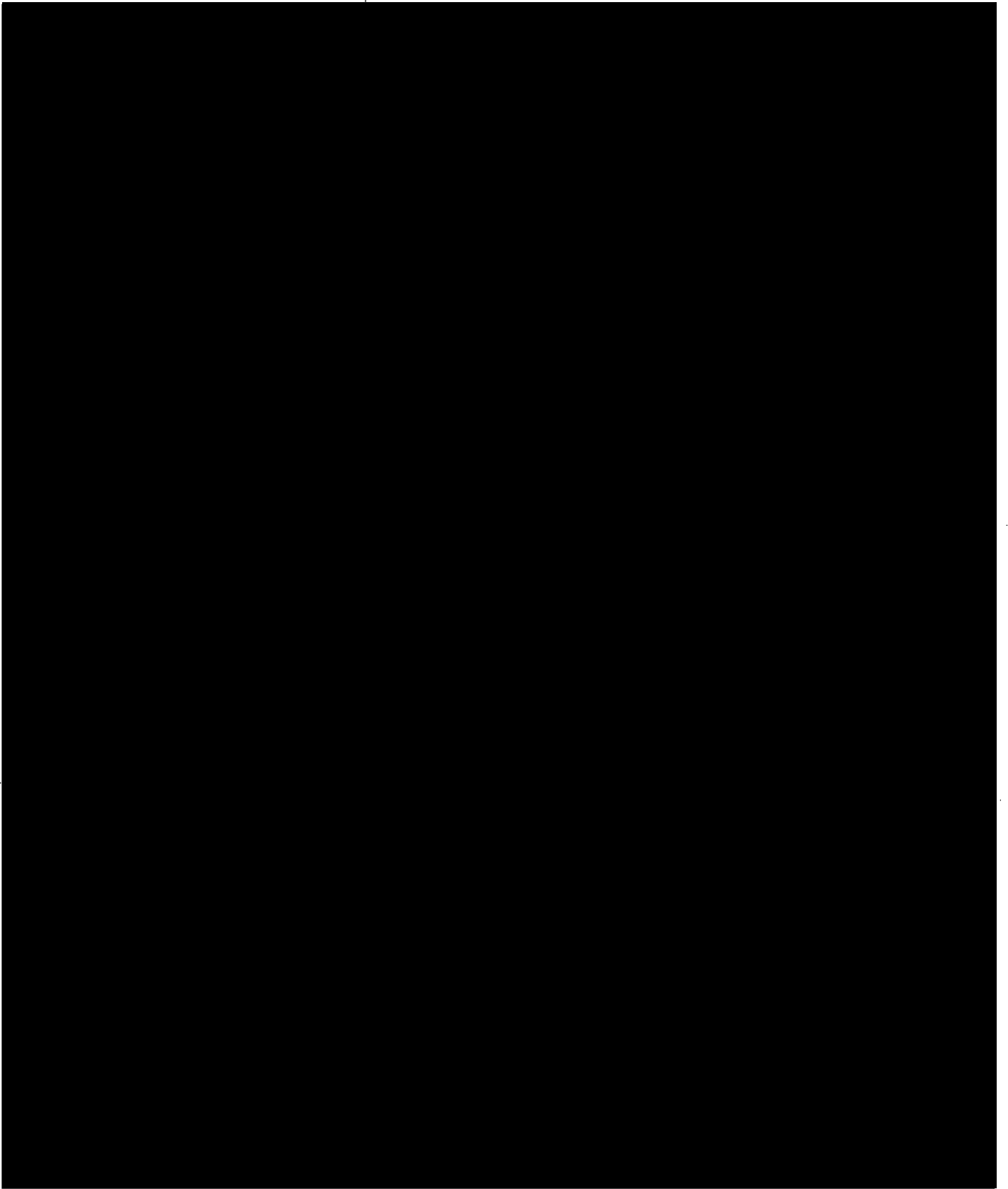
[REDACTED], MD

WCB Number: [REDACTED]

Claim Number: [REDACTED]

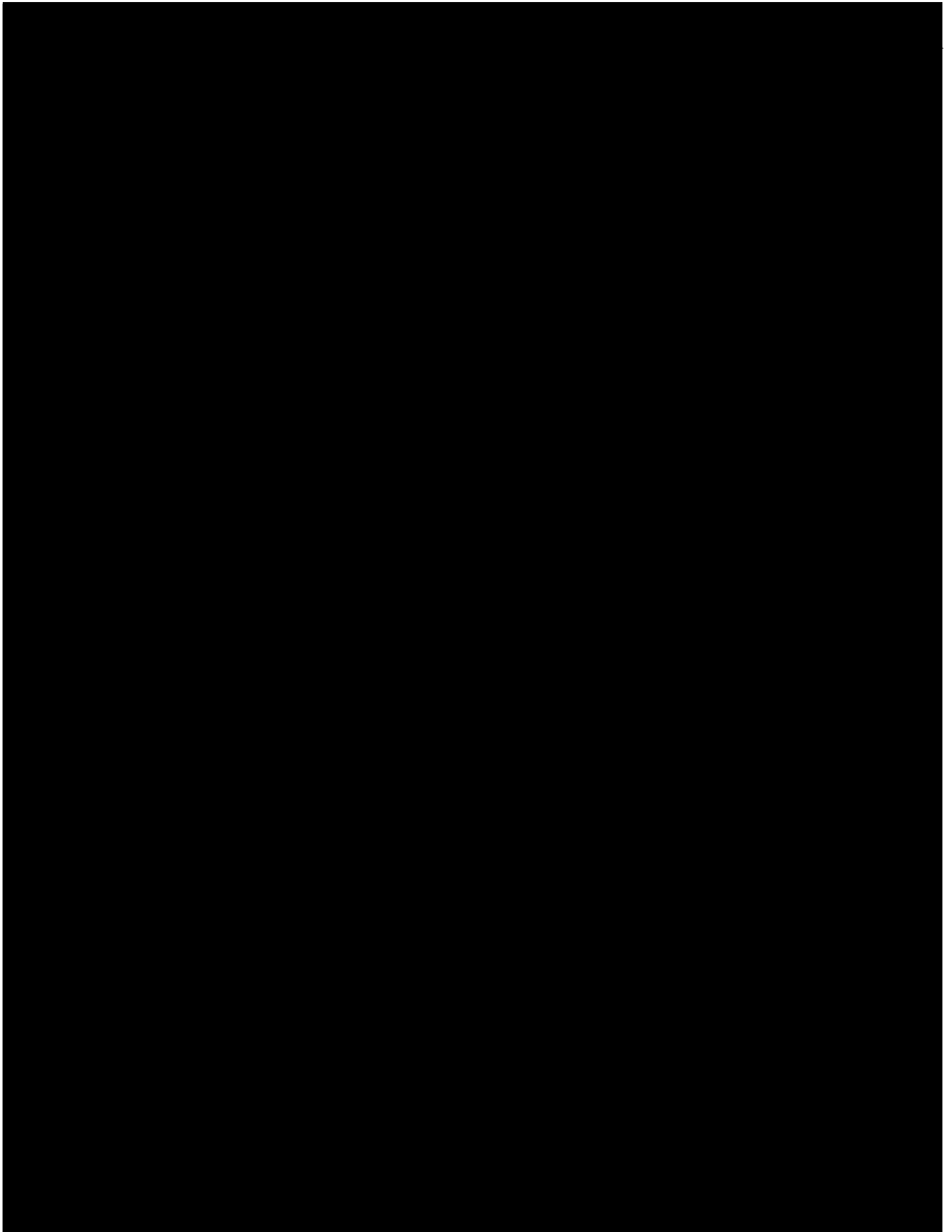
Re: [REDACTED]

July 1, 2016 | Page 2



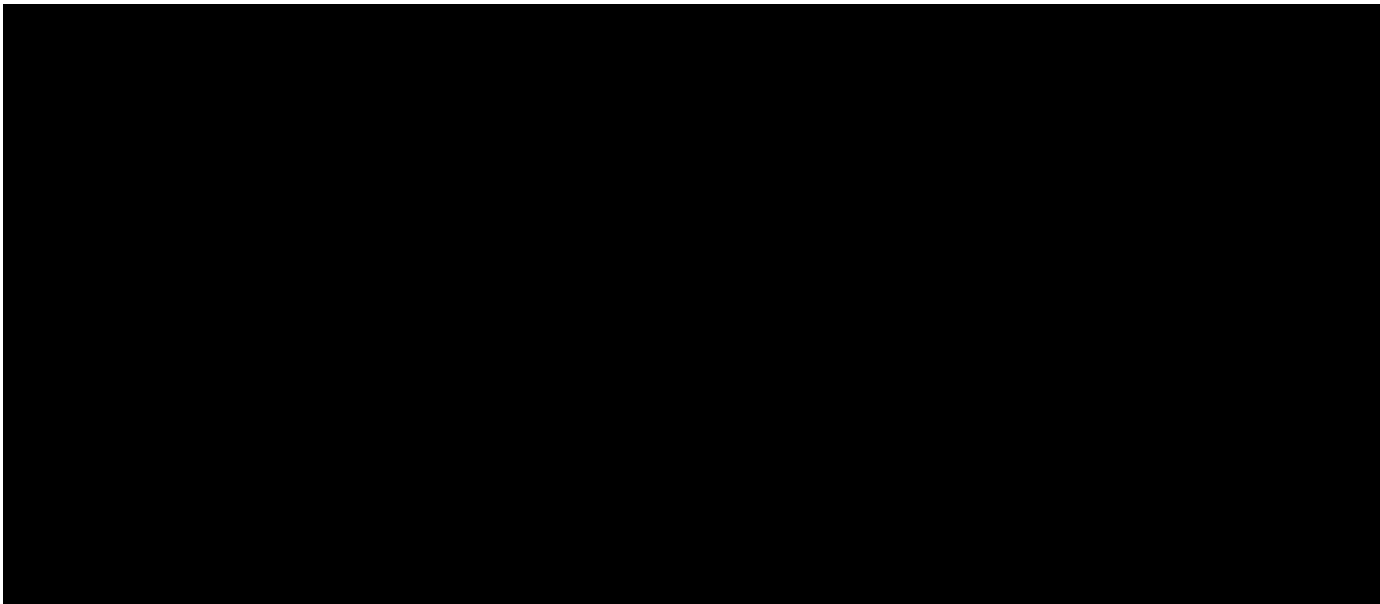
[REDACTED] MD
WCB Number: [REDACTED]

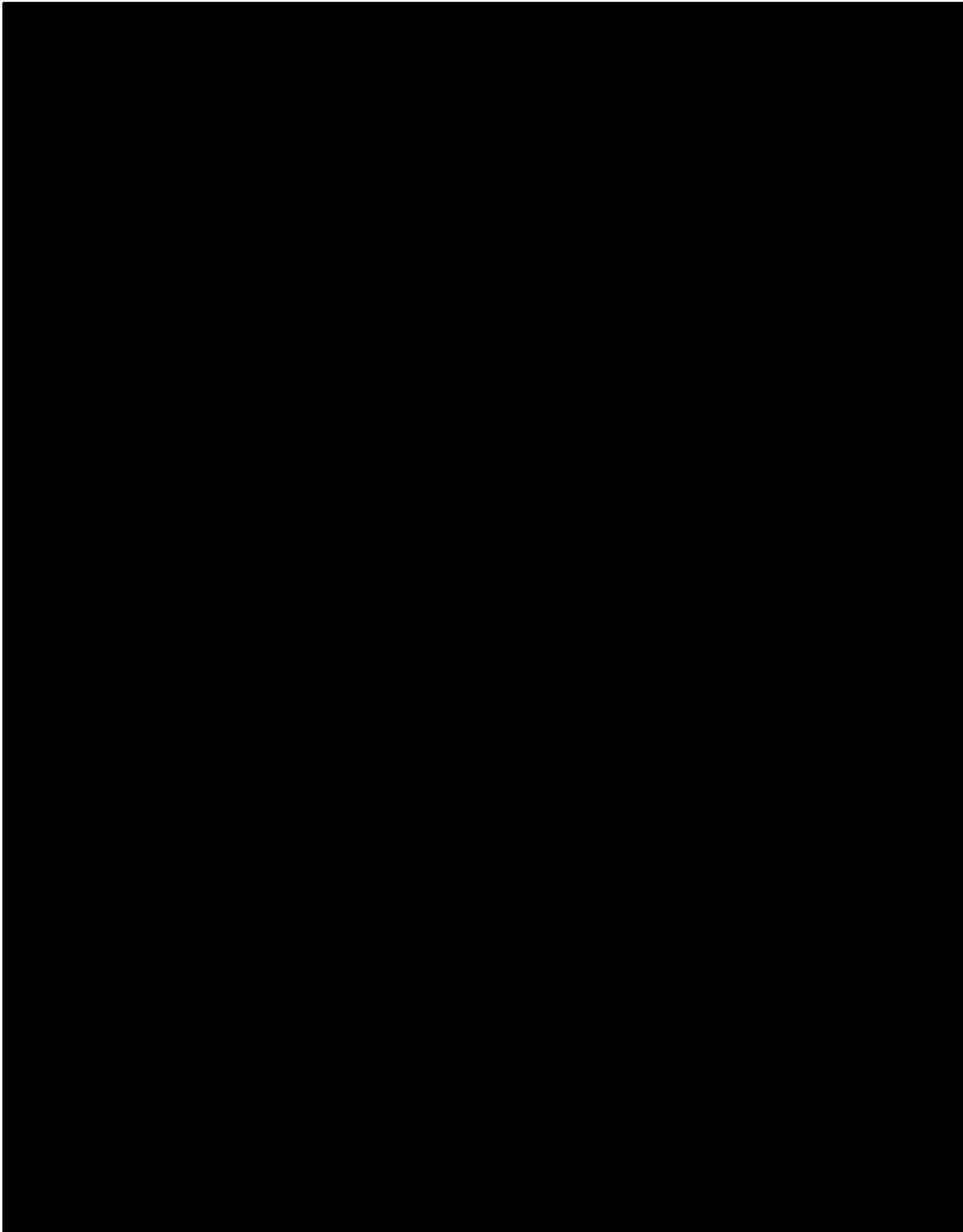
Claim Number: [REDACTED]
Re: [REDACTED]
July 1, 2016 | Page 3

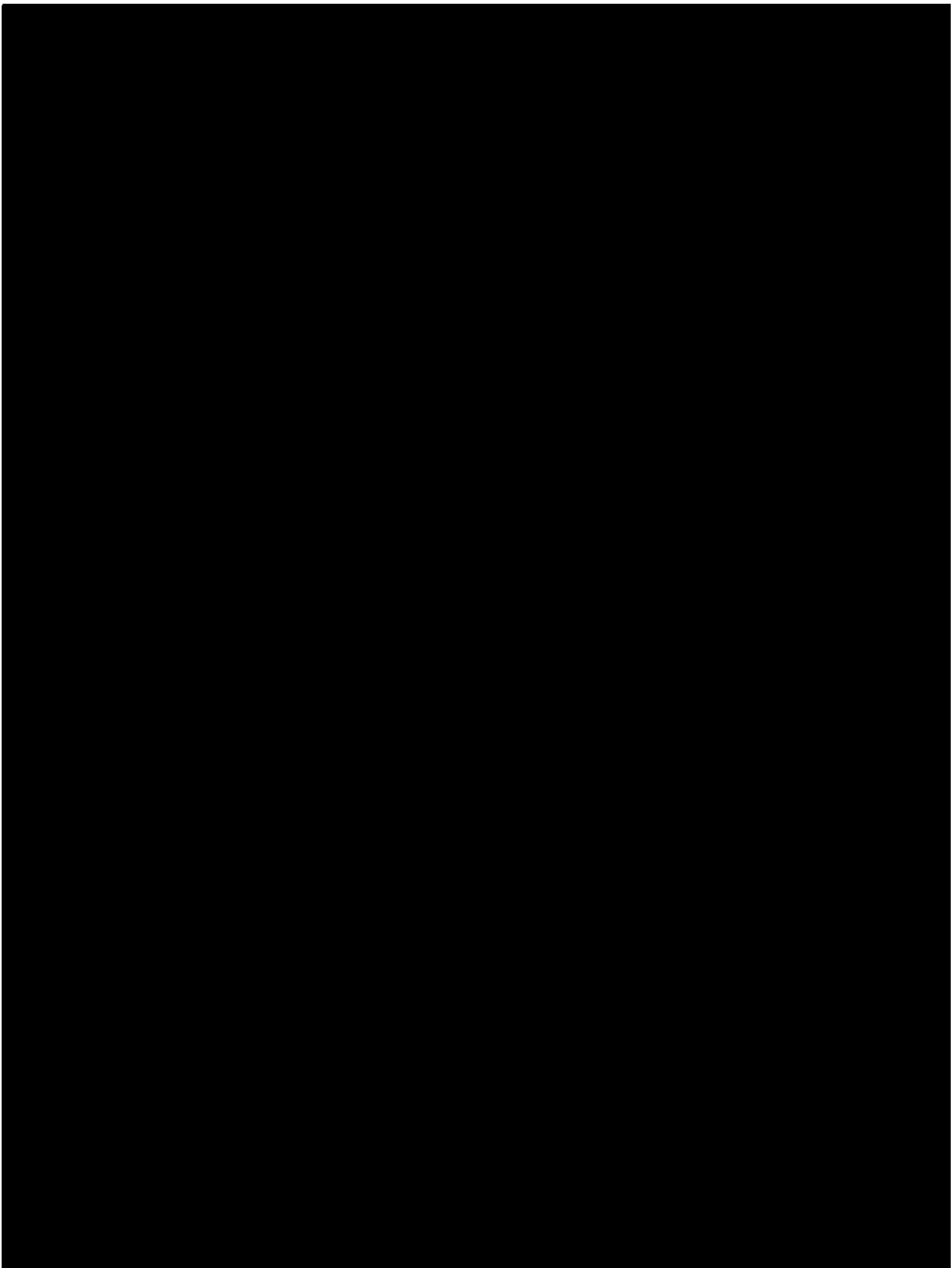


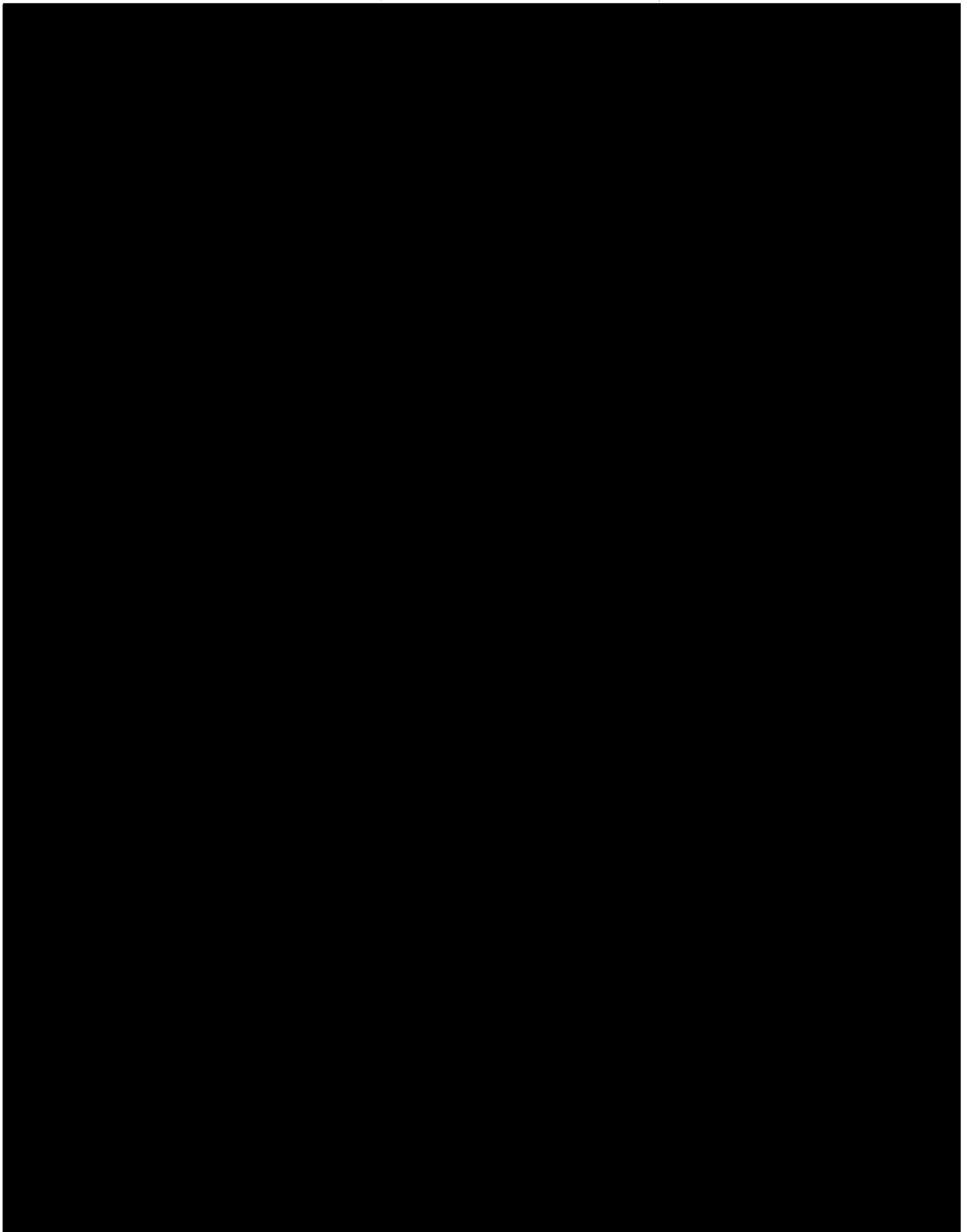
██████████ MD
WCB Number: ██████████

Claim Number: ██████████
Re: ██████████
July 1, 2016 | Page 4

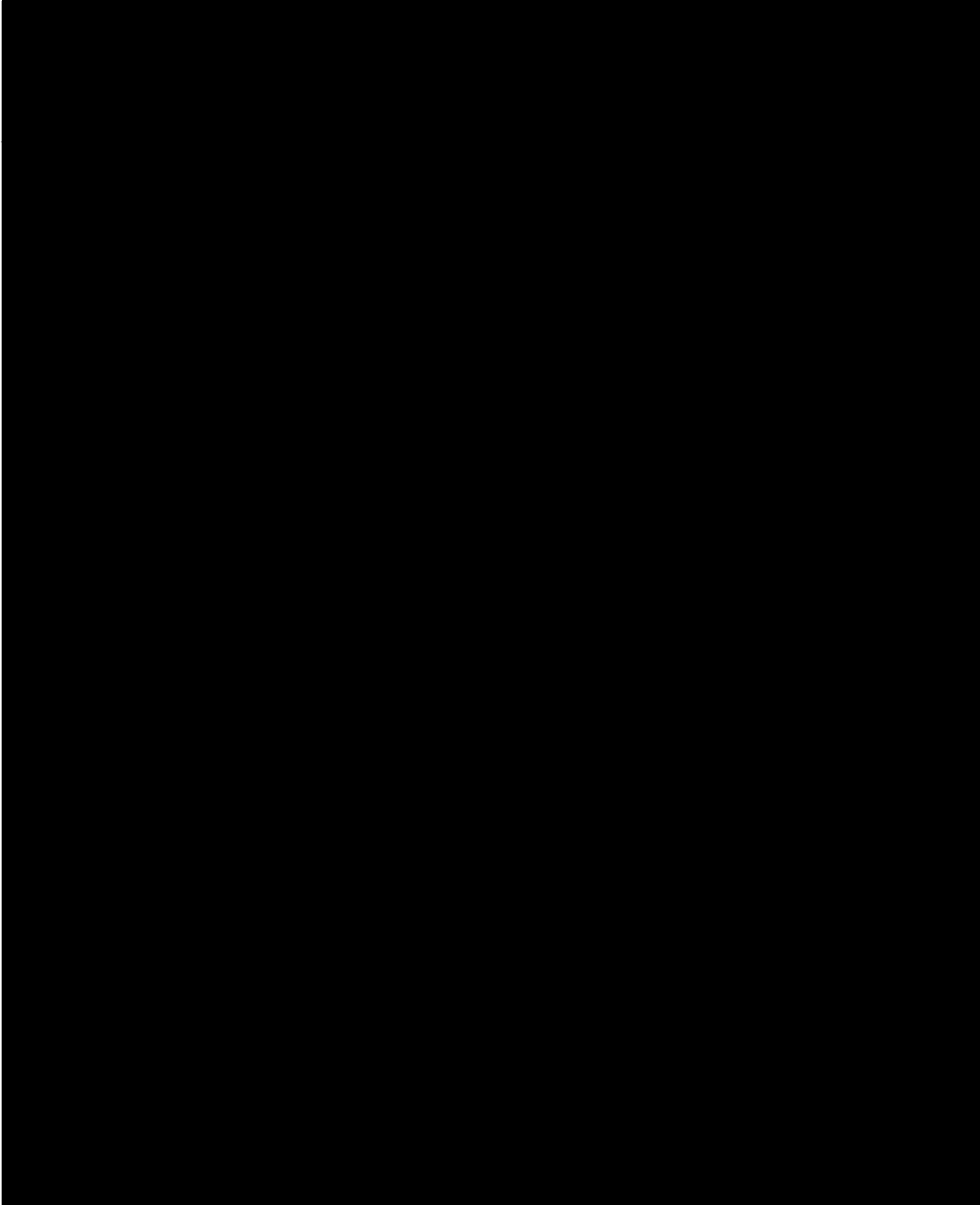






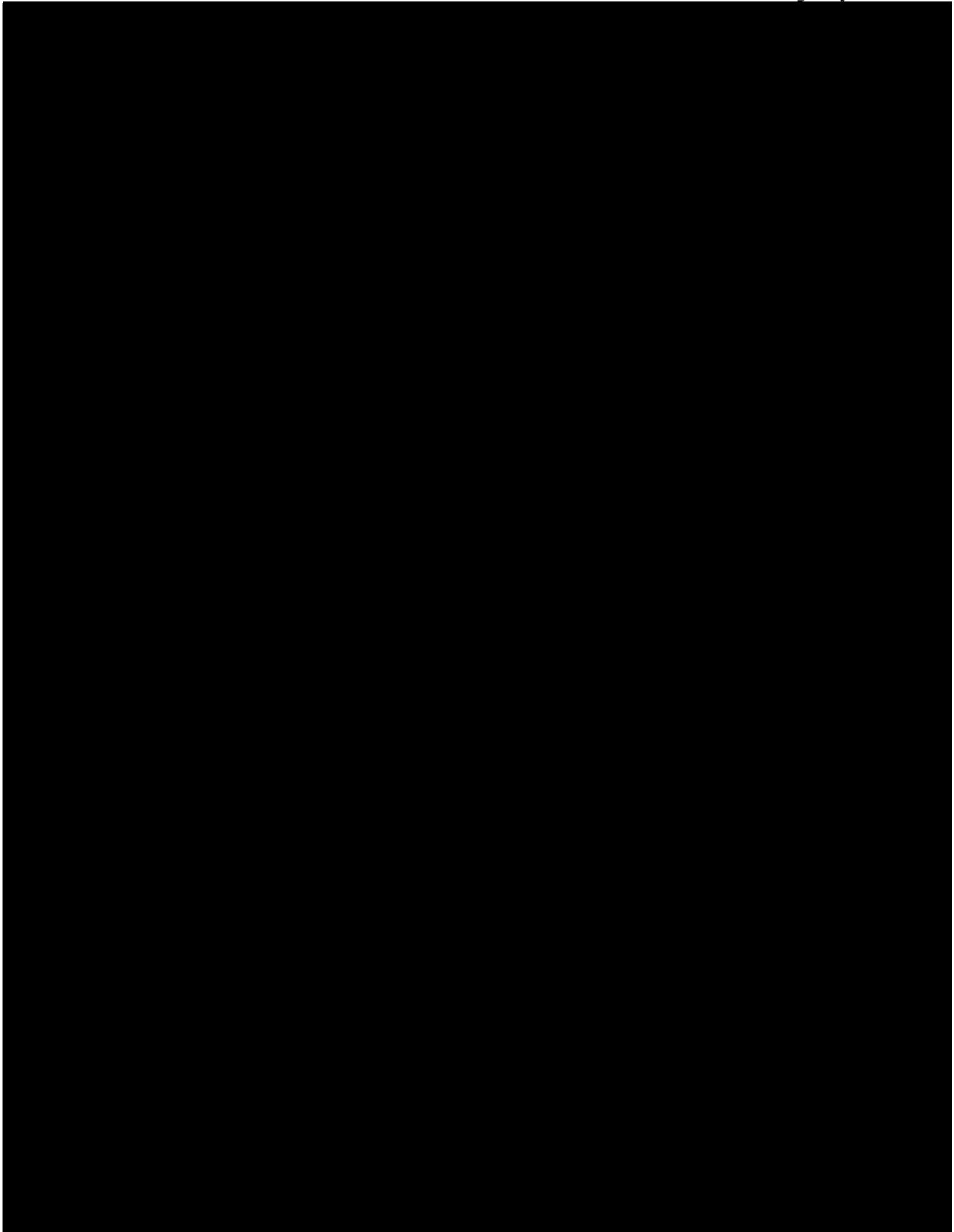


~~XXXXXXXXXX~~
July 29, 2016



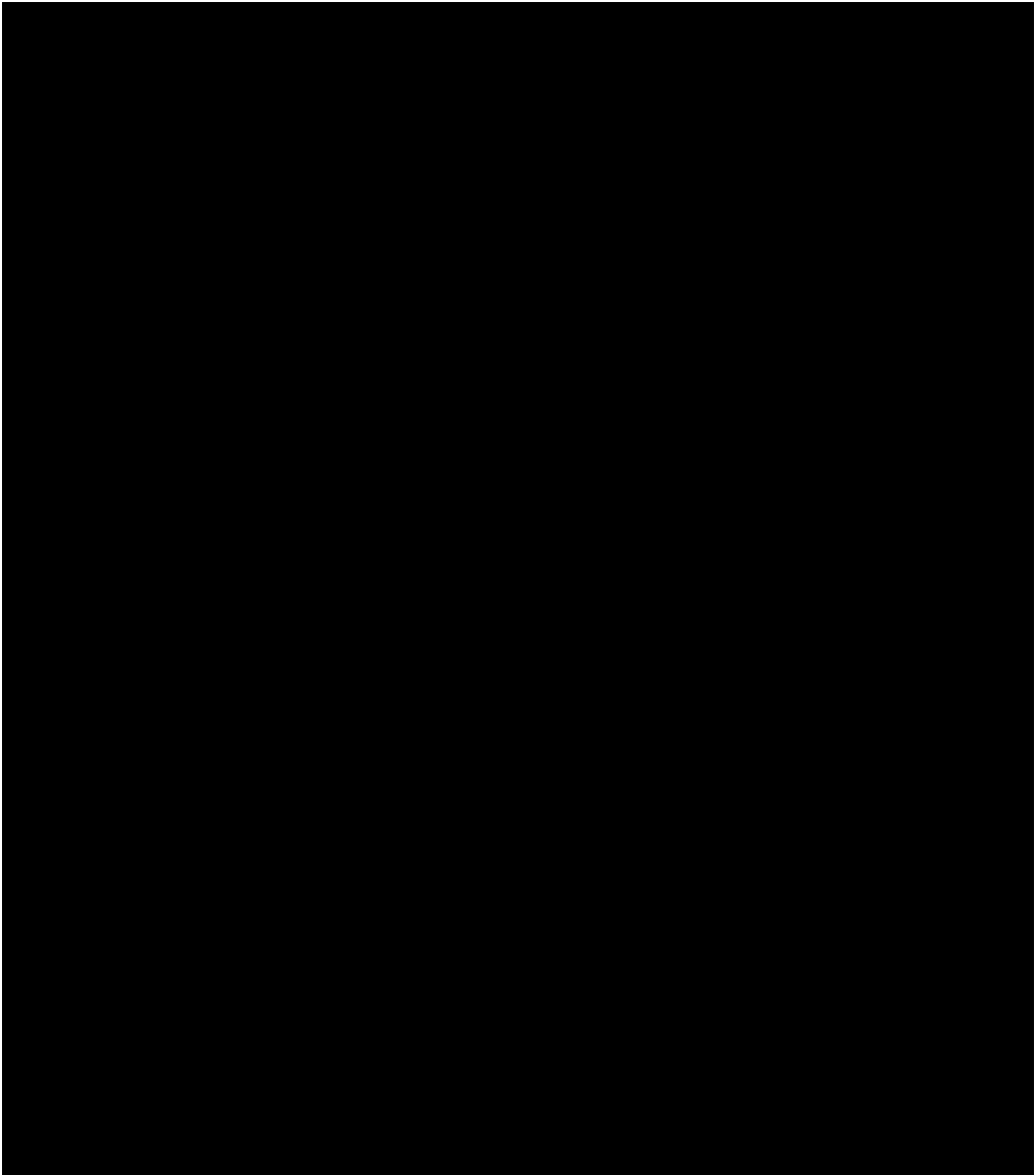
[REDACTED]

July 29, 2016



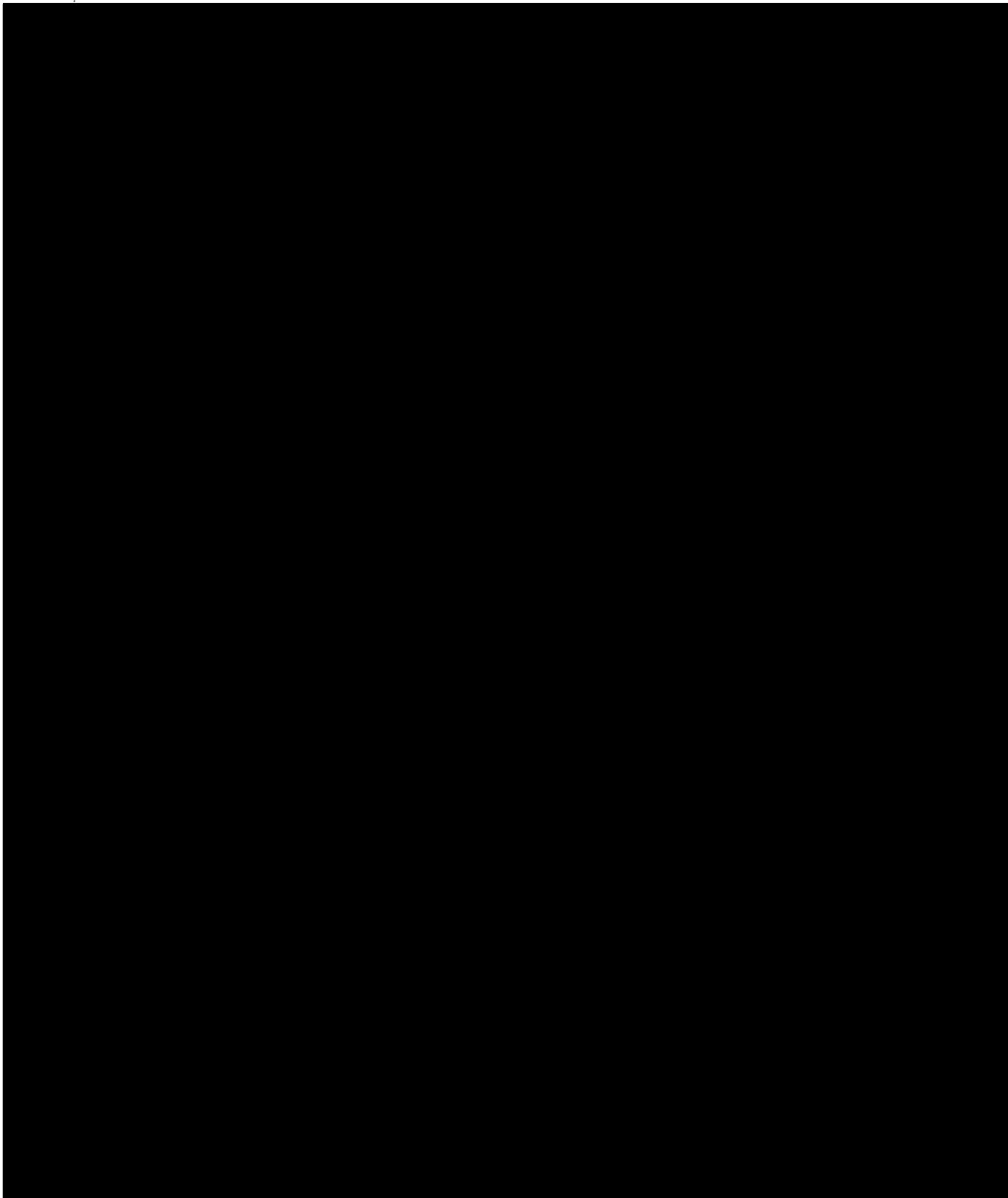
[REDACTED]

July 29, 2016



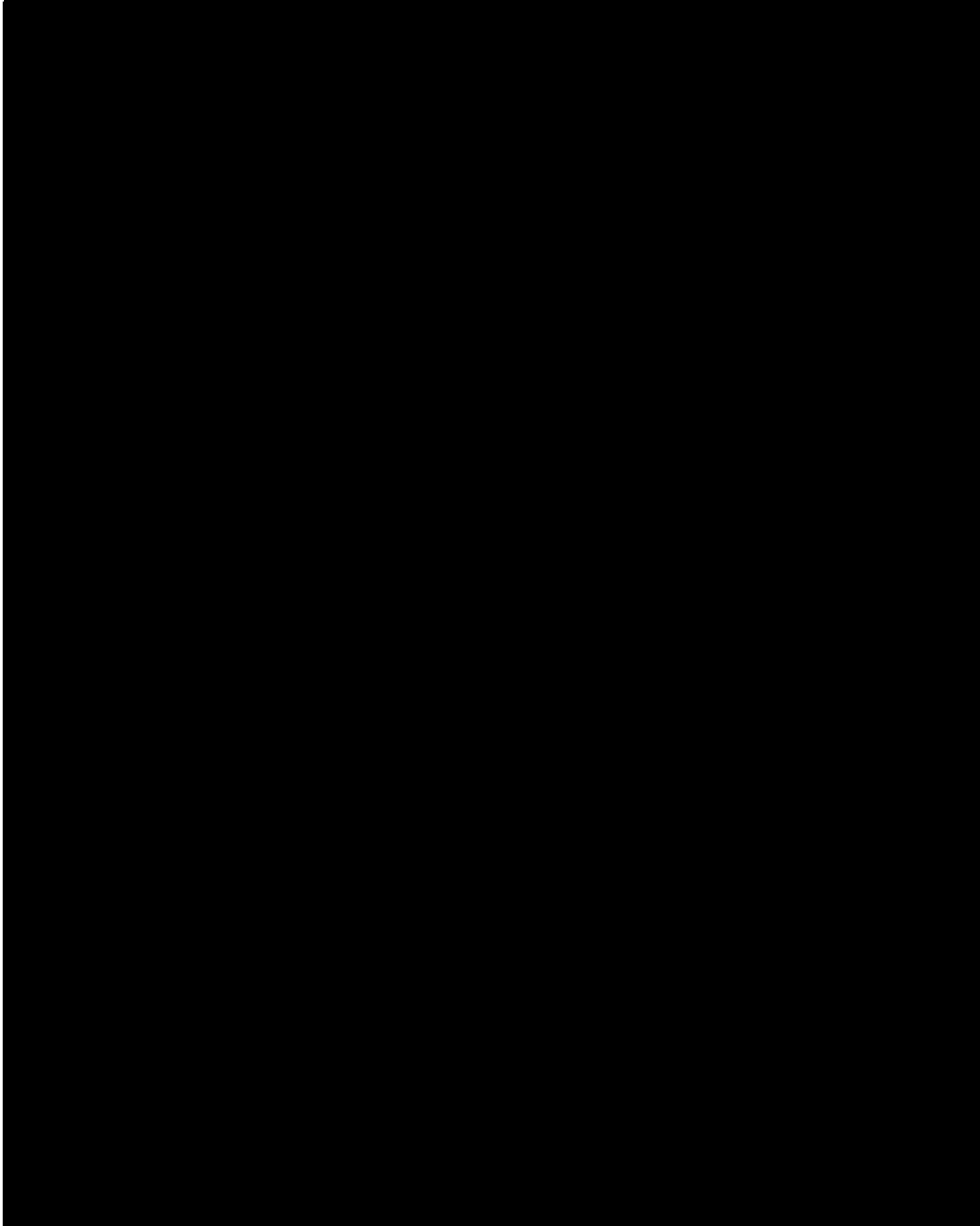
[REDACTED]

July 29, 2016

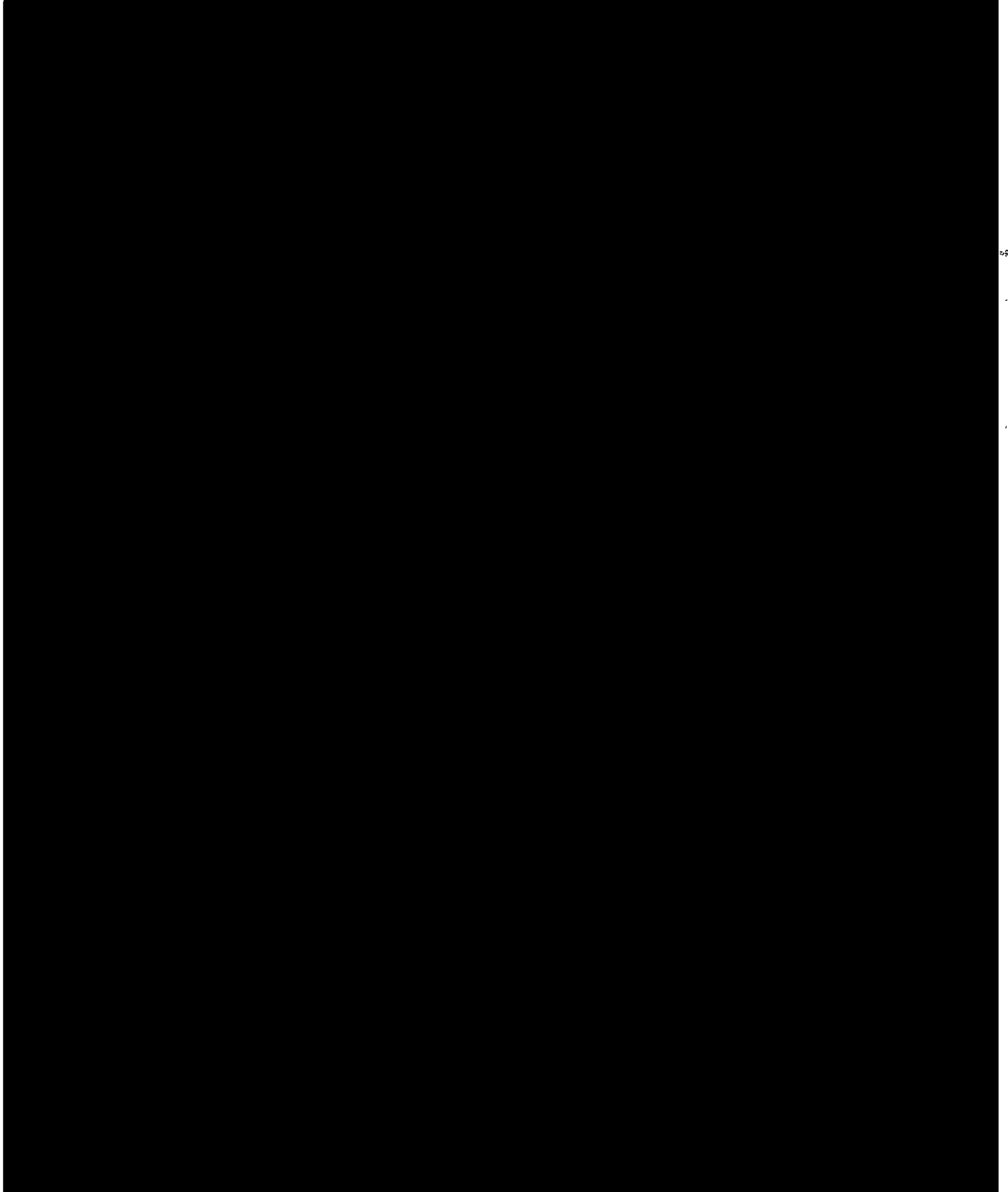


[REDACTED]

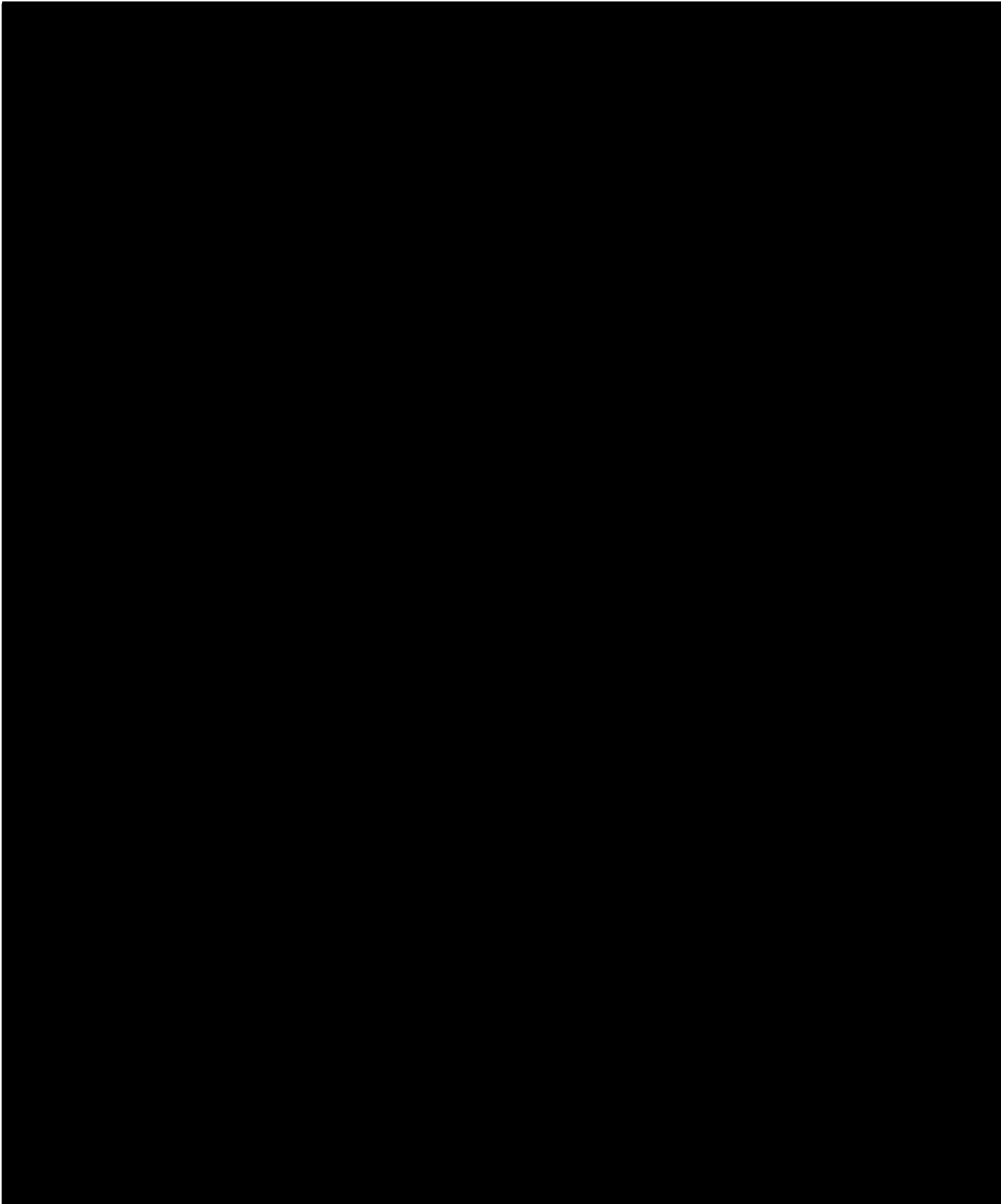
July 29, 2016

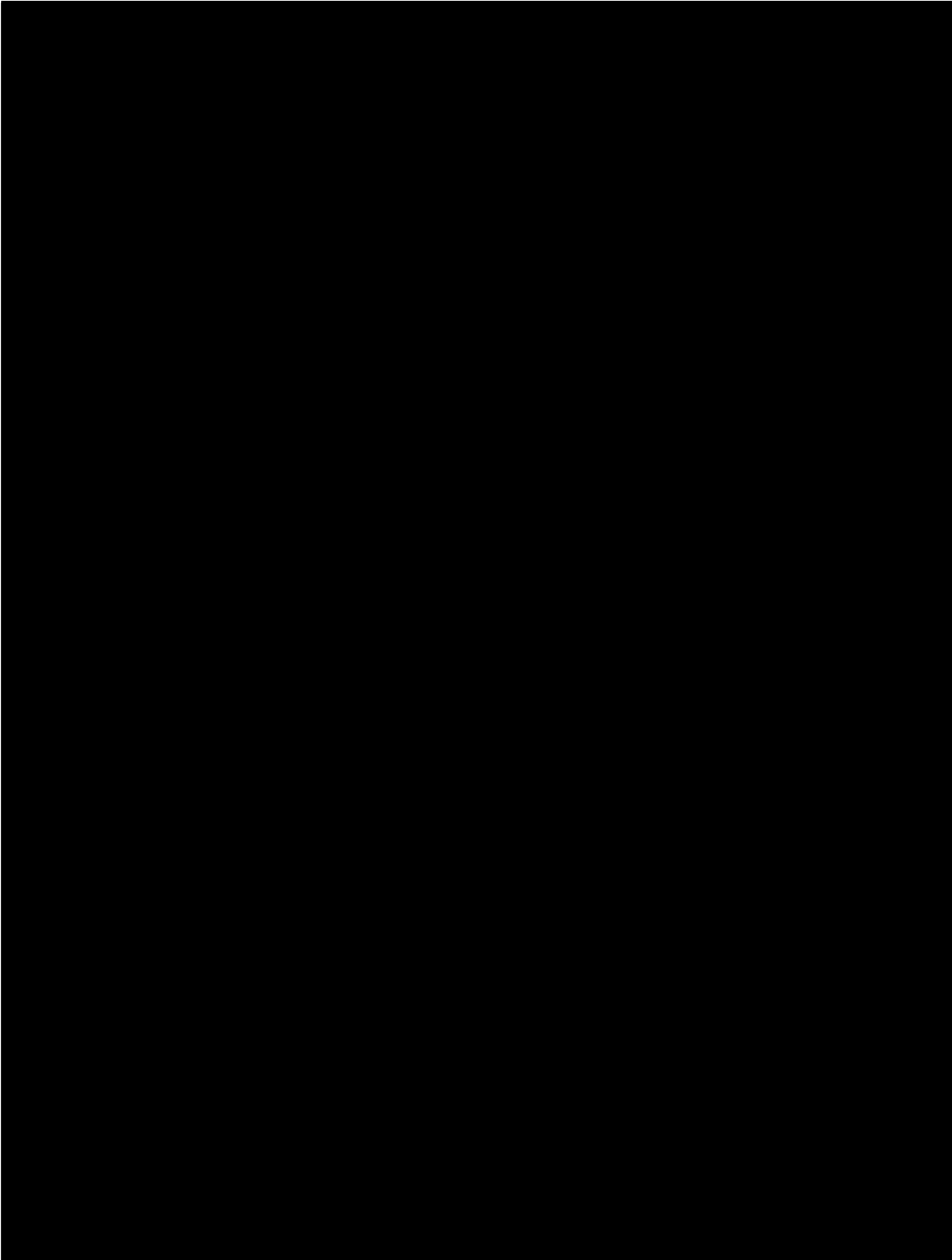


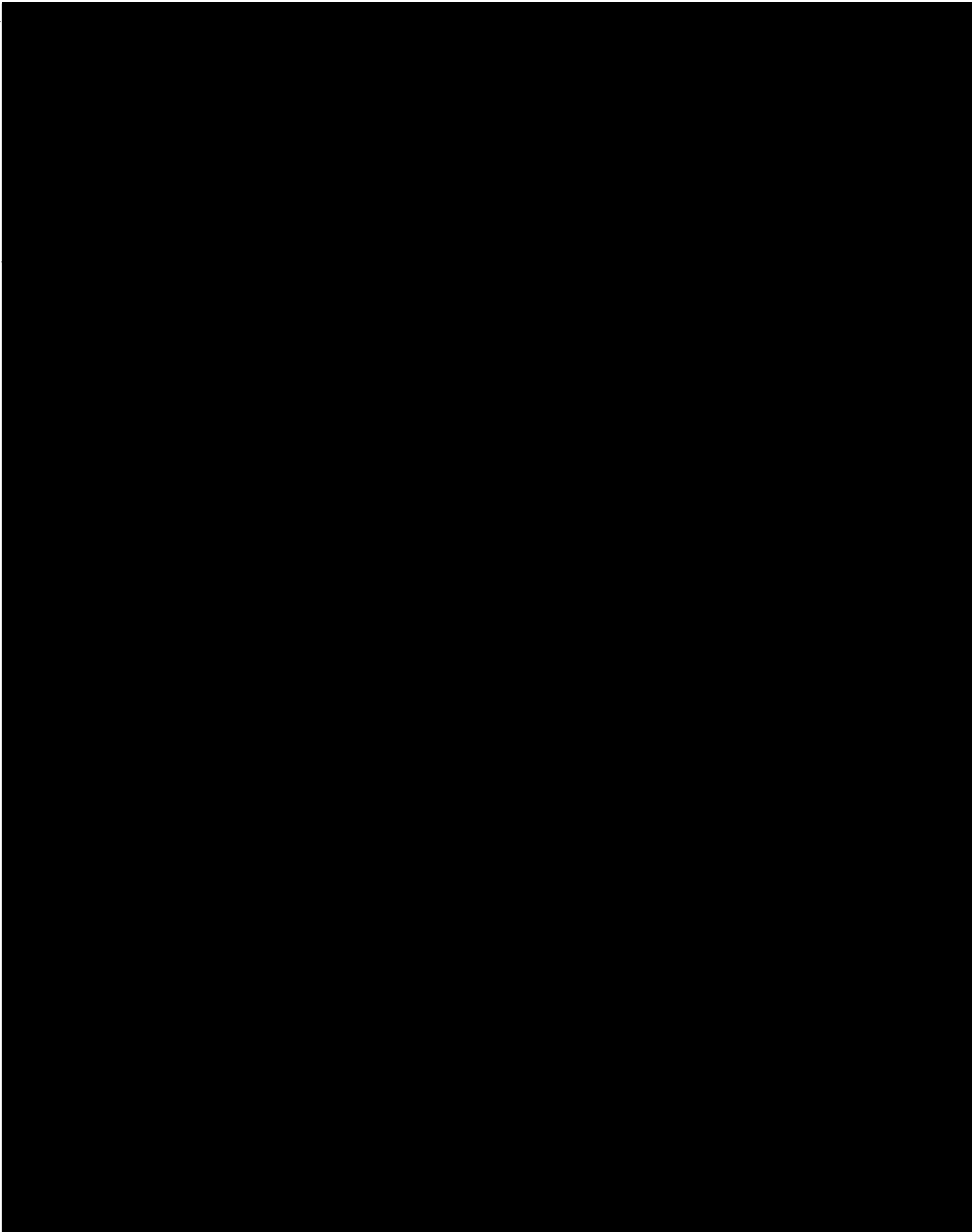
~~_____~~
July 29, 2016



[REDACTED]
July 29, 2016





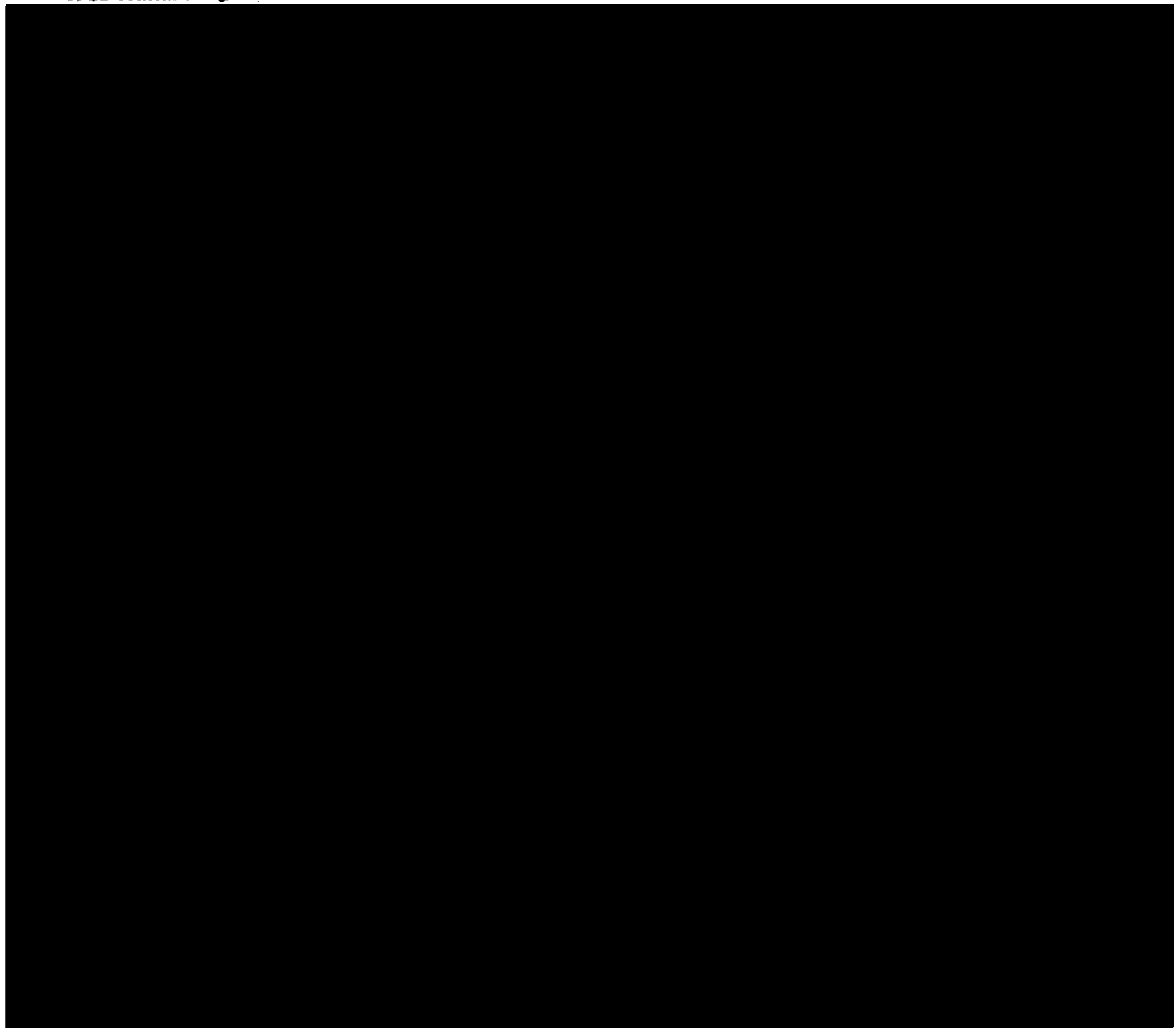


[REDACTED]
[REDACTED]
Huntington, NY 11743

July 18, 2016

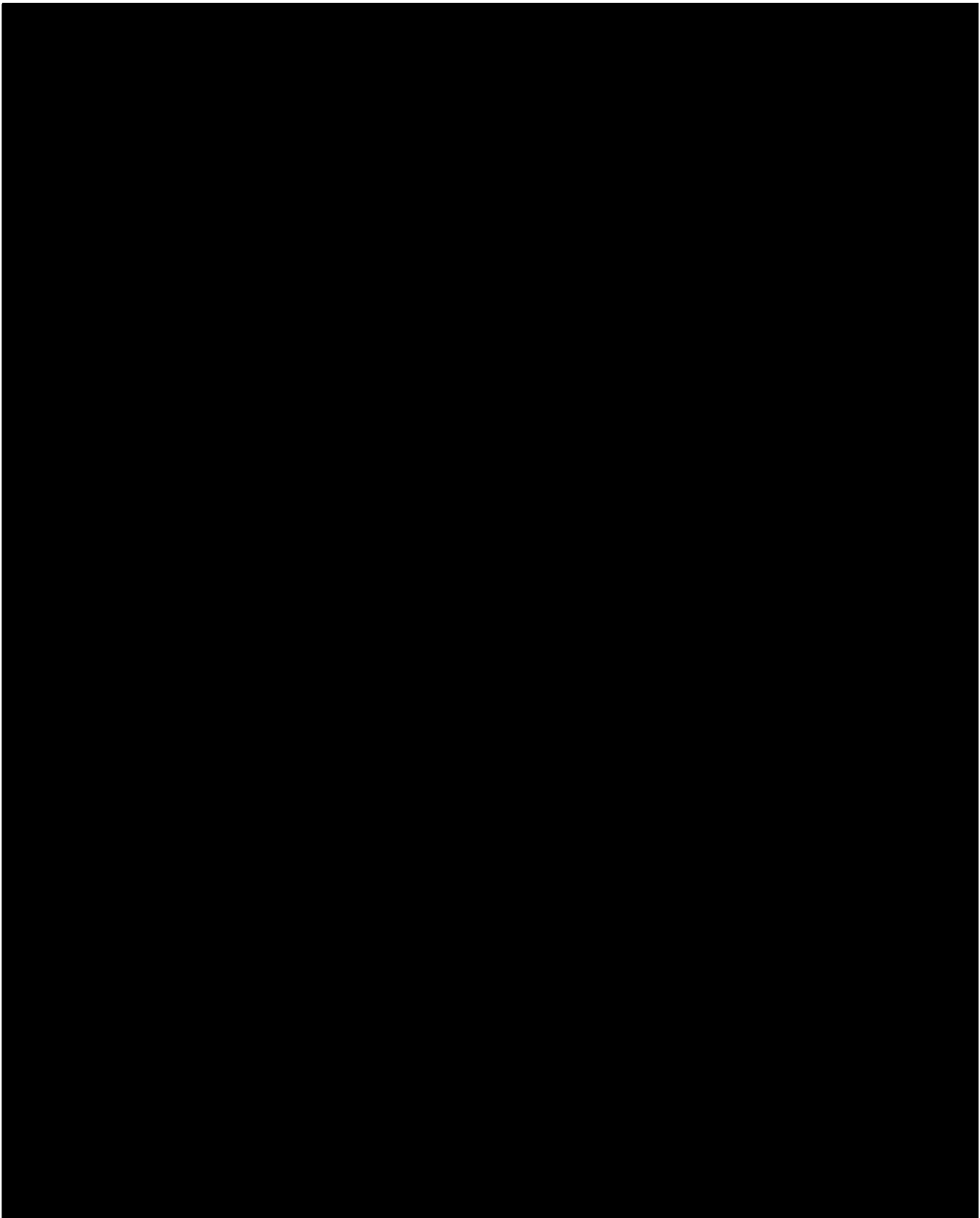
[REDACTED]
[REDACTED]
PO Box [REDACTED]
Buffalo, NY 14240

Re: [REDACTED]
Claim Number [REDACTED]
Event Number: [REDACTED]
Date of Loss: 05/01/2015
WCB Number: [REDACTED]



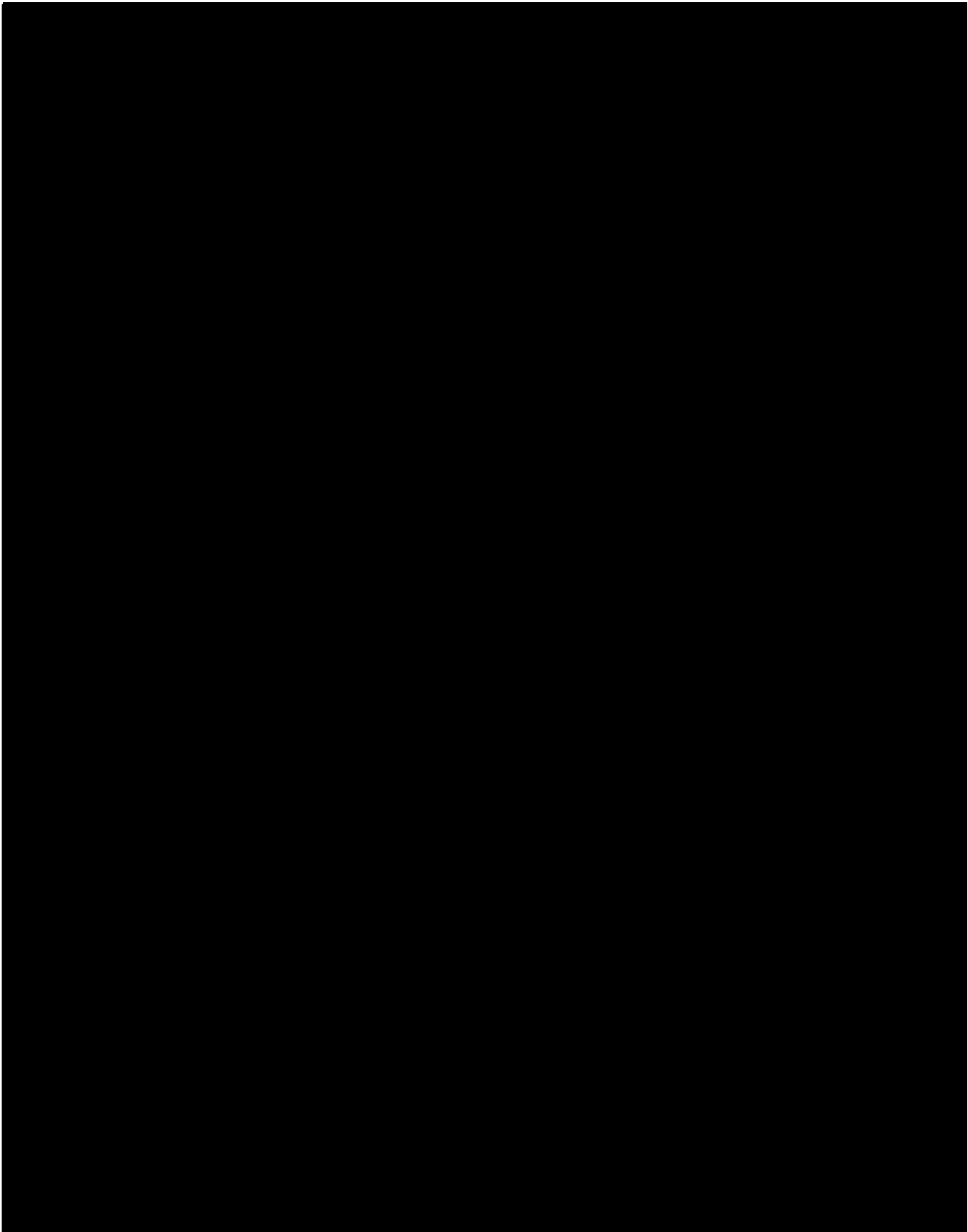
[REDACTED] MD
WCB Number: [REDACTED]

Claim Number: [REDACTED]
Re: [REDACTED]
July 18, 2016 | Page 2



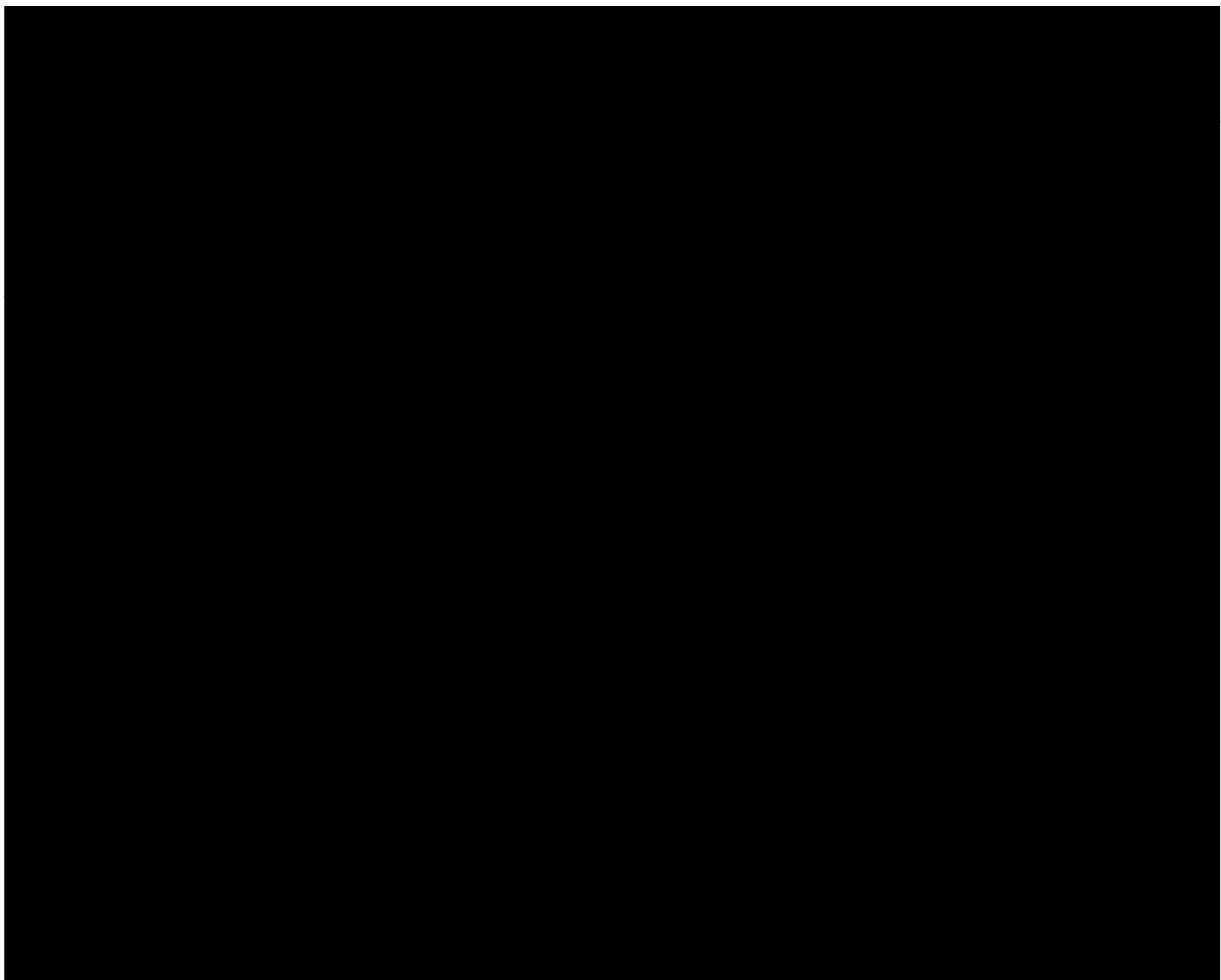
[REDACTED] MD
WCB Number: [REDACTED]

Claim Number: [REDACTED]
Re: [REDACTED]
July 18, 2016 | Page 3

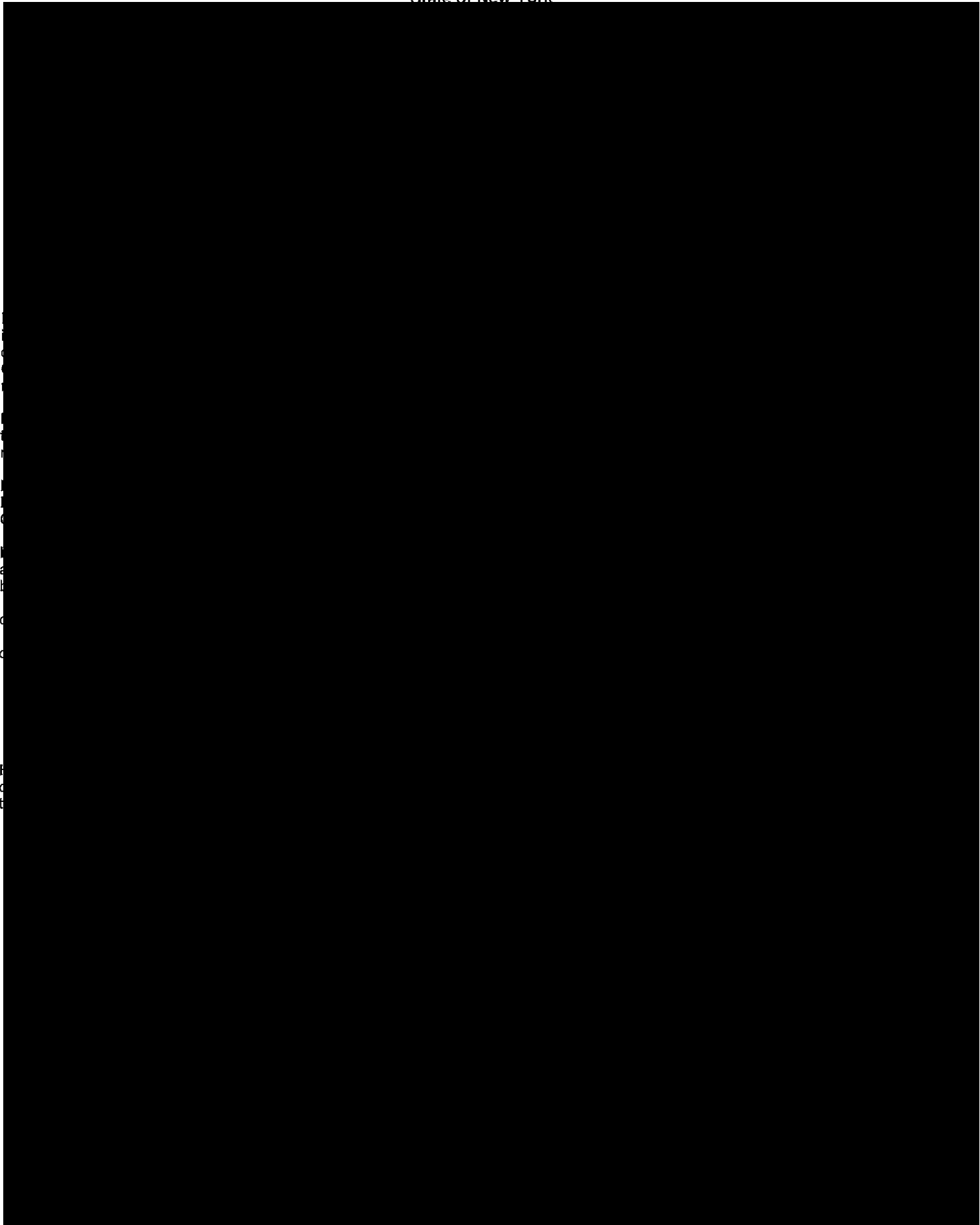


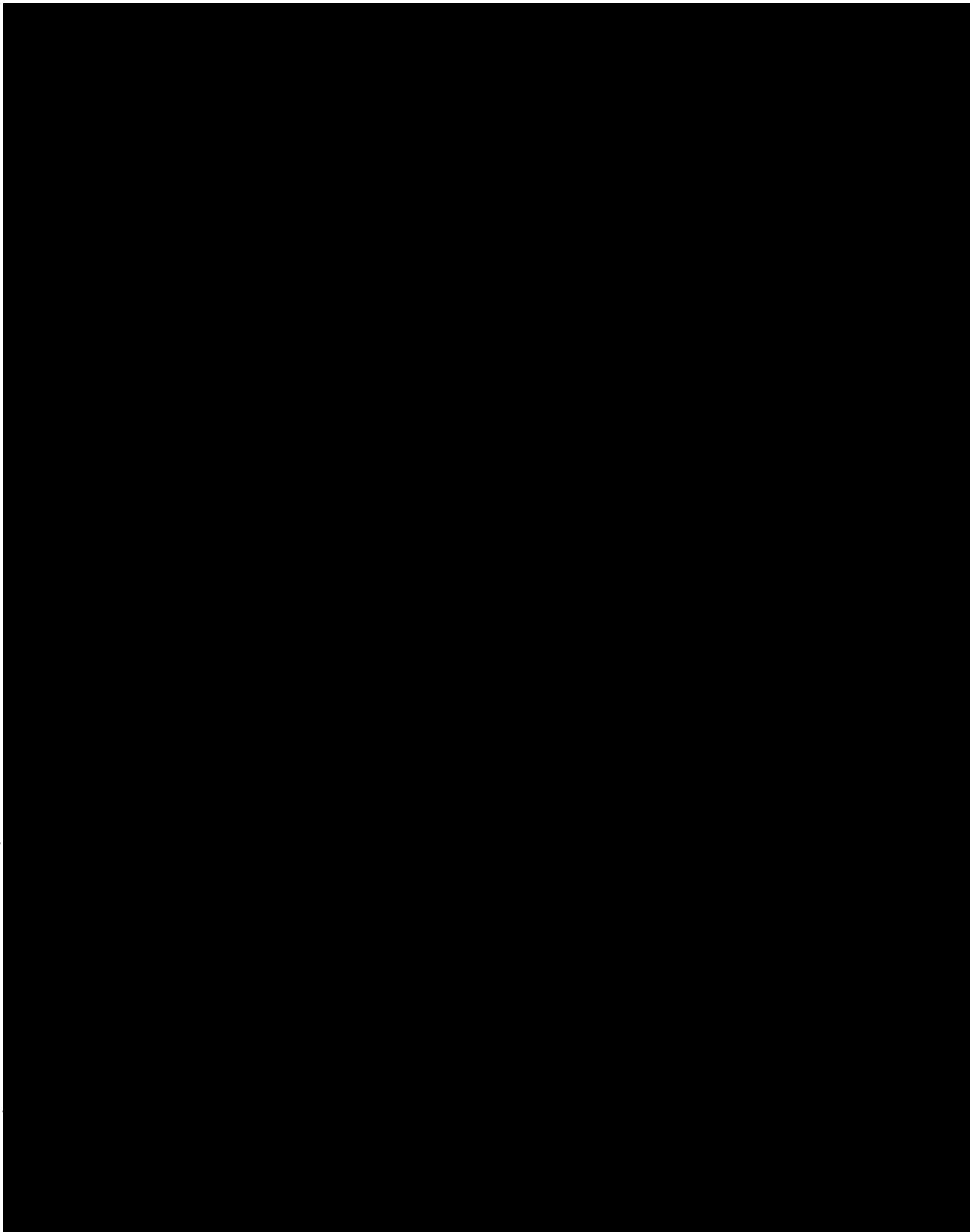
[REDACTED], MD
WCB Number: [REDACTED]

Claim Number: [REDACTED]
Re: [REDACTED]
July 18, 2016 | Page 4



State of New York



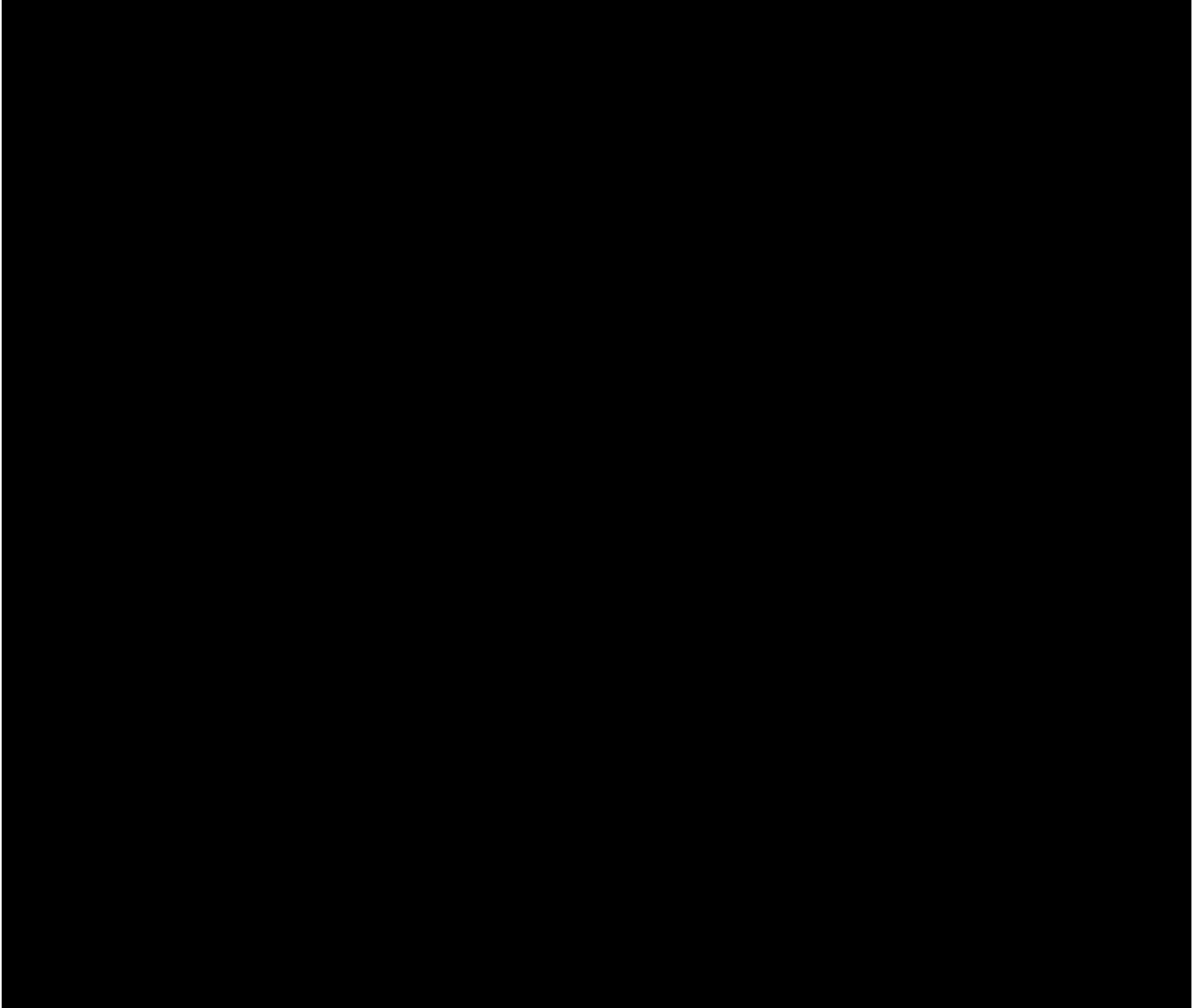




445 Broadhollow Rd., Ste. 336
Melville, NY 11747
mcn.com | newyork@mcn.com

t: 631.454.8399
t: 800.394.4637
f: 631.454.8522

Medical
Consultants
Network





445 Broadhollow Rd., Ste. 336
Melville, NY 11747
mcn.com | newyork@mcn.com

t: 631.454.8399
t: 800.394.4637
f: 631.454.8522

Medical
Consultants
Network



**THIRD MEDICAL OPINION (TMO)
TIPS FOR REPORT COMPLETION**

| [Redacted]

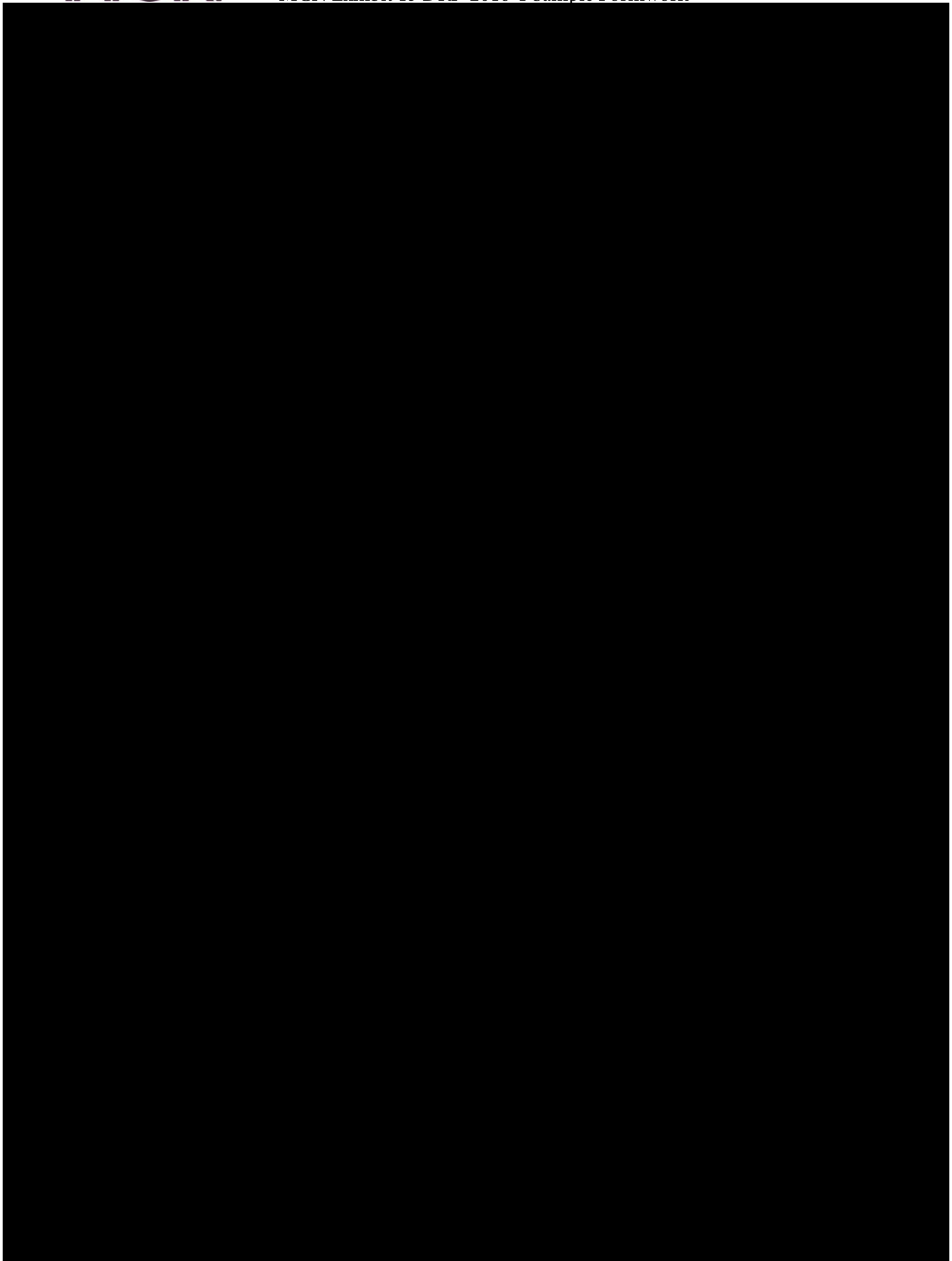
| [Redacted]

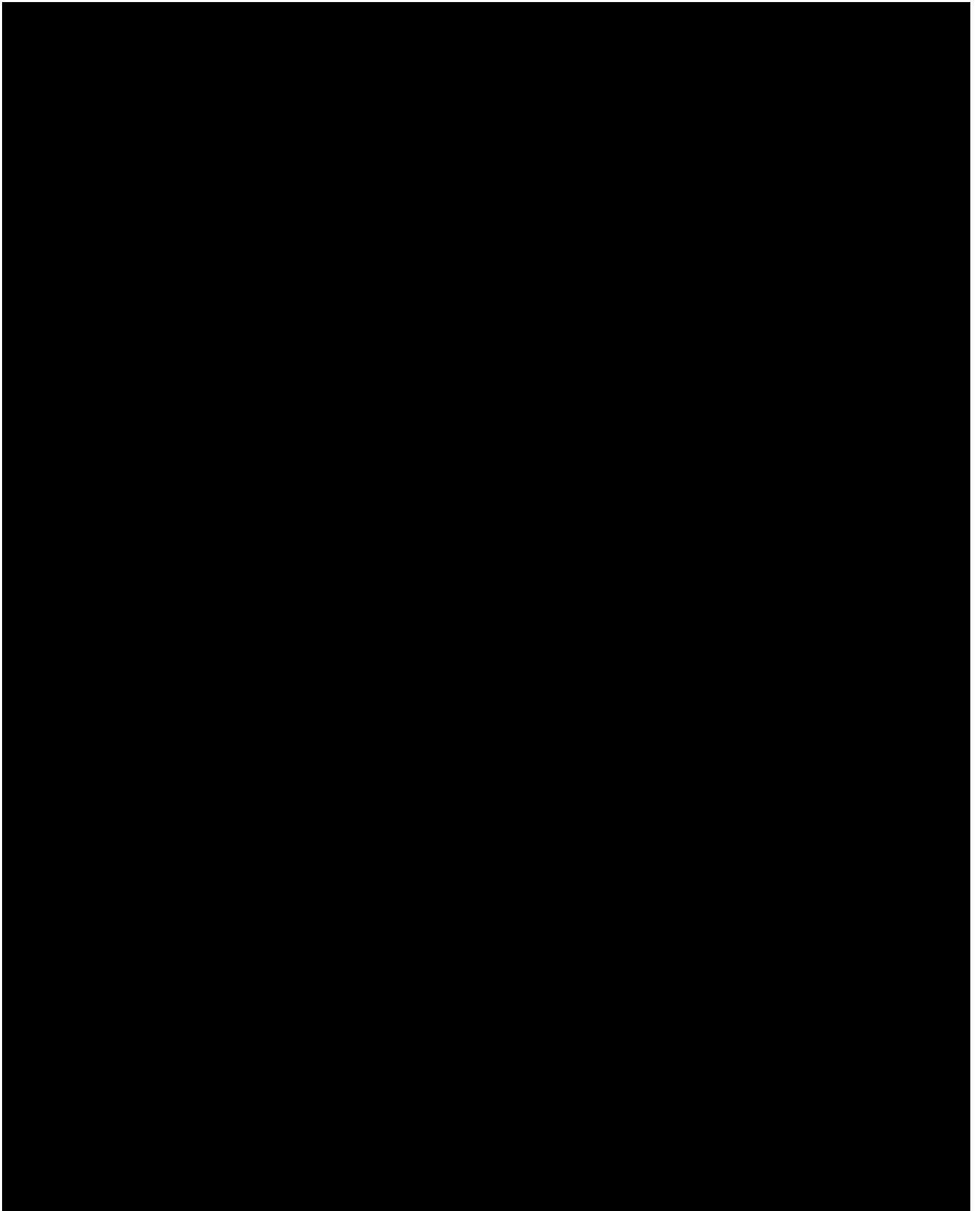
| [Redacted]

[Redacted]

[Redacted]

| [Redacted]



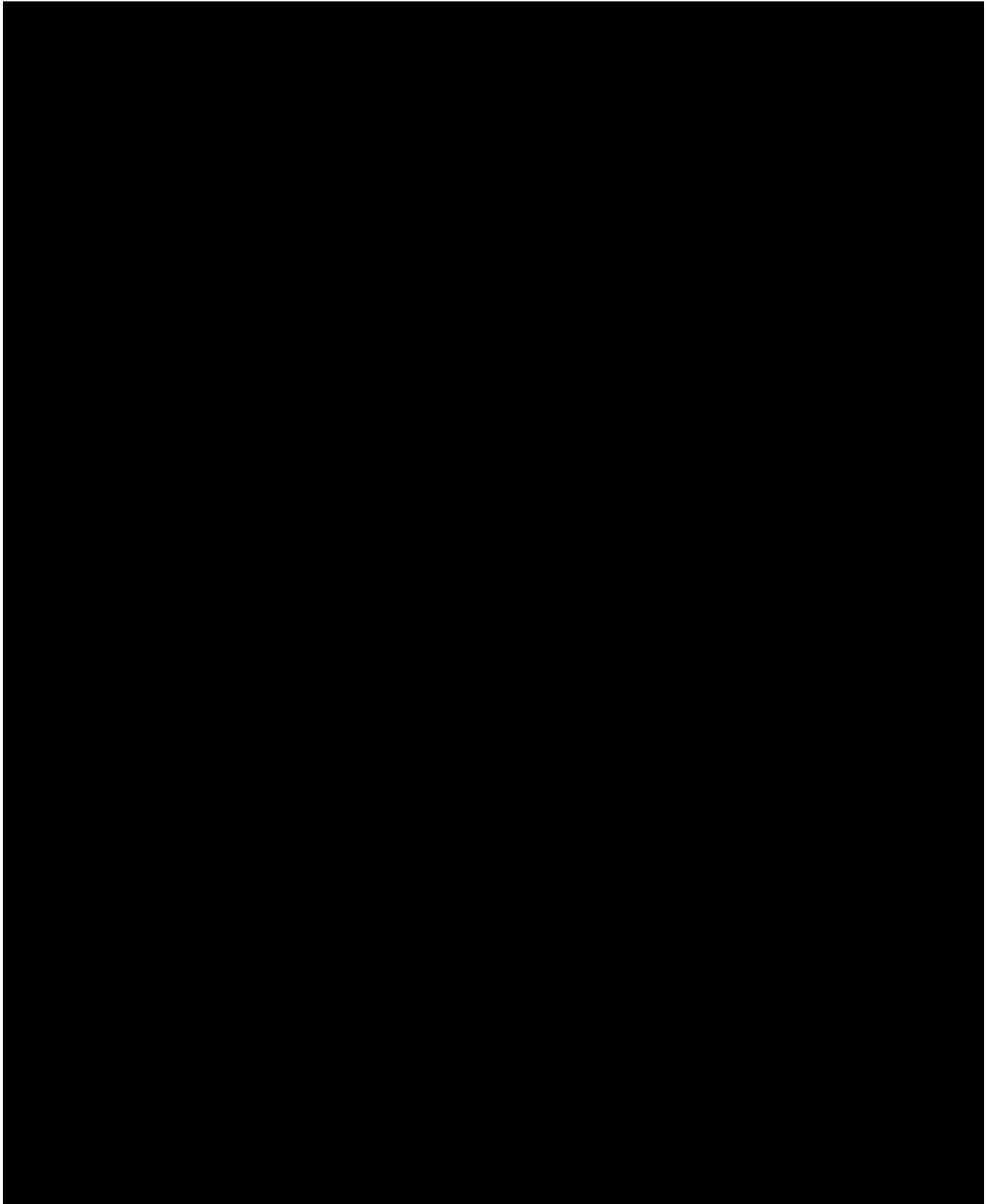




445 Broadhollow Rd., Ste. 336
Melville, NY 11747
mcn.com | newyork@mcn.com

t: 631.454.8399
t: 800.394.4637
f: 631.454.8522

Medical
Consultants
Network

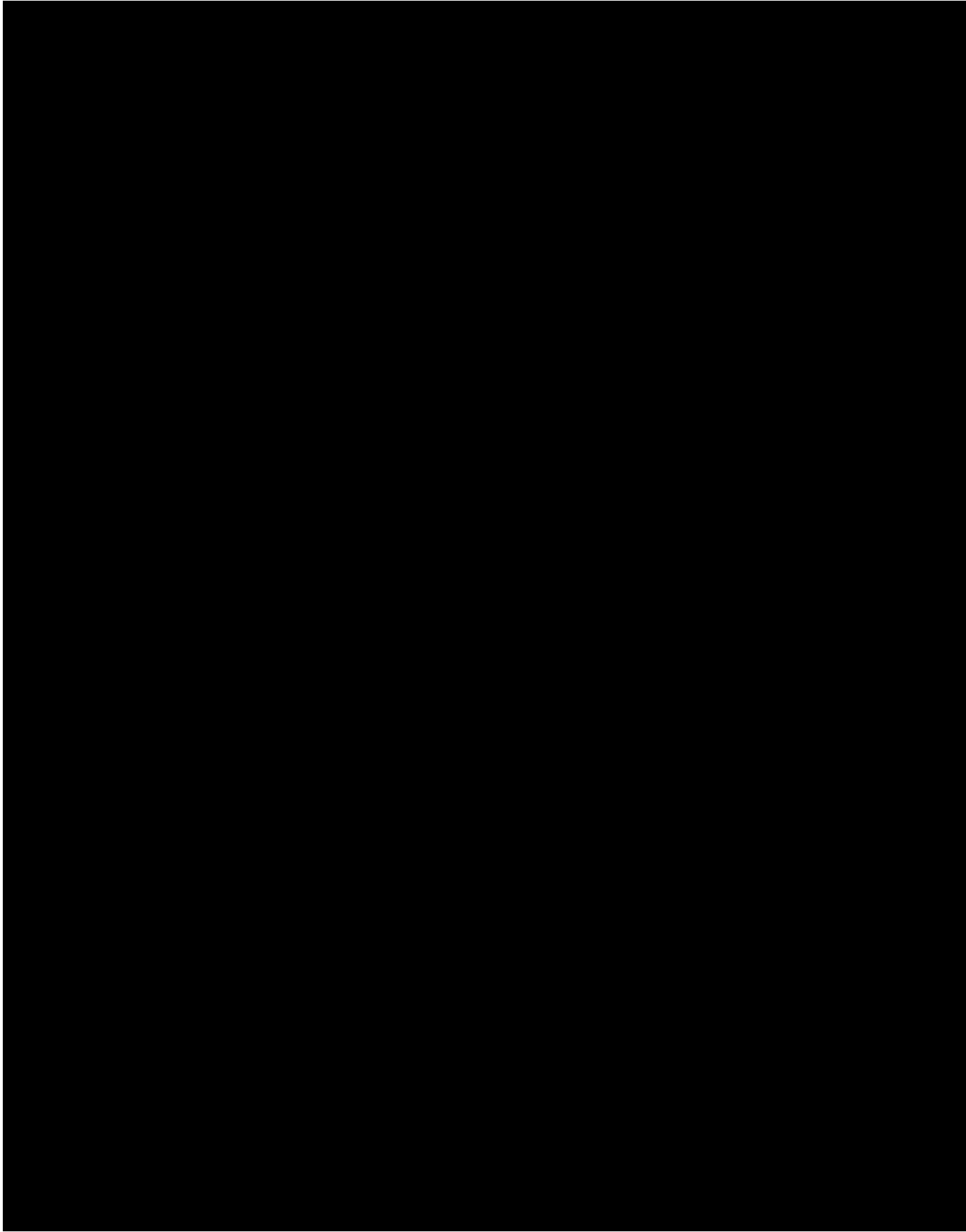




445 Broadhollow Rd., Ste. 336
Melville, NY 11747
mcn.com | newyork@mcn.com

t: 631.454.8399
t: 800.394.4637
f: 631.454.8522

Medical
Consultants
Network

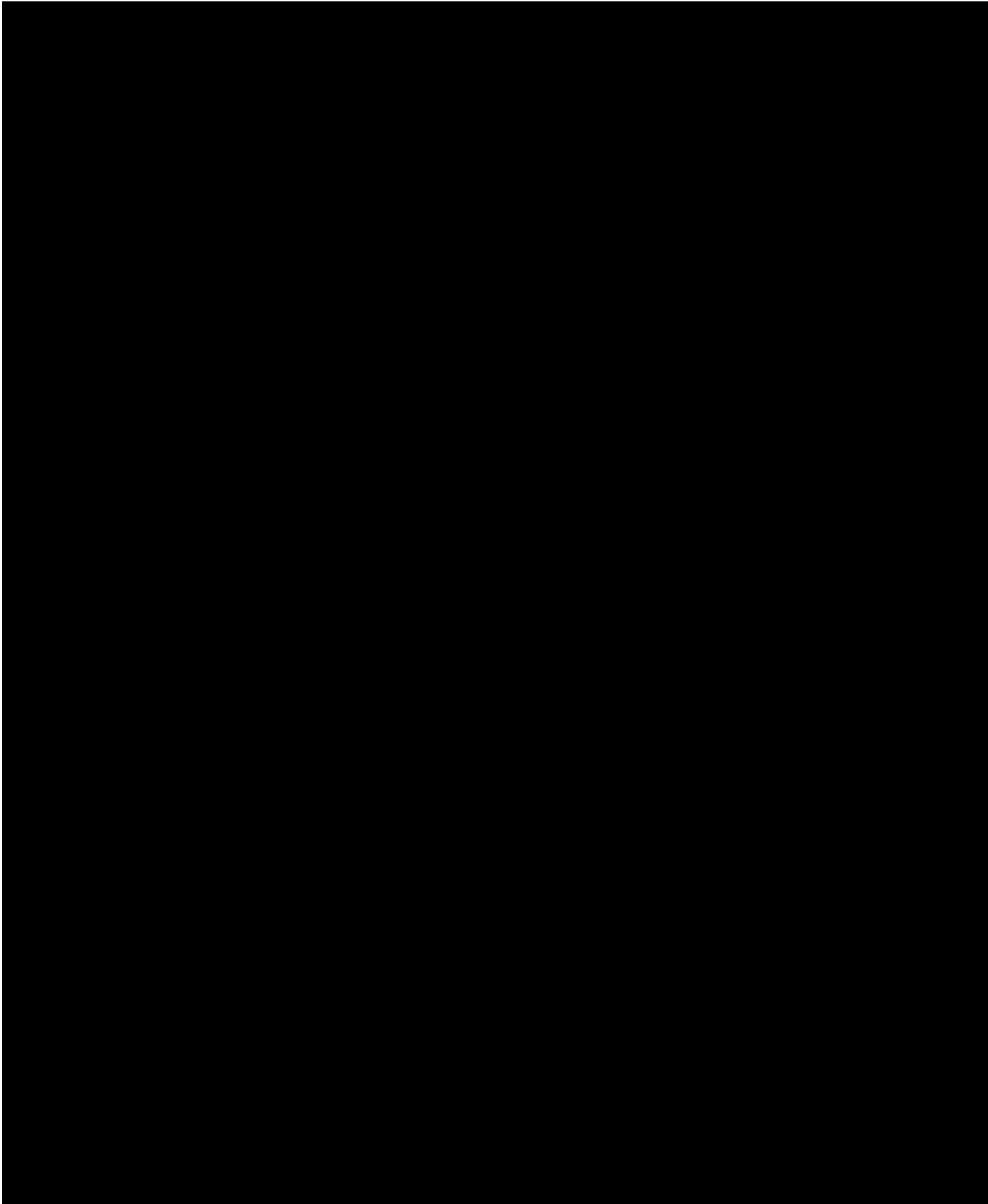




445 Broadhollow Rd., Ste. 336
Melville, NY 11747
mcn.com | newyork@mcn.com

t: 631.454.8399
t: 800.394.4637
f: 631.454.8522

Medical
Consultants
Network

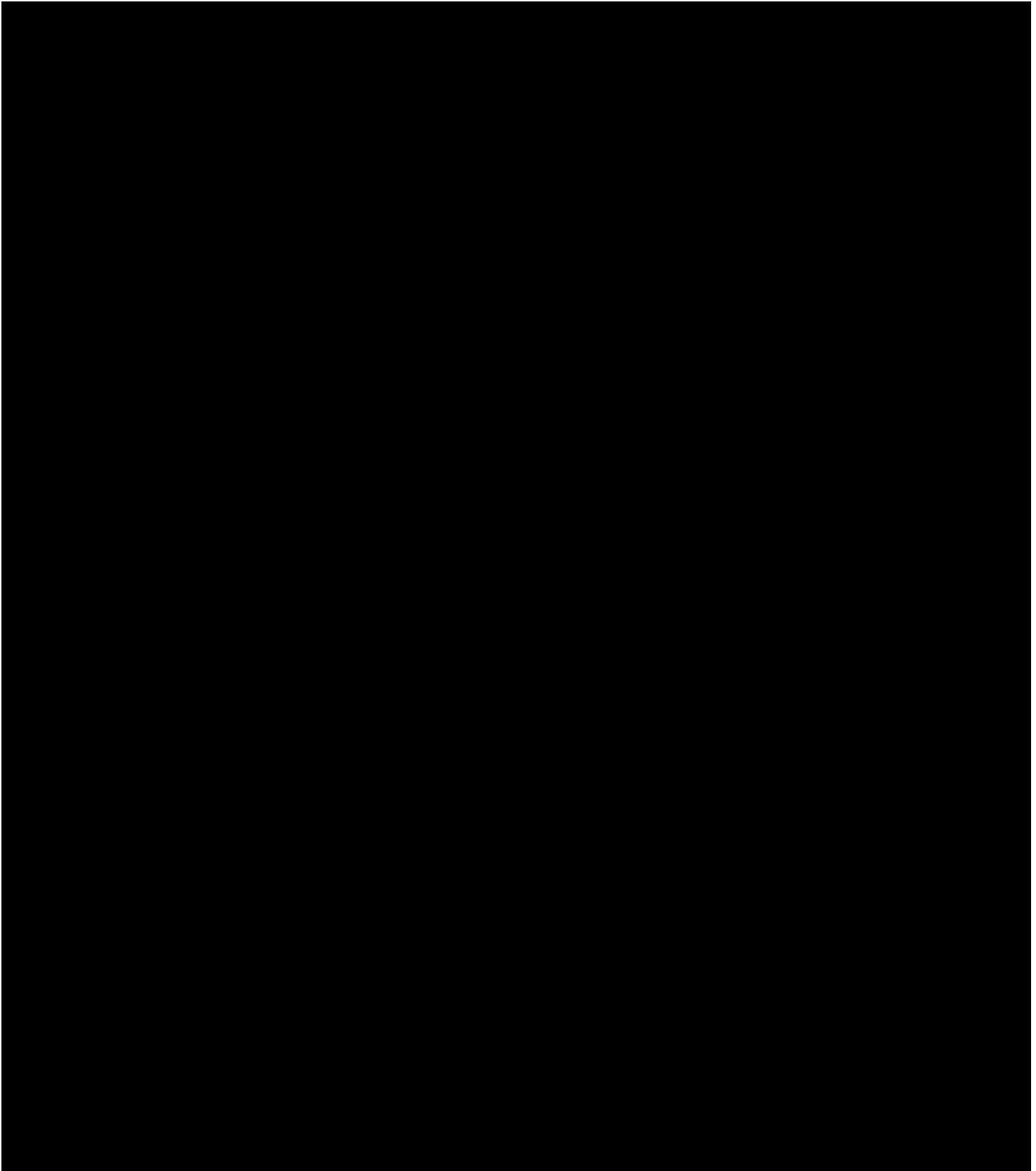




MCN Exhibit 15 DRP-2016-1 Sample Formwork

445 Broadhollow Rd., Suite 336
Melville, NY 11747-3627

T: 631.454.8399
F: 631.454.5052



MEDICAL CONSULTANTS NETWORK

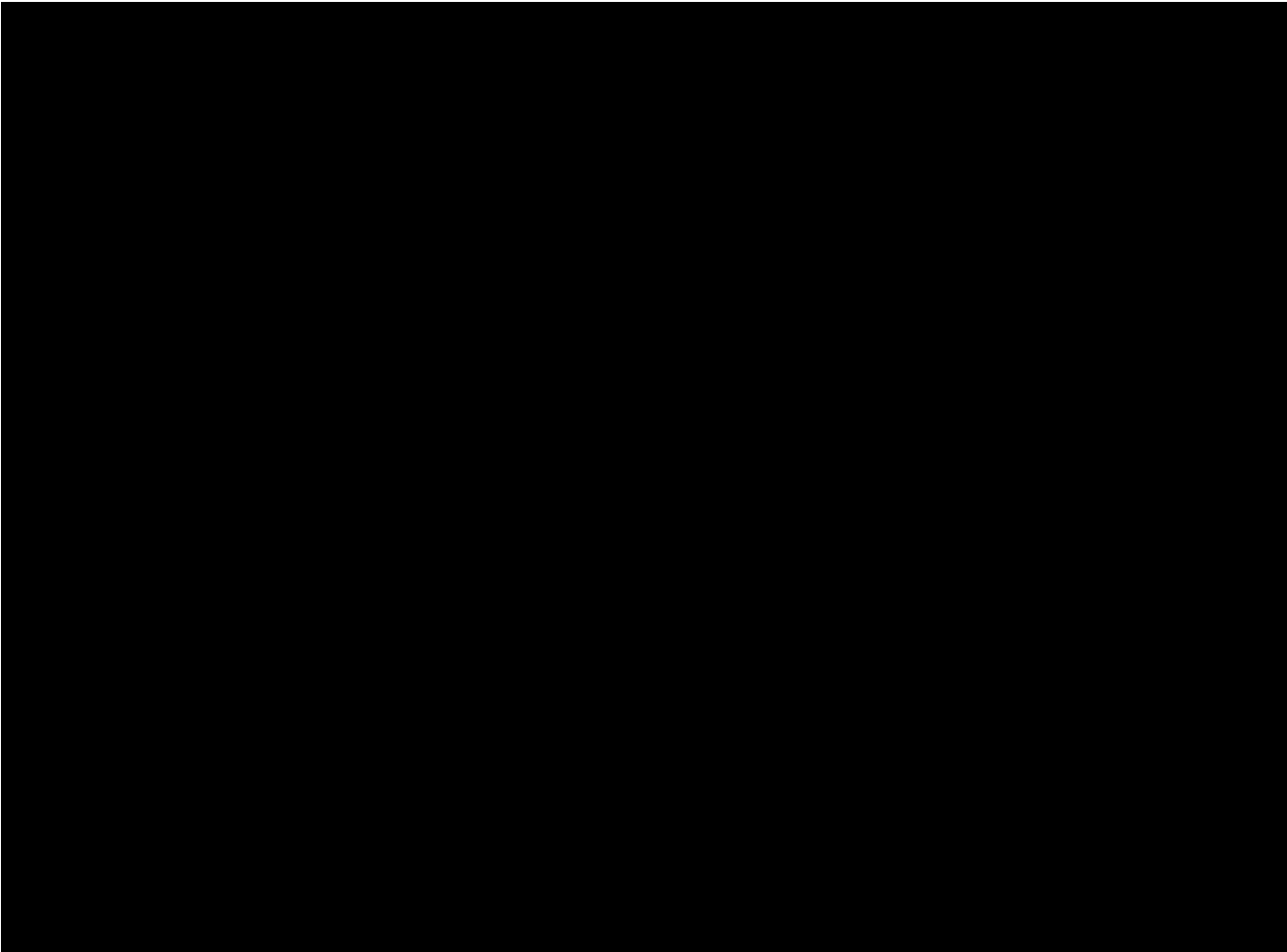
MCN Policies and Procedures

Compilation

William Ellison

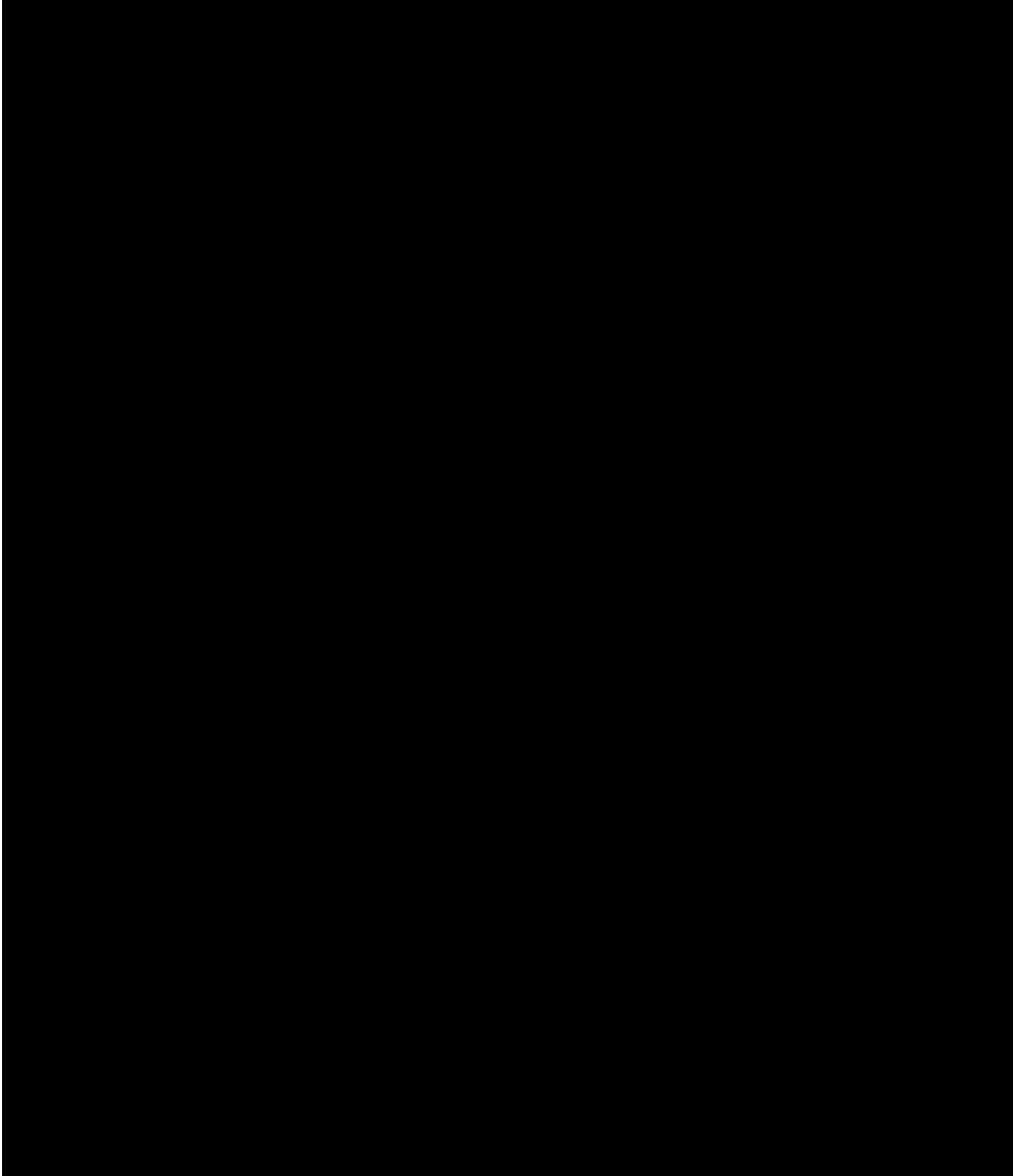


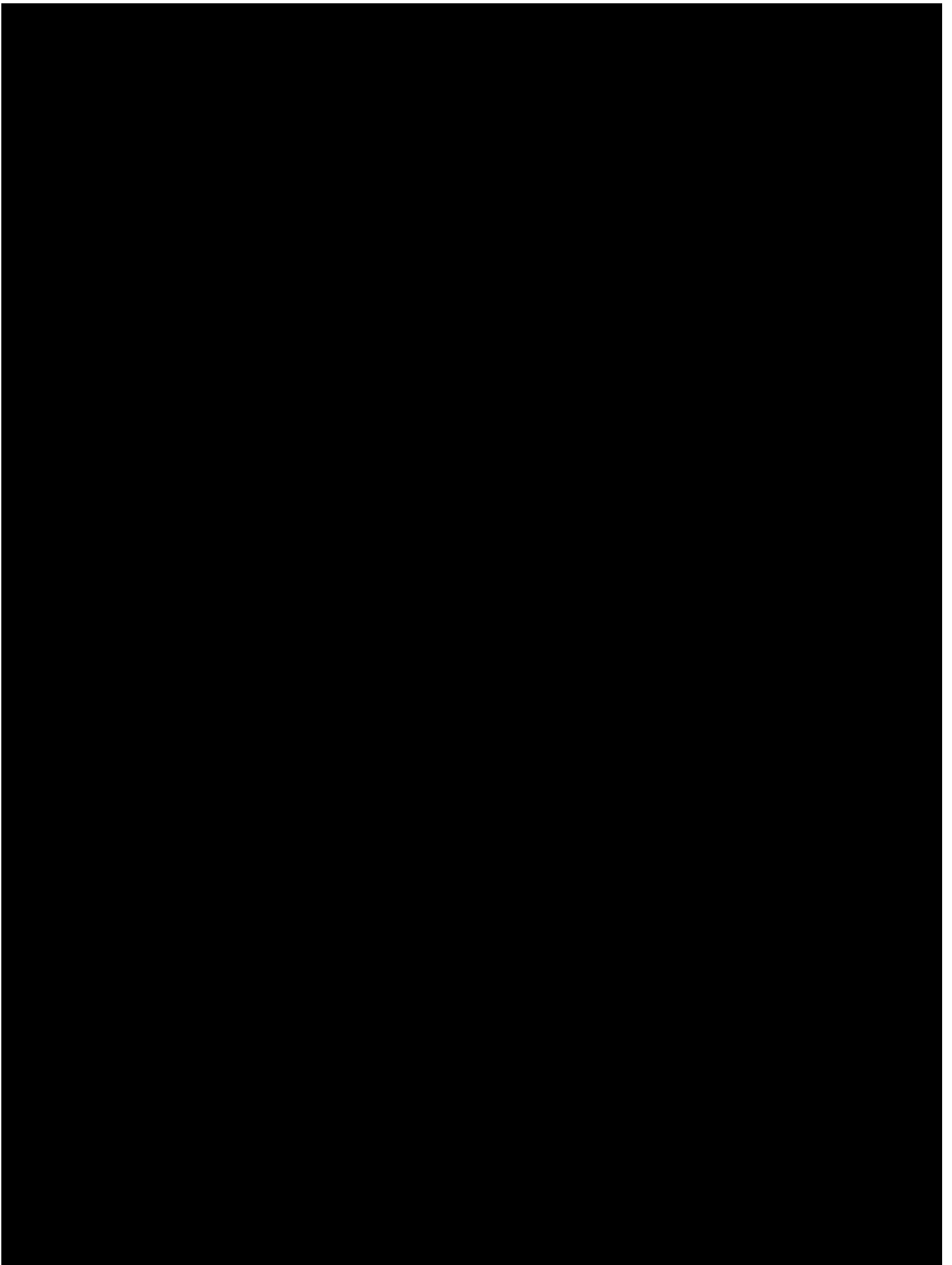
The following document is a compilation of MCN's (Medical Consultants Network LLC) active approved security policies and procedures. MCN's security department is responsible for keeping these policies up-to-date and reviews policies and procedures on a regular basis.

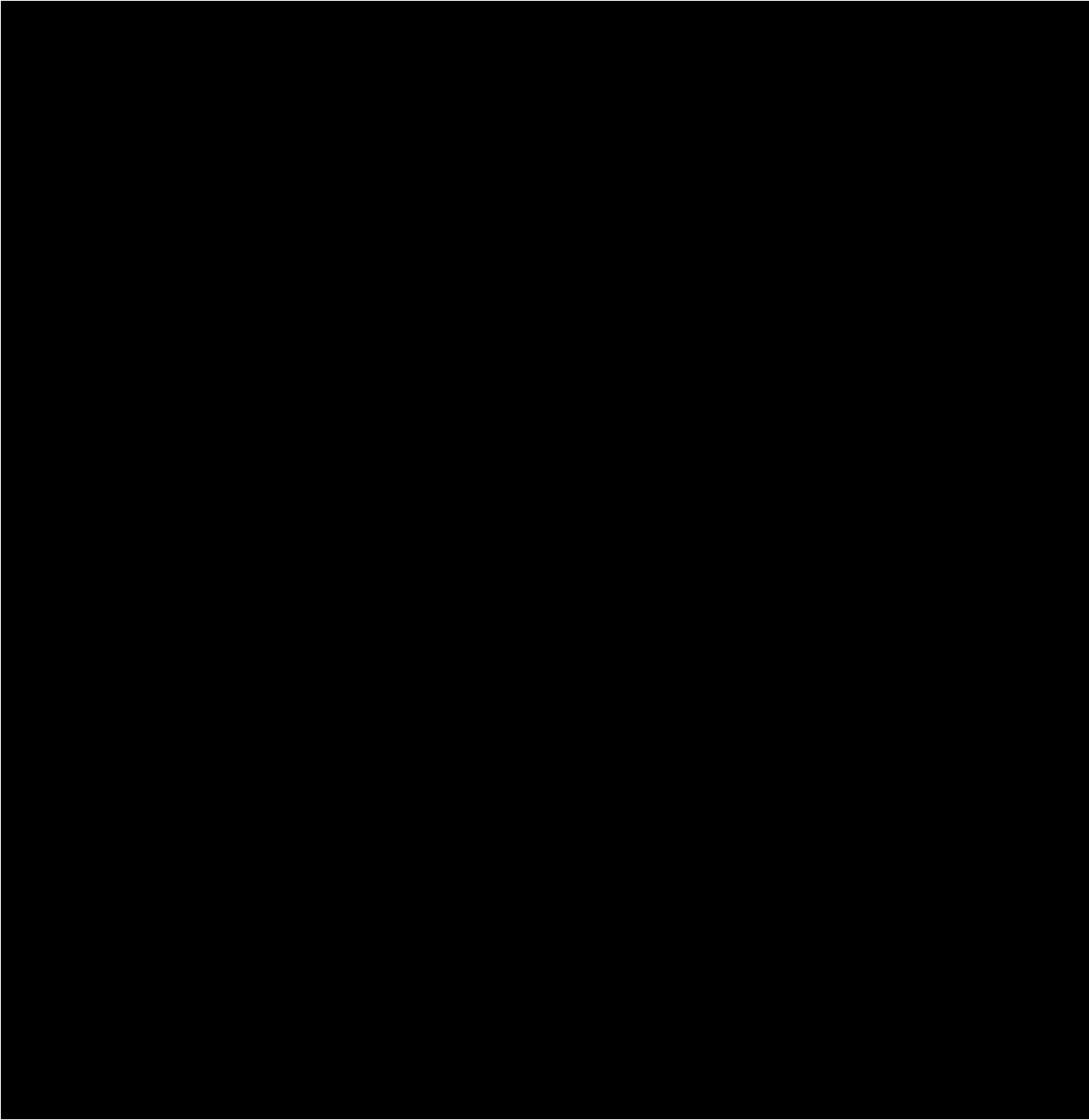


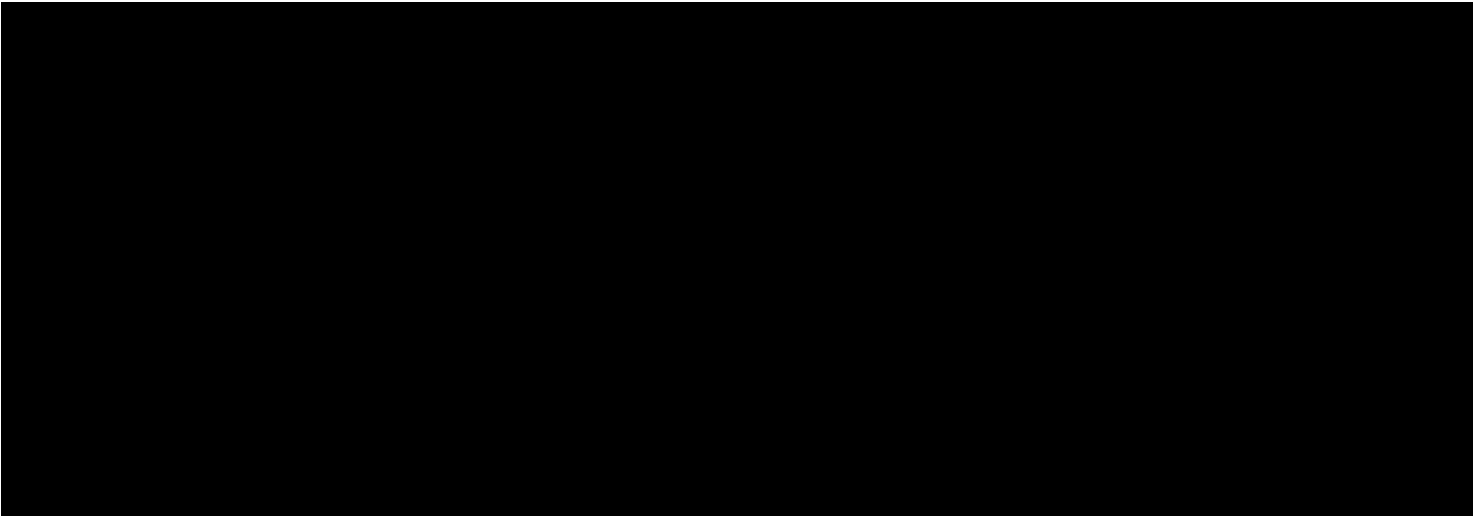
MCN Policies and Procedures

The following document is a compilation of MCN's (Medical Consultants Network LLC) active approved security policies and procedures. MCN's security department is responsible for keeping these policies up-to-date and reviews policies and procedures on a regular basis.









[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

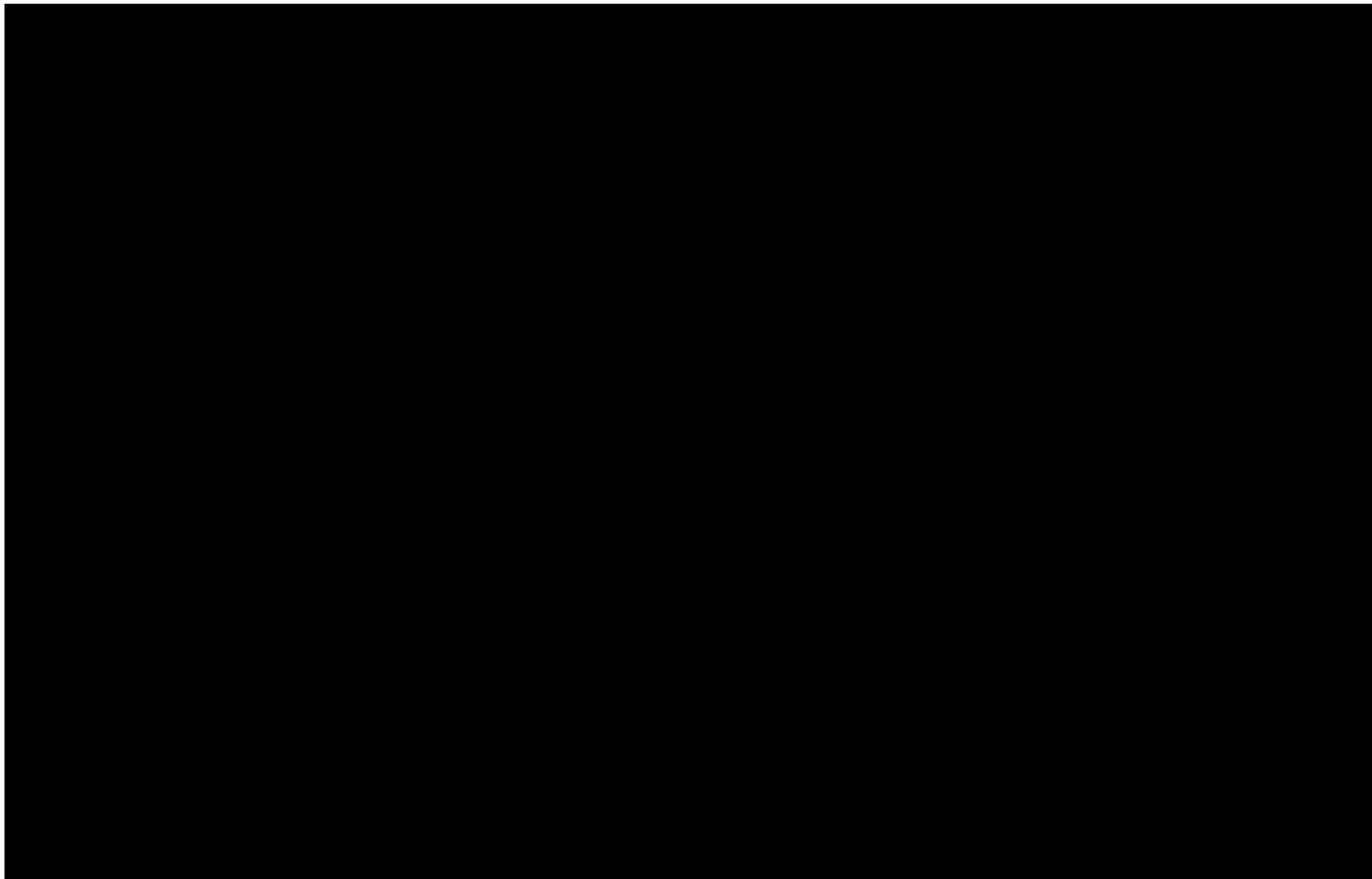
[REDACTED]

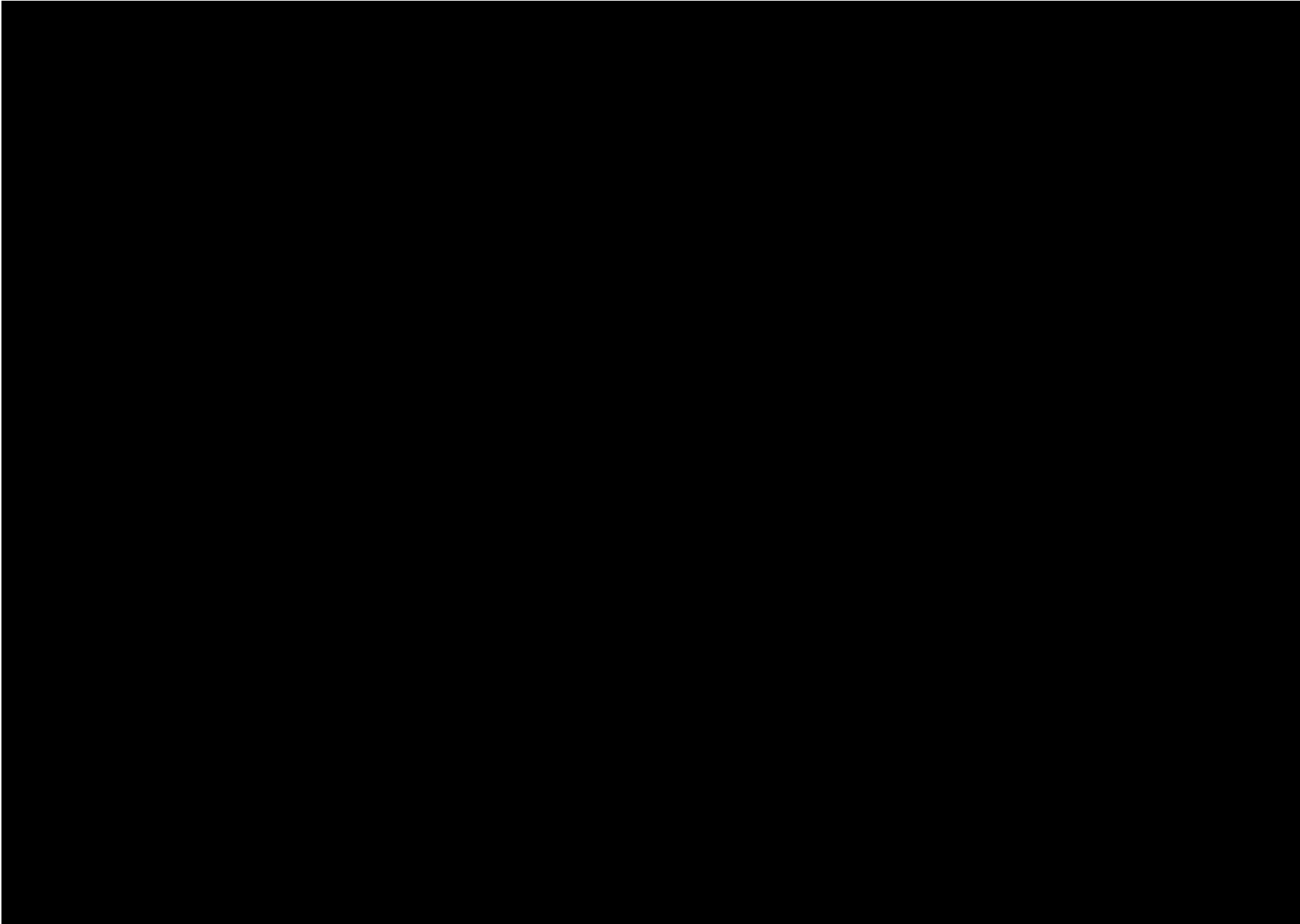
[REDACTED]

[REDACTED]

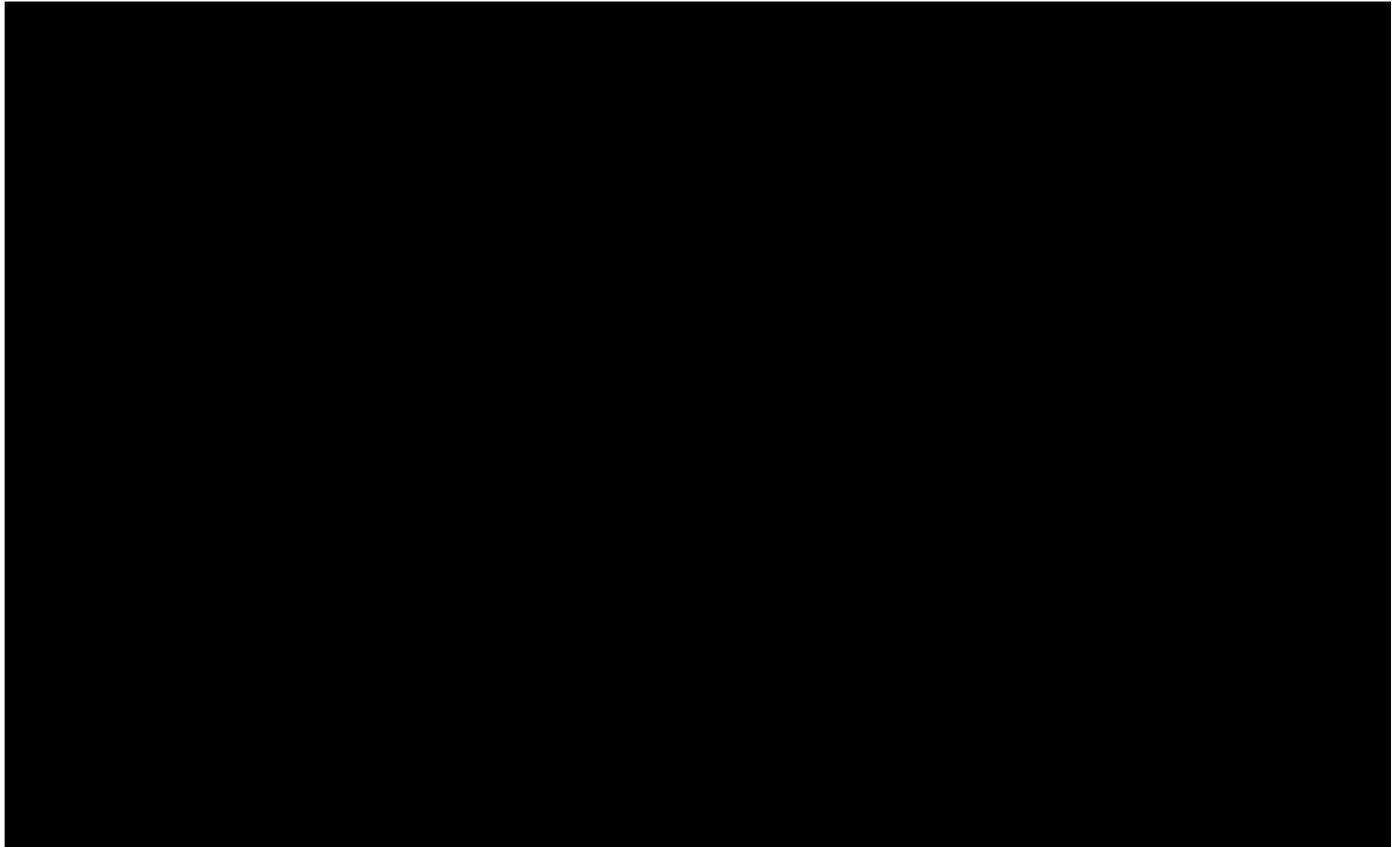
[REDACTED]

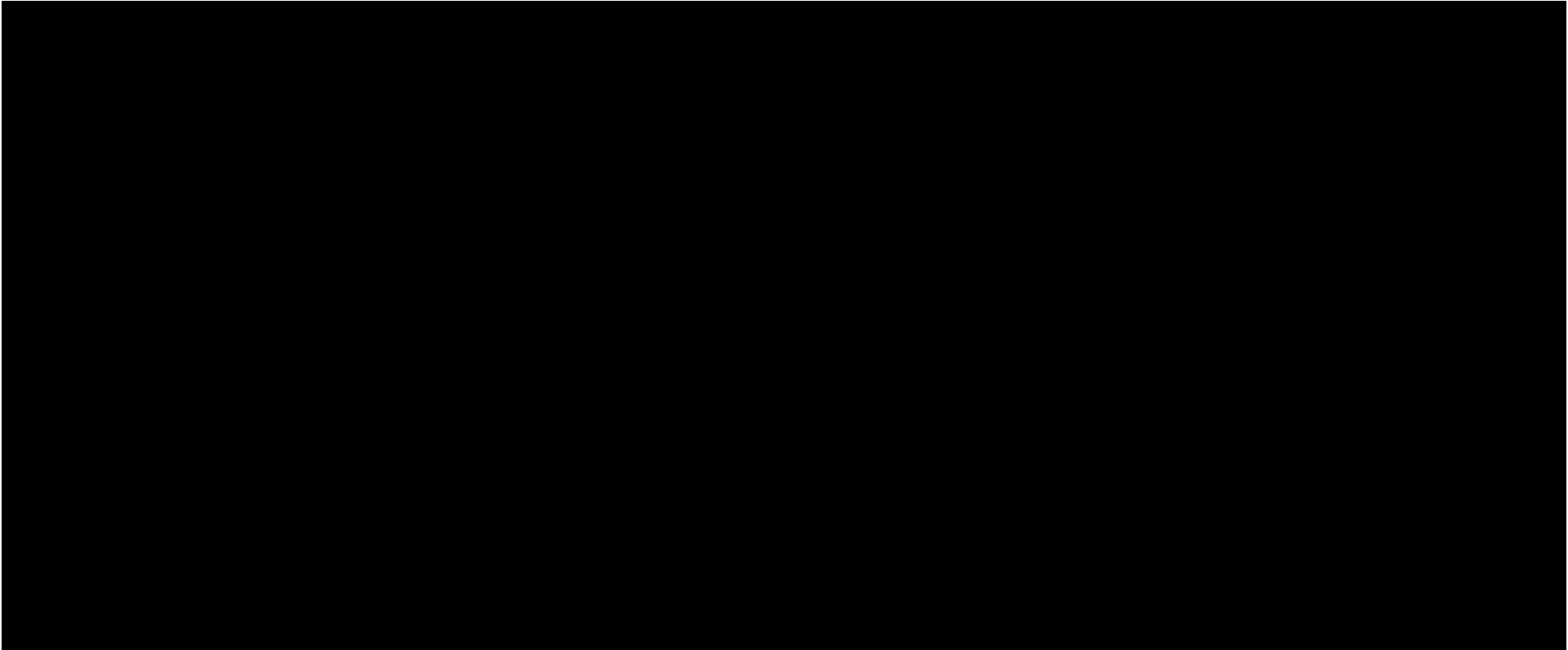
[REDACTED]





[REDACTED]	[REDACTED]		[REDACTED]	
[REDACTED]	[REDACTED]		[REDACTED]	
[REDACTED]	[REDACTED]			[REDACTED]
[REDACTED]	[REDACTED]			
[REDACTED]	[REDACTED]	■		■
[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	■		■
[REDACTED]	[REDACTED]	■		■
[REDACTED]	[REDACTED]	■		■
[REDACTED]	[REDACTED]	■		■





Instructions:

1. Offerors should complete the chart above by proposing a fee to be paid for each **Valid** Appeal reviewed. All costs associated with the implementation of the DRP Program Review process should be incorporated in the development of the cost per **Valid** Appeal.
2. For purposes of developing the Cost Proposal, the Offeror should assume that the number of reviews to be completed shall be consistent with the historical numbers presented in Exhibit III.A of this RFP. The Department cannot and shall not guarantee the number of Appeals under the Agreement resulting from this RFP.

Part 1

Offeror’s Affirmation of Understanding and Agreement

Instructions:

Pursuant to State Finance Law §§139-j and 139-k, this solicitation imposes certain procurement lobbying limitations. Offerors are restricted from making contacts during the procurement’s “Restricted Period” (from the earliest written notice, advertisement or solicitation of a request for proposal, invitation for bids, or solicitation of proposals, or any other method for soliciting a response from Offerors intending to result in a procurement contract with a governmental entity and ending with the final contract award and approval by the governmental entity and, where applicable, approval by the State Comptroller) to other than designated staff, unless the contact falls within certain statutory exceptions (“permissible contacts”). the Department’s employees are required to obtain certain information from Offerors and others whenever there is a contact about the procurement during the Restricted Period, and are required to make a determination of the Offeror’s responsibility that addresses the Offeror’s compliance with the statutes’ requirements. Findings of non-responsibility result in rejection for contract award, and if an Offeror is subject to two non-responsibility findings within four years the Offeror also will be determined ineligible to submit a proposal on or be awarded a contract for four years from the date of the second non-responsibility finding.

Further information about these requirements can be found at:
<http://www.ogs.ny.gov/aboutOGS/regulations/defaultAdvisoryCouncil.html>.

As a prerequisite for participating in this procurement, an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance

[Redacted]

[Redacted]	
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

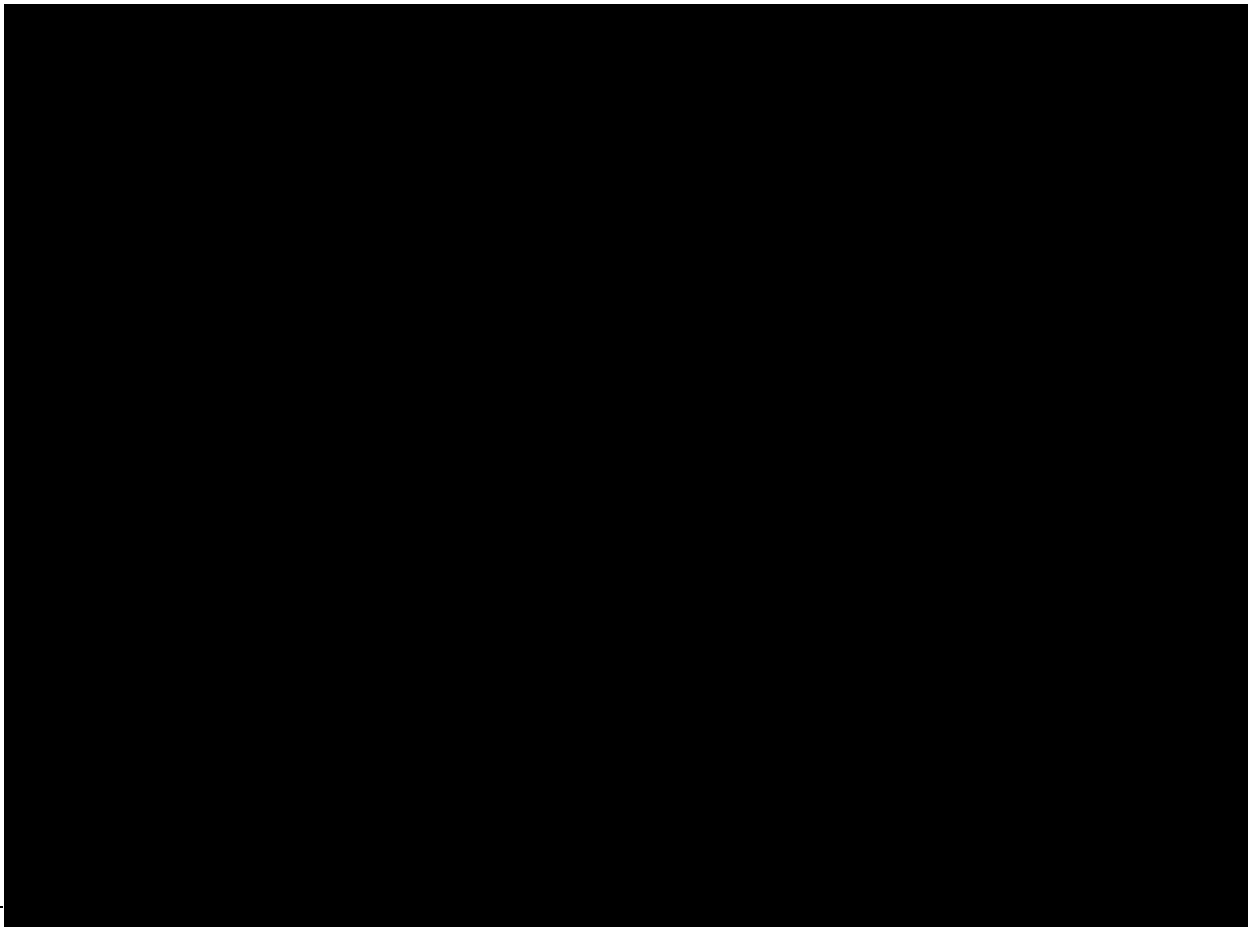
Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Laura
Last Name	McFarland
Company Name	Medical Consultants Network
Company Address:	
Street Address	445 Broadhollow Rd., Ste. 336
City	Melville
State	New York
Zip	11747
Individual's Business Telephone # (xxx) xxx-xxxx	206-343-6100 x 2026
Principal Place of Business (1)	Melville, NY
Individual's Occupation	Communications Director

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the Dispute Resolution Procurement Manager specified in Section II.A.2.b. of the RFP.





[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





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

MWBE UTILIZATION PLAN

OFFICE OF FINANCIAL ADMINISTRATION

MWBE-100 (9/2011)

INSTRUCTIONS: All Offerors must complete this MWBE Utilization Plan and submit it as part of their Proposal. The Plan must contain a detailed description of the services to be provided by each Minority and/or Woman-Owned Business Enterprise (M/WBE) identified by the Offeror.

Offeror Name: MCN Quad Health Services, Inc. dba Medical Consultants Network **Federal Identification No.:** 11-3509392

Address: 445 Broadhollow Road, Ste. 336 **Solicitation No.:** DRP-2016-1

City, State, Zip Code: Melville, NY 11747 **M/WBE Goals for the Solicitation:** MBE: % WBE: %

1. M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary.)	5. Dollar Value of Subcontracts/Supplies 100% of subcontracting dollars
A. See attached Document	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B. See attached Document	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

6. WAIVER REQUESTED: MBE: YES NO If YES, submit form MWBE101 / WBE: YES NO If YES, submit form MWBE101

PREPARED BY (Signature): **TELEPHONE NO.:** 206-343-6100 x 2029 **EMAIL ADDRESS:** lmcfarland@mcn.com

NAME AND TITLE OF PREPARER (Print or Type):
 Laura McFarland, Communications Director

DATE: Offeror's Certification Status: MBE WBE

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FIUNDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

*****FOR DEPARTMENT USE ONLY*****

REVIEWED BY: _____ **DATE:** _____

UTILIZATION PLAN APPROVED: YES NO **Date:** _____

MBE CERTIFIED: YES NO

WBE CERTIFIED: YES NO

WAIVER GRANTED: YES NO

Total Waiver Partial Waiver

NOTICE OF DEFICIENCY ISSUED: YES NO

Date: _____

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL
EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, representing Medical Consultants Network, the (awardee/contractor) Contractor, agree to adopt the following policies with respect to the project being developed or services rendered at the New York State Department of Civil Service.

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from the Department and solicit bids from them directly.
- (3) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (4) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (5) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members 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 state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic

Exhibit I.Q – M/WBE and EEO Policy Statement

characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract

Exhibit I.Q – M/WBE and EEO Policy Statement

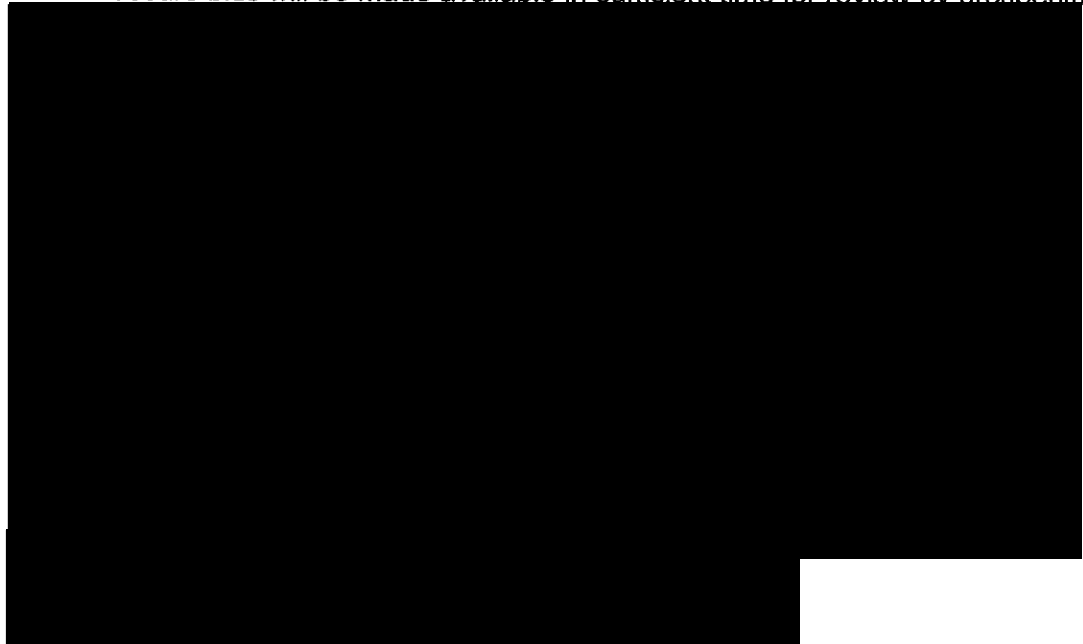
Agreed to this 9th day of August, 2016

By _____

Print: Laura McFarland Title: Communications Director

Laura McFarland is designated as the Minority Business Enterprise Liaison
(Name of Designated Liaison)
responsible for administering the Minority and Women-Owned Business Enterprises- Equal
Employment Opportunity (M/WBE-EEO) program.

(1) Ensure that plans, specifications, request for proposals and other documents used to
secure bids will be made available in sufficient time for review by prospective M/WBEs.

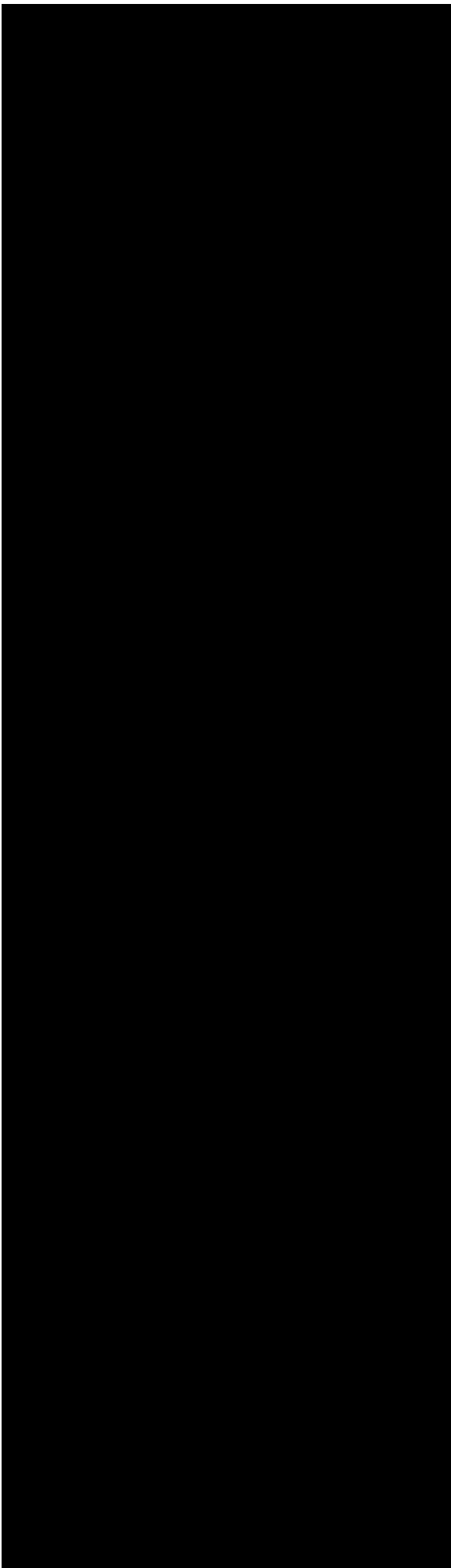


(Authorized Representative)

Title: Communications Director

Date: August 9, 2016

					specialty	
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
				To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical	Value will depend upon overall value of					



	specialty	
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical Reviews per the specialty noted	Value will depend upon overall value of contract and individual spend per specialty	Subcontractor
To complete Independent Medical	Value will depend upon overall value of	



New York State Insurance Fund
NYSIF DOCUMENT CONTROL CENTER
1 WATERVLIET AVENUE EXTENSION
ALBANY, NY 12206
USA

Address Service Requested

[0001-000013032784][14134-00][PHS_INFO-INF2##][01-00053]

MCN/QUAD HEALTH SERVICES INC T/A
MCN EAST,MCN
1301 5TH AVENUE SUITE 2900
SEATTLE, WA 98101



THE STATE INSURANCE FUND

8 Corporate Center Drive, 3rd Floor, Melville, NY 11747-2166

INFORMATION PAGE RENEWAL POLICY

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

EXPERIENCE RATING IS MANDATORY FOR ALL ELIGIBLE INSURED. THE EXPERIENCE RATING MODIFICATION FACTOR, IF ANY, APPLICABLE TO THIS POLICY MAY CHANGE IF THERE IS A CHANGE IN YOUR OWNERSHIP OR IN THAT OF ONE OR MORE OF THE ENTITIES ELIGIBLE TO BE COMBINED WITH YOU FOR EXPERIENCE RATING PURPOSES. CHANGE IN OWNERSHIP INCLUDES SALES, PURCHASES, OTHER TRANSFERS, MERGERS, CONSOLIDATIONS, DISSOLUTIONS, FORMATIONS OF A NEW ENTITY AND OTHER CHANGES PROVIDED FOR IN THE APPLICABLE EXPERIENCE RATING PLAN MANUAL. YOU MUST REPORT ANY CHANGE IN OWNERSHIP, IN WRITING, WITHIN 90 DAYS OF SUCH CHANGE. FAILURE TO REPORT SUCH CHANGES WITHIN THIS PERIOD MAY RESULT IN REVISION OF THE EXPERIENCE RATING MODIFICATION FACTOR USED TO DETERMINE YOUR PREMIUM.

THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY

(SEE REVERSE SIDE FOR CONDITIONS)

PAGE 1 CONT.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

127

12/07/2011

The policy covers bodily injury to all your employees while performing work within the State of New York and to your regular New York employees while performing work of a temporary nature outside the State of New York. The policy covers claims for benefits by these regular New York employees only if they are filed under the jurisdiction of the New York State workers' Compensation law. The policy does not cover claims for benefits filed under any other state's laws. The policy does not cover bodily injury to your employees who work solely outside the State of New York except salespersons controlled and directed from New York regardless of where such salespersons were hired.

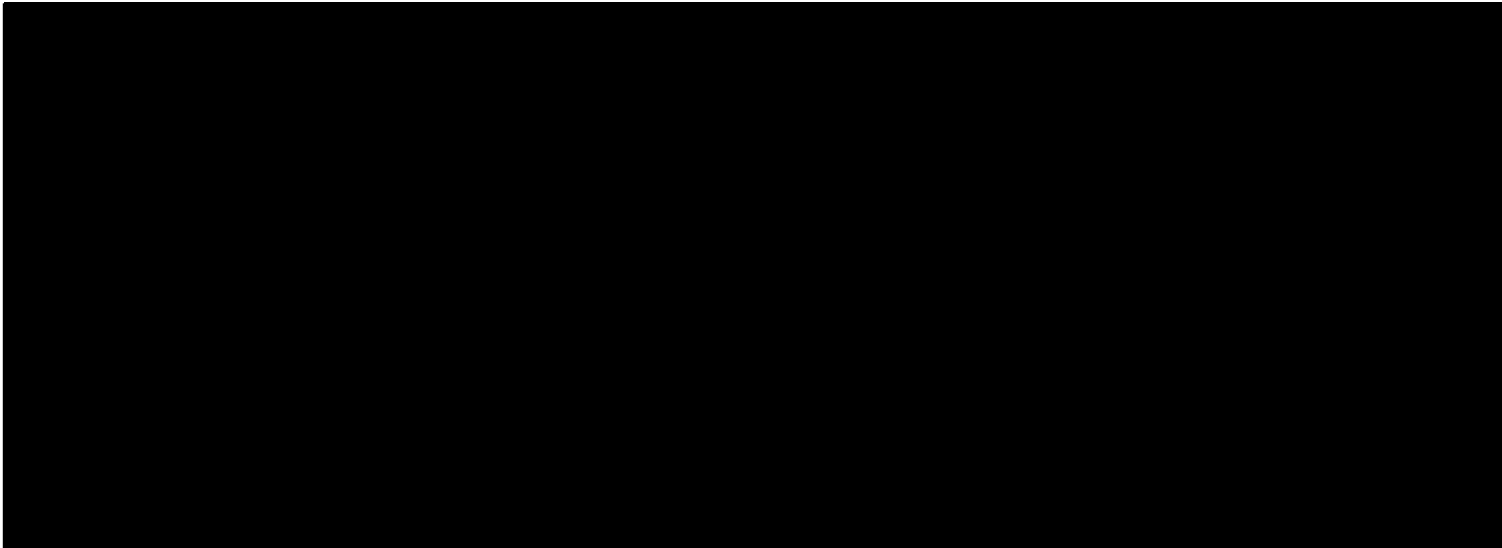
THIS POLICY COVERS THE FOLLOWING ENTITY

MCN/QUAD HEALTH SERVICES INC T/A 1 EFF: 07/13/2001
MCN EAST,MCN

THIS POLICY COVERS THE FOLLOWING LOCATION

445 BROADHOLLOW RD 2-1 EFF: 11/04/2013
SUITE 336
MELVILLE NY 11747

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.



INFORMATION PAGE RENEWAL POLICY



An Explanation of Key NYSIF Workers' Compensation Premium Charges for 2014-2015

THE STATE INSURANCE FUND																																																																											
Document Type: INFORMATION PAGE	Group No:	Period Covered: *	R.B. File No:																																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Policy No:</td> <td style="width: 50%;">Date:</td> </tr> <tr> <td colspan="2">Document Number:</td> </tr> </table>				Policy No:	Date:	Document Number:																																																																					
Policy No:	Date:																																																																										
Document Number:																																																																											
<p>SAMPLE</p> <p>* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME</p> <hr/> <p style="text-align: center;">INFORMATION PAGE RENEWAL POLICY</p> <hr/> <p>THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ITEM#</th> <th style="text-align: left;">CODE</th> <th style="text-align: left;">DESCRIPTION</th> <th style="text-align: right;">PAYROLL</th> <th style="text-align: right;">RATE</th> <th style="text-align: right;">MAN. PREM.</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>7219</td> <td>TRUCKEN-NDC-ALL EMPL INCL DRVRS-U</td> <td style="text-align: right;">\$102,300.00</td> <td style="text-align: right;">\$16.65</td> <td style="text-align: right;">\$17,032.95</td> </tr> <tr> <td>2</td> <td></td> <td>MANUAL PREMIUM</td> <td></td> <td></td> <td style="text-align: right;">\$17,032.95</td> </tr> <tr> <td>3</td> <td></td> <td>NYSIF CHARGE 15% OF (ITEM 2)</td> <td></td> <td></td> <td style="text-align: right;">\$2,554.94</td> </tr> <tr> <td>4</td> <td></td> <td>EXPENSE CONSTANT</td> <td></td> <td></td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td>5</td> <td></td> <td>TERRORISM PREMIUM</td> <td></td> <td></td> <td style="text-align: right;">\$59.33</td> </tr> <tr> <td>6</td> <td></td> <td>NATURAL DISASTER AND CATASTROPHE PREMIUM</td> <td></td> <td></td> <td style="text-align: right;">\$12.28</td> </tr> <tr> <td>7</td> <td></td> <td>TOTAL ESTIMATED ANNUAL PREMIUM</td> <td></td> <td></td> <td style="text-align: right;">\$19,905.50</td> </tr> <tr> <td>8</td> <td></td> <td>ASSESSMENT CHARGE 13.2% OF (ITEM 7 LESS ITEM 4)</td> <td></td> <td></td> <td style="text-align: right;">\$2,595.05</td> </tr> <tr> <td>9</td> <td></td> <td>TEMPORARY ASSMT CREDIT (SEE ASSMT NOTICE)</td> <td></td> <td></td> <td style="text-align: right;">\$1,021.43 CR</td> </tr> <tr> <td>10</td> <td></td> <td>TOTAL ESTIMATED POLICY COST</td> <td></td> <td></td> <td style="text-align: right;">\$21,483.12</td> </tr> <tr> <td>A</td> <td></td> <td>DEPOSIT PREMIUM REQUIRED 25% OF (ITEM 10)</td> <td></td> <td></td> <td style="text-align: right;">\$5,370.78</td> </tr> </tbody> </table> <p style="font-size: small;">THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.</p>				ITEM#	CODE	DESCRIPTION	PAYROLL	RATE	MAN. PREM.	1	7219	TRUCKEN-NDC-ALL EMPL INCL DRVRS-U	\$102,300.00	\$16.65	\$17,032.95	2		MANUAL PREMIUM			\$17,032.95	3		NYSIF CHARGE 15% OF (ITEM 2)			\$2,554.94	4		EXPENSE CONSTANT			\$250.00	5		TERRORISM PREMIUM			\$59.33	6		NATURAL DISASTER AND CATASTROPHE PREMIUM			\$12.28	7		TOTAL ESTIMATED ANNUAL PREMIUM			\$19,905.50	8		ASSESSMENT CHARGE 13.2% OF (ITEM 7 LESS ITEM 4)			\$2,595.05	9		TEMPORARY ASSMT CREDIT (SEE ASSMT NOTICE)			\$1,021.43 CR	10		TOTAL ESTIMATED POLICY COST			\$21,483.12	A		DEPOSIT PREMIUM REQUIRED 25% OF (ITEM 10)			\$5,370.78
ITEM#	CODE	DESCRIPTION	PAYROLL	RATE	MAN. PREM.																																																																						
1	7219	TRUCKEN-NDC-ALL EMPL INCL DRVRS-U	\$102,300.00	\$16.65	\$17,032.95																																																																						
2		MANUAL PREMIUM			\$17,032.95																																																																						
3		NYSIF CHARGE 15% OF (ITEM 2)			\$2,554.94																																																																						
4		EXPENSE CONSTANT			\$250.00																																																																						
5		TERRORISM PREMIUM			\$59.33																																																																						
6		NATURAL DISASTER AND CATASTROPHE PREMIUM			\$12.28																																																																						
7		TOTAL ESTIMATED ANNUAL PREMIUM			\$19,905.50																																																																						
8		ASSESSMENT CHARGE 13.2% OF (ITEM 7 LESS ITEM 4)			\$2,595.05																																																																						
9		TEMPORARY ASSMT CREDIT (SEE ASSMT NOTICE)			\$1,021.43 CR																																																																						
10		TOTAL ESTIMATED POLICY COST			\$21,483.12																																																																						
A		DEPOSIT PREMIUM REQUIRED 25% OF (ITEM 10)			\$5,370.78																																																																						

Terrorism Premium

Terrorism Premium is a charge on all workers' compensation policies to account for possible terrorist acts not otherwise considered in the computation of premium. The total payroll is divided by 100 and multiplied by the terrorism rate.

For non-payroll classes the premium for terrorism is calculated as a percentage, multiplied by the non-payroll class premium.

Natural Disaster and Catastrophe Premium

Natural Disaster and Catastrophe Premium is a charge on all workers' compensation policies to account for possible natural disasters and catastrophes not otherwise considered in the computation of premium. The total payroll is divided by 100 and multiplied by the rate for Natural Disasters and Catastrophic Industrial Accidents. For non-payroll classes the premium is calculated as a percentage, multiplied by the non-payroll class premium.

Assessment Charge

An amount assessed by the Workers' Compensation Board to cover the costs of the Board in administering the workers' compensation system and in financing various special funds that the Board administers. A separate notice provides further explanation of this charge.

Temporary Assessment Credit

Due to the changes in the Workers' Compensation Law, assessments are now being calculated under a new formula. The temporary assessment credit offsets any increase you would have been required to pay NYSIF, for the Board's assessments, had the prior calculation methodology been used. This credit does not apply to policies which were inceptioned January 1, 2014, or after. If your policy was inceptioned prior to 2014 please see the separate notice for further information.

For a detailed explanation of all premium components find the Policyholders section under Services at nysif.com, click "WC Premium & Billing" and go to "WC Premium Components."

If you would like to speak to a customer service representative please call **888-875-5790** Monday through Friday from 8:00 a.m. to 5:00 p.m.

NYSIF Discount or Charge

A credit or debit applied to manual rate premium based on underwriting evaluation of an insured's risk.

Expense Constant

A policy fee charged on every workers' compensation policy, regardless of premium size, to compensate for the basic costs of administering the policy.

Interest & Service Charge Endorsement

THIS POLICY IS AMENDED BY ADDING THE FOLLOWING THREE PARAGRAPHS TO "PART FOUR" PARAGRAPH "E". PREMIUM PAYMENTS: IF YOUR ANNUAL DEPOSIT PREMIUM IS \$1,000 OR MORE, YOU MAY ELECT TO PAY THE DEPOSIT PREMIUM VIA OUR EXTENDED PAYMENT PLAN. ONCE THE INITIAL DEPOSIT ON YOUR PREMIUM HAS BEEN PAID THE REMAINING BALANCE CAN BE PAID IN INSTALLMENTS THROUGH THE TENTH MONTH OF YOUR POLICY YEAR. THERE WILL BE A SERVICE CHARGE OF \$10 PER INSTALLMENT FOR THOSE WHO OPT FOR AN EXTENDED PAYMENT PLAN.

POLICYHOLDERS WITH AN AUDIT PREMIUM DUE OF \$30 OR MORE MAY ALSO ELECT TO PAY THIS PREMIUM VIA A PAYMENT PLAN. THE SEPARATE TERMS OF THE AUDIT PREMIUM PAYMENT PLAN WILL BE SHOWN ON THE MONTHLY STATEMENTS. INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH (12% APR) ON THE OUTSTANDING AUDIT BALANCE. THIS IS IN ADDITION TO THE \$10 PER MONTH SERVICE CHARGE DESCRIBED ABOVE.

PAYMENT OF ANY AMOUNT LESS THAN THE FULL PREMIUM, WHETHER DEPOSIT OR AUDIT, WILL BE DEEMED A REQUEST FOR AN EXTENSION OF TIME TO PAY THAT WOULD RESULT IN INTEREST AND/OR SERVICE CHARGES AS SET FORTH IN THE BILLING STATEMENT.



NOTICE OF RATE CHANGE

An overall loss cost level increase of 9.5%, which includes an increase of 9.9% in the average manual loss cost level and no change in the loss costs for terrorism and natural disasters and catastrophic industrial accidents, has been approved by the New York State Department of Financial Services to become effective on October 1, 2013.

Loss Experience - The latest two policy years of experience produced a 9.1% increase in the overall loss cost level.

Legislative and Regulatory Changes - This revision includes an estimate of the latest cost of the increases in the maximum weekly benefits that were set forth in the 2007 Workers Compensation Reform legislation. In addition, the 2013 enacted New York State Budget provides for the elimination of the Reopened Case Fund and for the increase in the minimum weekly benefits. The combined overall impact of these changes is an increase of 5.3% in manual loss costs.

Loss Adjustment Expenses - A review of the latest data available resulted in a 1.4% decrease in the Loss Adjustment Expense provision.

Future Trends - The latest analysis of New York claim severity and claim frequency indicates a continuing small decrease in claim frequency and an upward trend in both indemnity and medical claim costs. Combined with a projected wage trend, the resulting net trend factor is -2.3%.

Catastrophe Provision - This revision contains no changes in the loss cost for terrorism and in the loss cost for natural disasters and catastrophic industrial accidents.

Classification Loss Costs - Although the average manual loss cost level is increasing by 9.9%, individual classification loss cost changes are based on the most recently available loss experience for each classification. Both increases and decreases from the current loss costs have been actuarially calculated for each class. This process ensures that each classification loss cost reflects the appropriate level relative to the experience of the other classifications.



PLEASE READ THE NOTICE REGARDING THE ASSESSMENT CHARGE ON THE REVERSE SIDE.

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions:

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014 as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism).

This premium charge does not provide funding for Certified Acts of Terrorism Contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (TRI04), attached to this policy.

For purposes of this endorsement, the following definitions apply:

CATASTROPHE: (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.

EARTHQUAKE: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.

NONCERTIFIED ACT OF TERRORISM: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:

- a. It is an act that is violent or dangerous to human life, property, or infrastructure;
- b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
- c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

CATASTROPHIC INDUSTRIAL ACCIDENT: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below:

SCHEDULE

Rate per \$100 of Remuneration \$.012

Non-Payroll Base Exposure \$.007 of the State Fund Manual Rate Premium

NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

This endorsement is being sent to you with respect to your workers compensation and employers liability insurance policy. This endorsement does not replace the separate Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law, except in Pennsylvania where injuries or deaths resulting from certain war-related activities are excluded from workers compensation coverage. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement that is attached to your policy, and this amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.

You need not do anything further at this time.

NEW YORK WORKERS' COMPENSATION POLICYHOLDER NOTICE OF RIGHT TO APPEAL

Policyholder Disputes

Policyholders are entitled to inquire, challenge and dispute issues relating to classification, ownership, premium auditing, and/or other New York Compensation Insurance Rating Board (NYCIRB) rulings or decisions pertaining to this policy.

Please refer to the Employer's Appeal Process noted below.

Inquiries may also be directed to the New York State Department of Financial Services (DFS) at:

<http://www.dfs.ny.gov/about/contactus.htm#consumer>

or by calling the Consumer Hotline at 800-342-3736 (Monday through Friday, 8:30 AM to 4:30 PM).

Policyholder Right to Appeal

An insured, or its representative, (hereafter referred to as "insured"), may appeal the application of a rule or procedure contained in the NY Workers Compensation & Employers Liability Manual. Rules or procedures are defined as those determinations, either by a carrier or the Rating Board, which define the variables which makeup the policy conditions. Examples include: classification codes, ownership information, premium audits, and any other determination which may affect the policy.

To be considered for review, a written request explaining the reason(s) for the appeal must be submitted to the Rating Board. Upon receipt of the request for review, the following actions will be taken:

1. A staff member will review the request and respond to the insured within sixty (60) days, in writing, acknowledging receipt of the request, granting the insured its request or sustaining its original ruling.
2. The insured, if not satisfied with the outcome in 1. above, may then request, in writing, a conference with members of the Rating Board staff. The request must state the nature of the complaint and contain any supporting documents. The appropriate Department Vice President or his or her designated representative, if appropriate, will preside at the conference.
3. If the dispute is not resolved at the conference, the insured may then appeal to the Underwriting Committee of the Rating Board for a hearing to consider the staff ruling. This appeal must be in writing and must specify the reason(s) for the appeal and the nature of the complaint.

Following receipt of the appeal, the insured will be notified regarding the time and place for the hearing. The appeal will be heard at the next Underwriting Committee meeting for which appropriate time can be given for this matter. Subsequent to the hearing, the insured will be advised, in writing, of the Underwriting Committee decision regarding its complaint.

4. If the Underwriting Committee ruling is not satisfactory to the insured, the insured may then request a hearing at the New York State Department of Financial Services to consider the decision of the Rating Board's Underwriting Committee.
5. The New York State Department of Financial Services decision may be appealed to a higher court, by either the insured or the Rating Board.

THE STATE INSURANCE FUND

INSURED: I 1303 278-4

MCN/QUAD HEALTH SERVICES INC T/A
MCN EAST,MCN
1301 5TH AVENUE SUITE 2900
SEATTLE WA 98101

I 1303 278-4

05/26/2015

Exhibit I.V - Program References

Reference #: DRP-2016-1

Current or Former Customer?: Current

Abstract
Customer For Whom Services Were Performed:

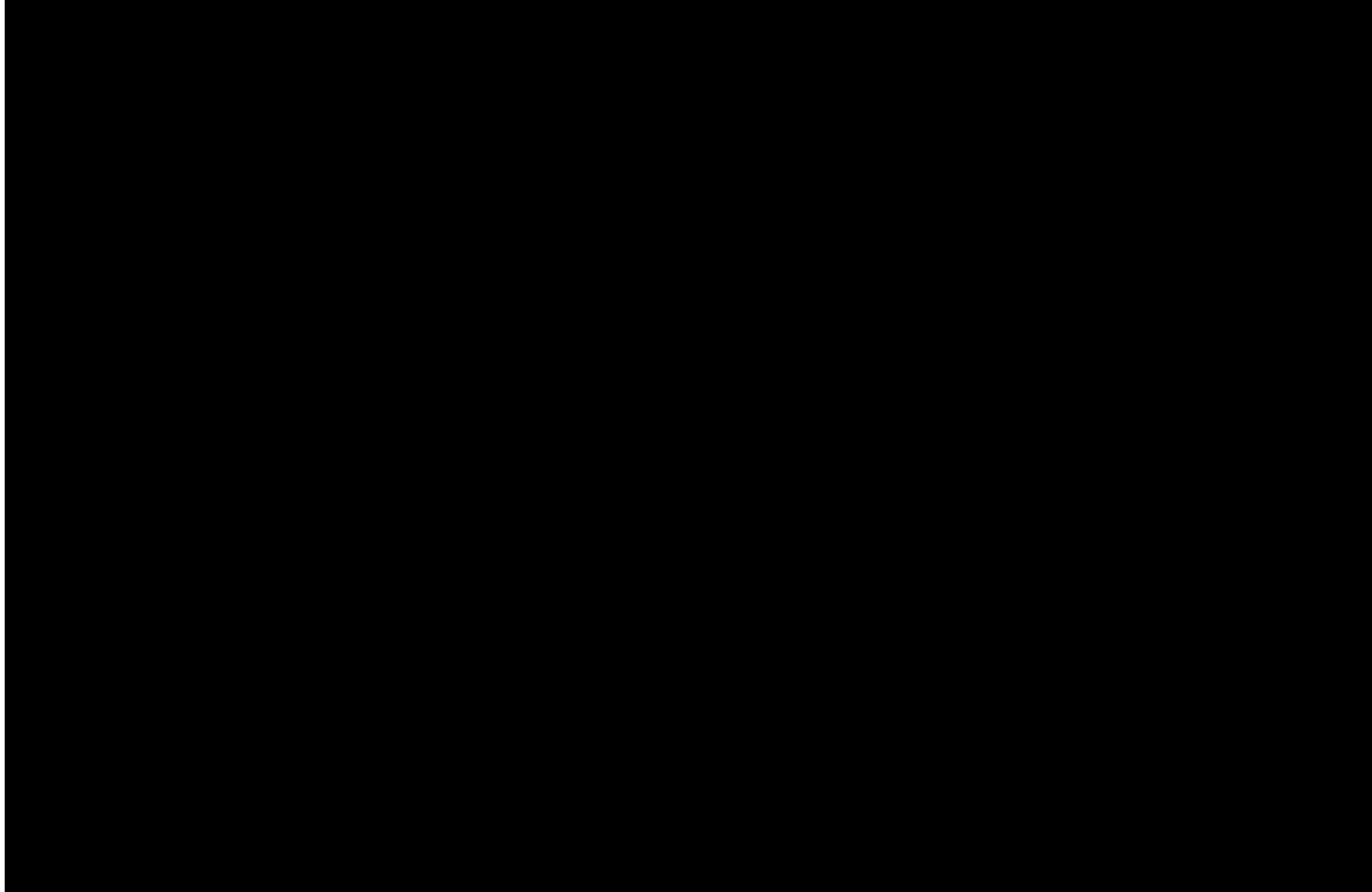


Exhibit I.V - Program References

Reference #: DRP-2016-1

Current or Former Customer?: Former

Abstract
Customer For Whom Services Were Performed:

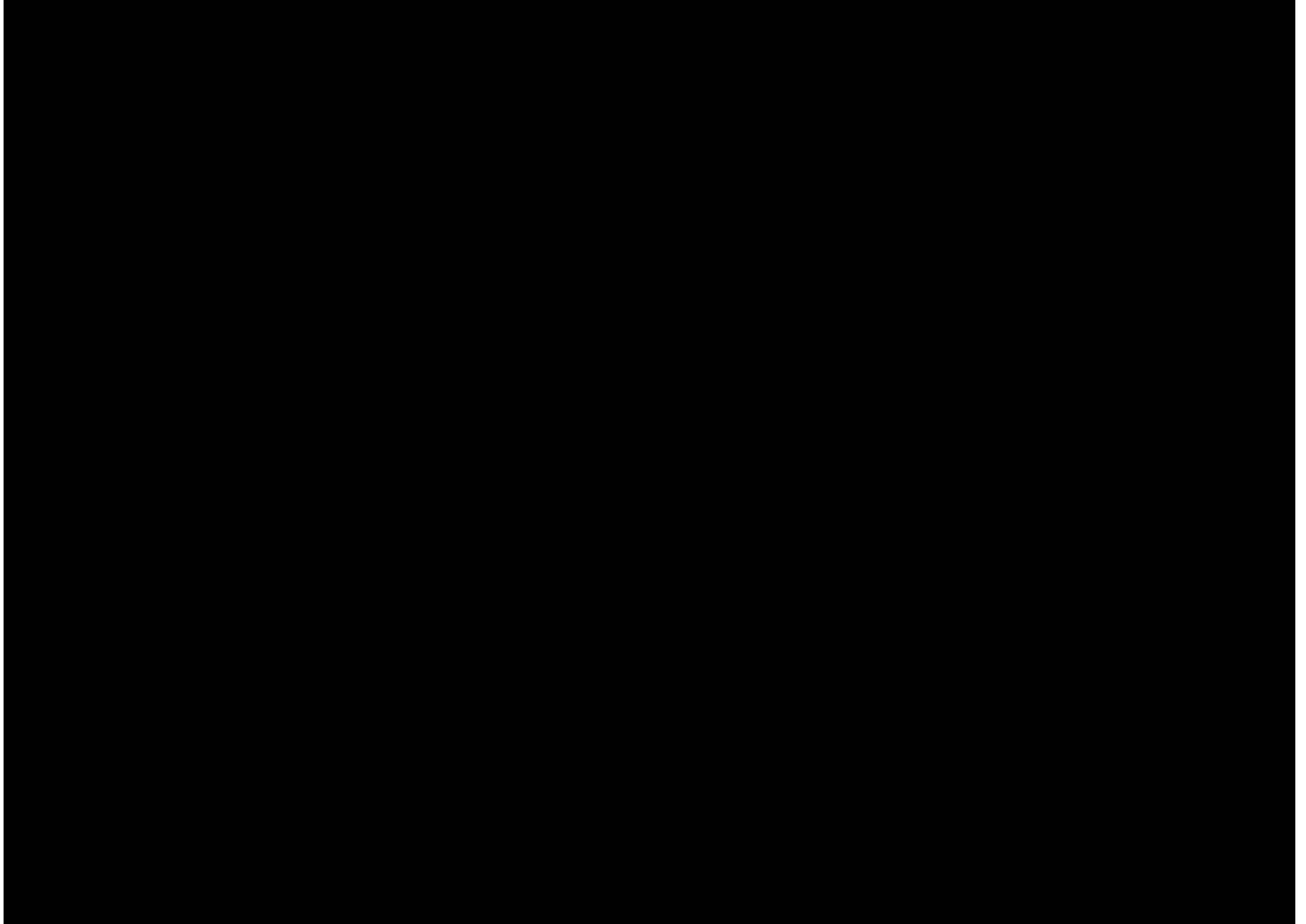
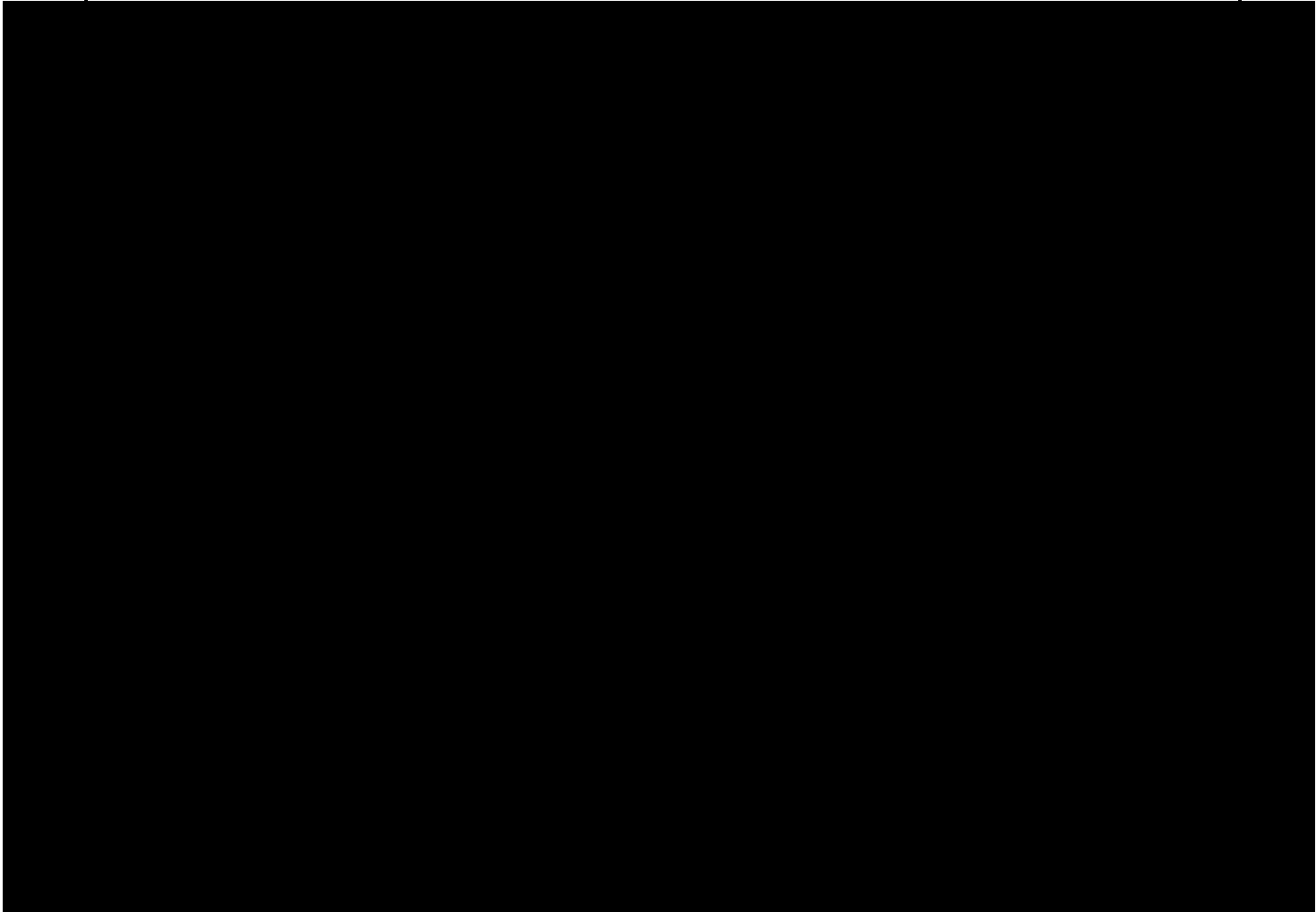


Exhibit I.V - Program References

Reference #: DRP-2016-1

Current or Former Customer?: Current

Abstract
Customer For Whom Services Were Performed:



SMITH BUNDAY BERMAN BRITTON, P.S.

MEDICAL CONSULTANTS NETWORK LLC

CONSOLIDATED FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2015 AND 2014

March 1, 2016

Board of Directors
Medical Consultants Network LLC
Seattle, Washington

Independent Auditors' Report

We have audited the accompanying financial statements of Medical Consultants Network LLC and its subsidiary (the Company), which comprise the consolidated balance sheets as of December 31, 2015 and 2014, and the related consolidated statements of income and comprehensive income, changes in owner's equity and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements.

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

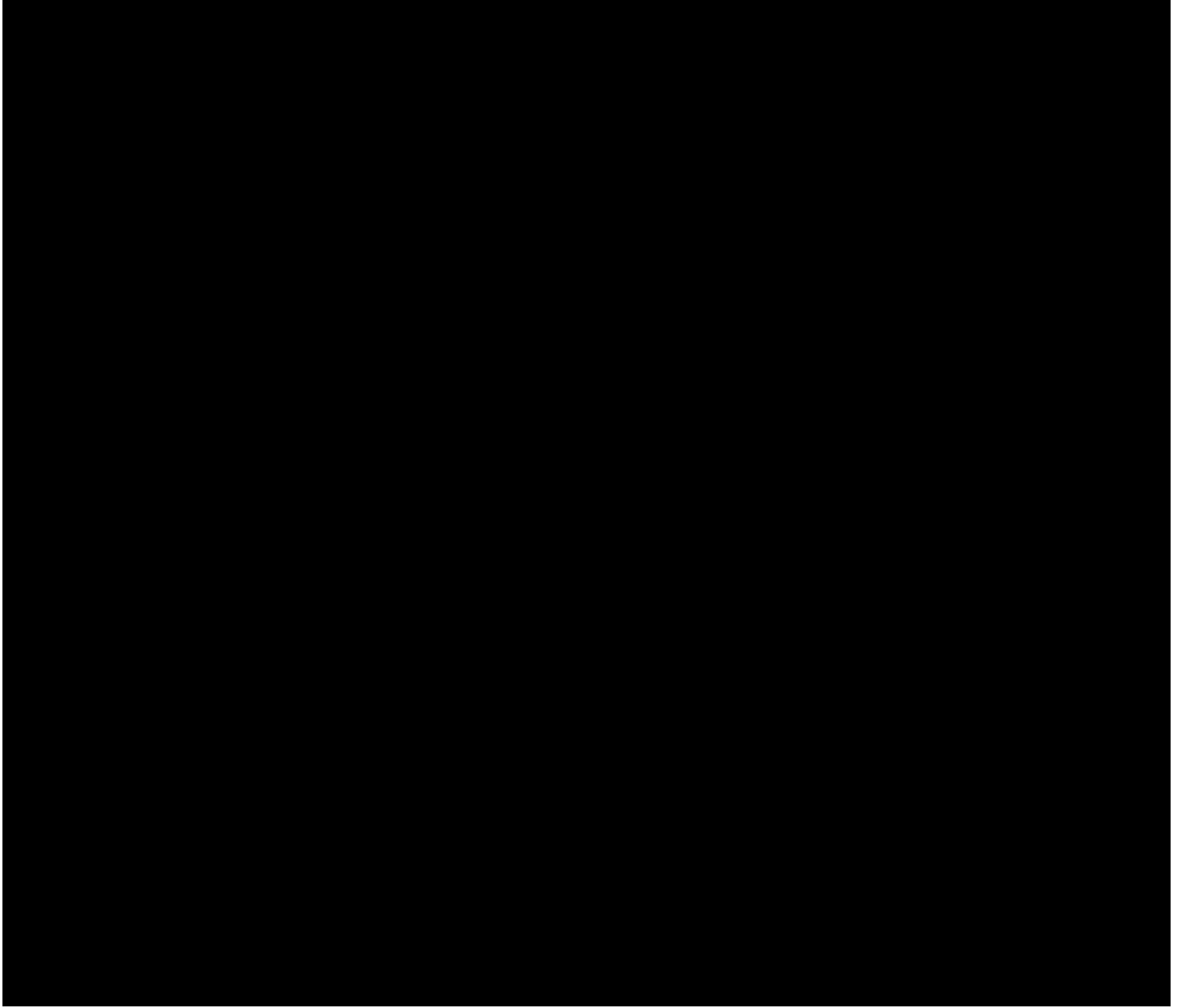
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Medical Consultants Network LLC and its subsidiary as of December 31, 2015 and 2014, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

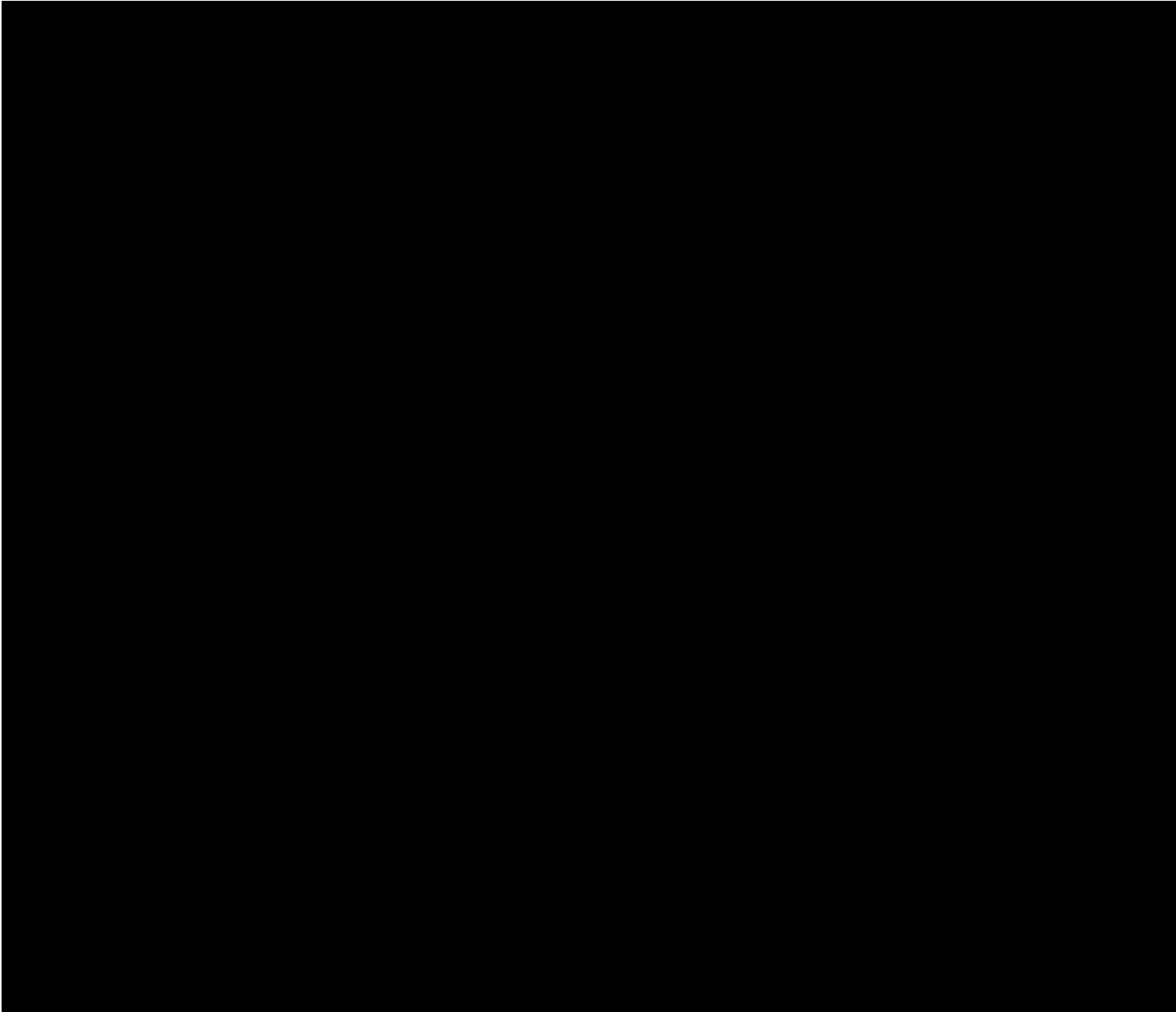


MEDICAL CONSULTANTS NETWORK LLC
CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2015 AND 2014



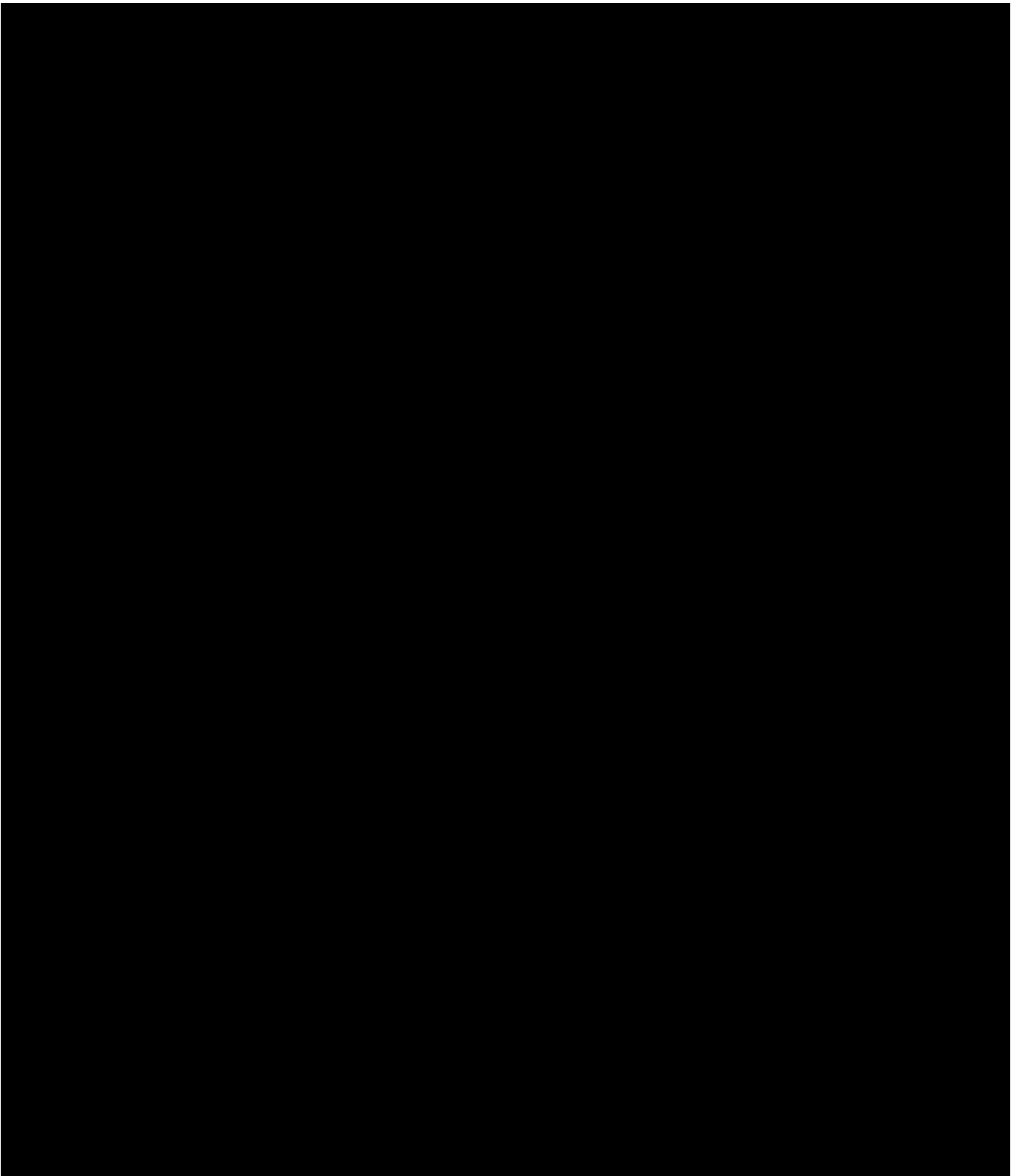
The accompanying notes are an integral part of the financial statements

MEDICAL CONSULTANTS NETWORK LLC
CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2015 AND 2014



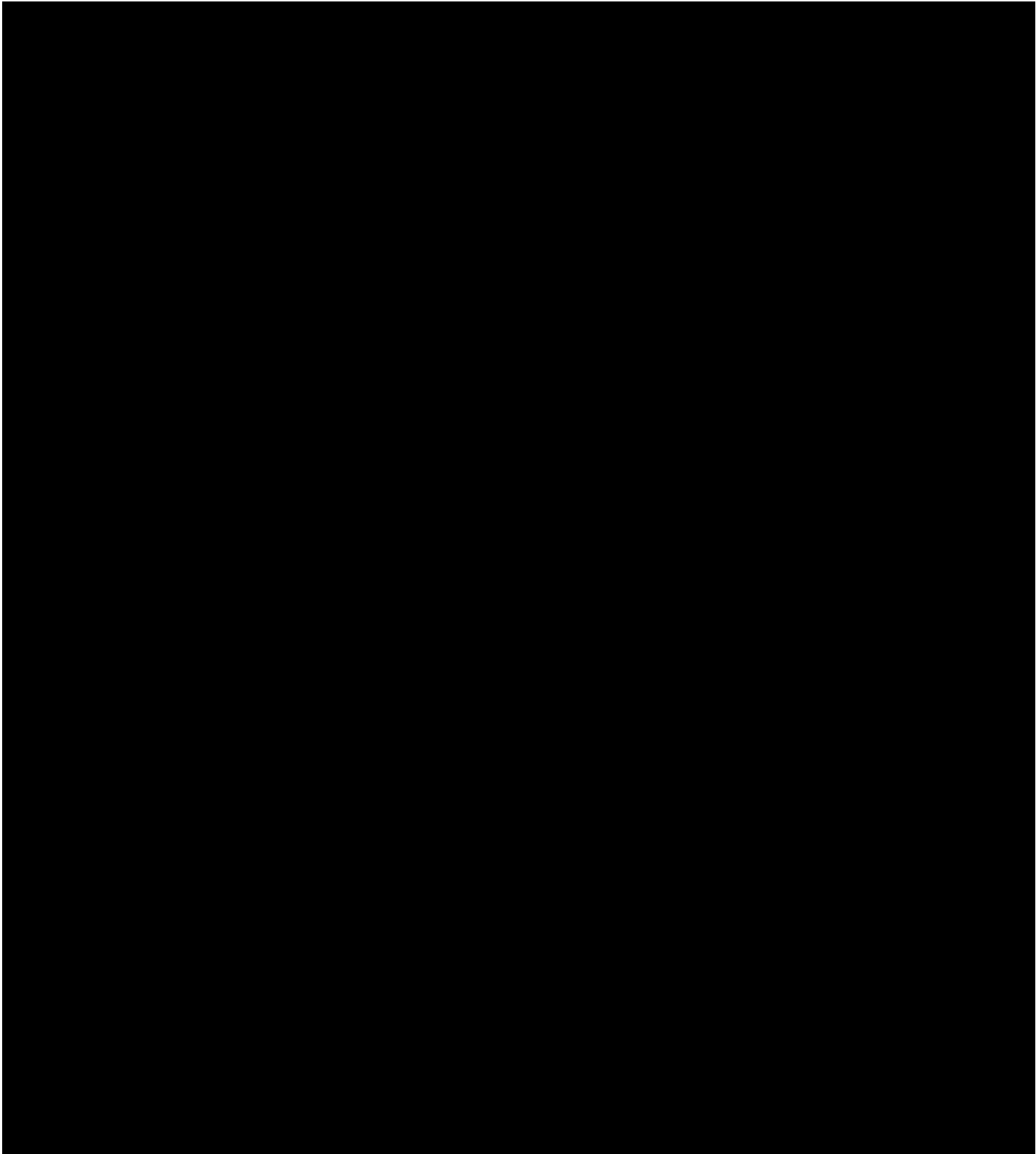
The accompanying notes are an integral part of the financial statements

MEDICAL CONSULTANTS NETWORK LLC
CONSOLIDATED STATEMENTS OF INCOME AND COMPREHENSIVE INCOME
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014



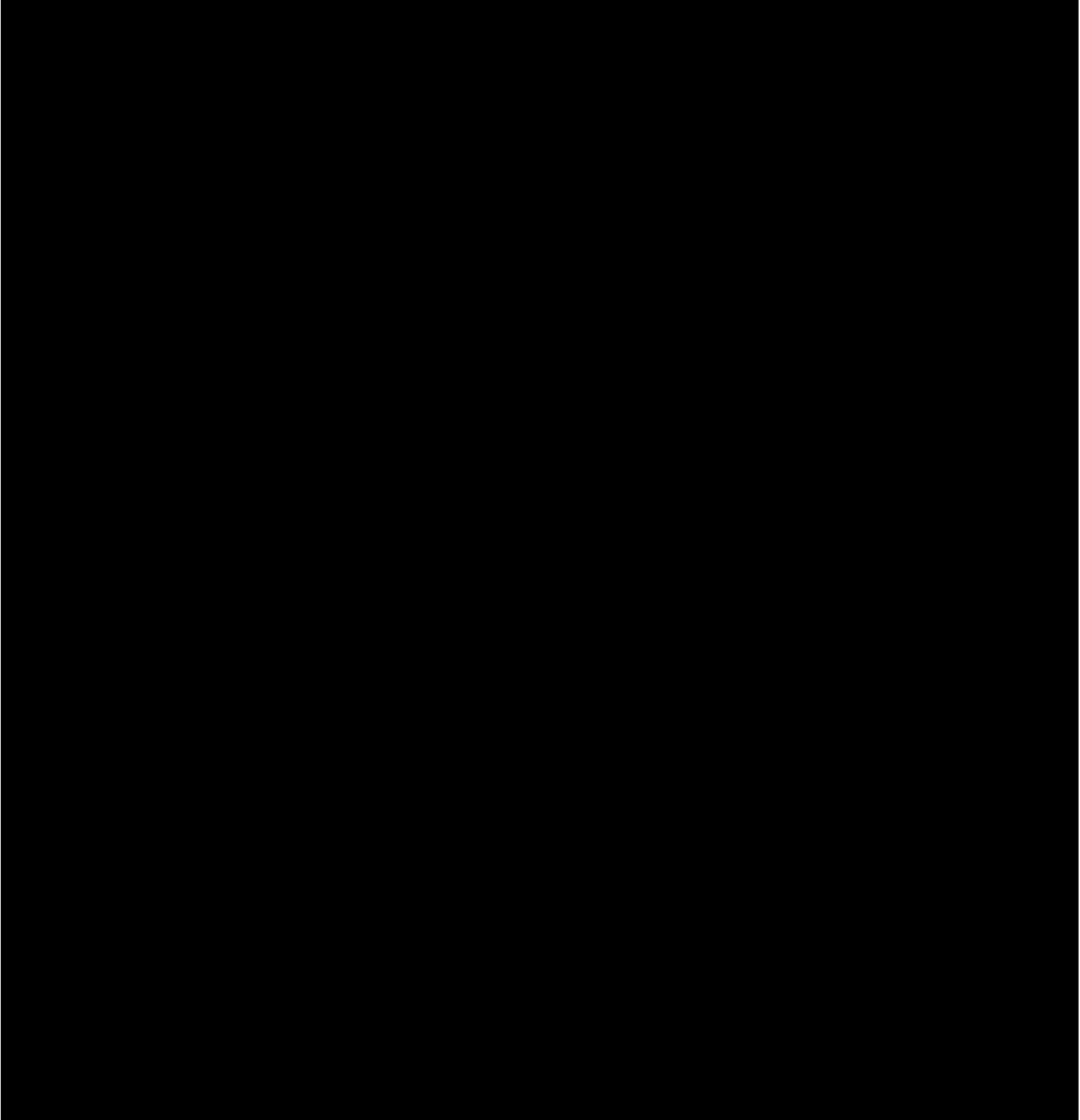
The accompanying notes are an integral part of the financial statements

MEDICAL CONSULTANTS NETWORK LLC
CONSOLIDATED STATEMENTS OF CHANGES IN MEMBER'S EQUITY
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014



The accompanying notes are an integral part of the financial statements

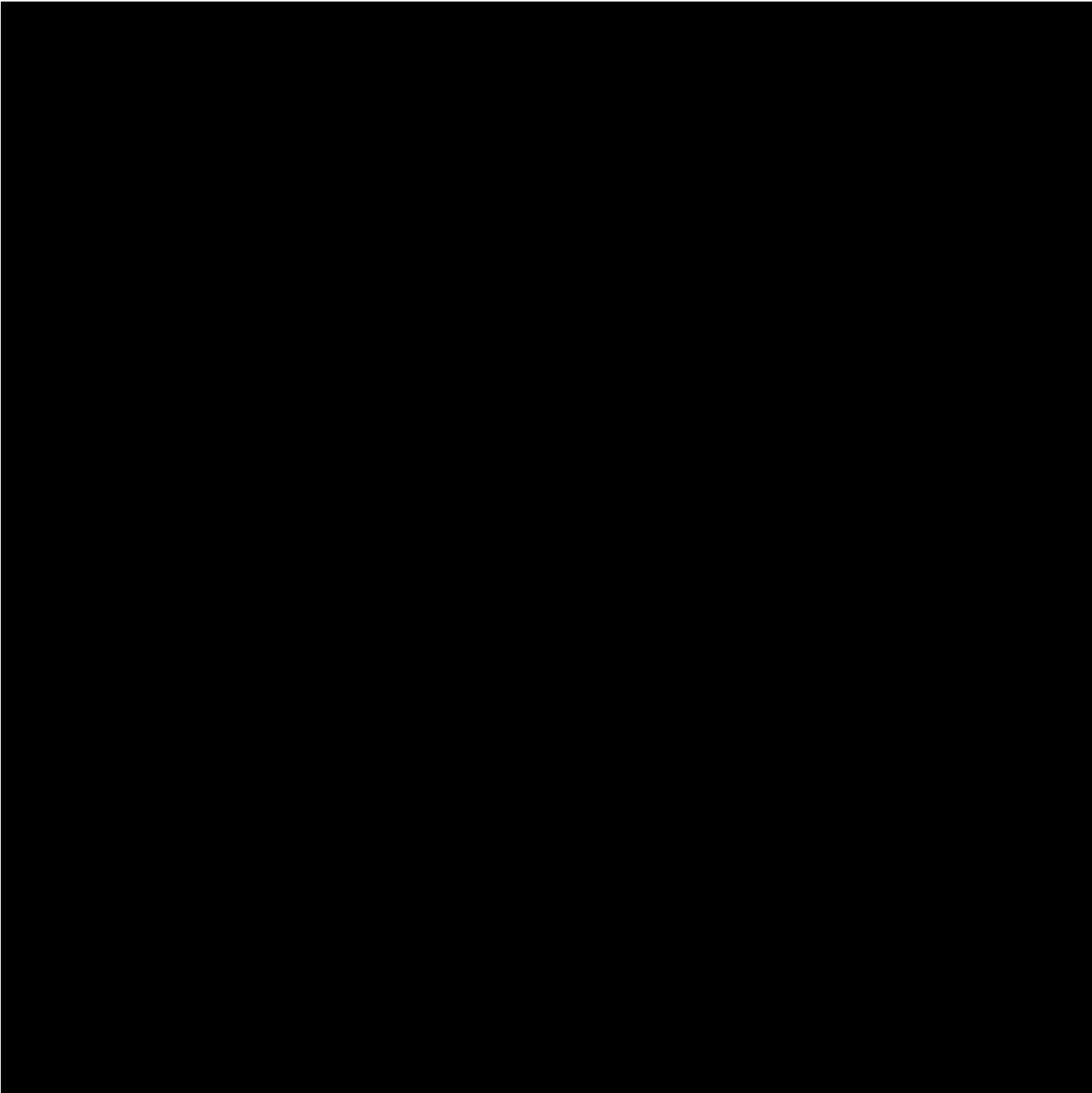
MEDICAL CONSULTANTS NETWORK LLC
CONSOLIDATED STATEMENTS OF CASH FLOWS

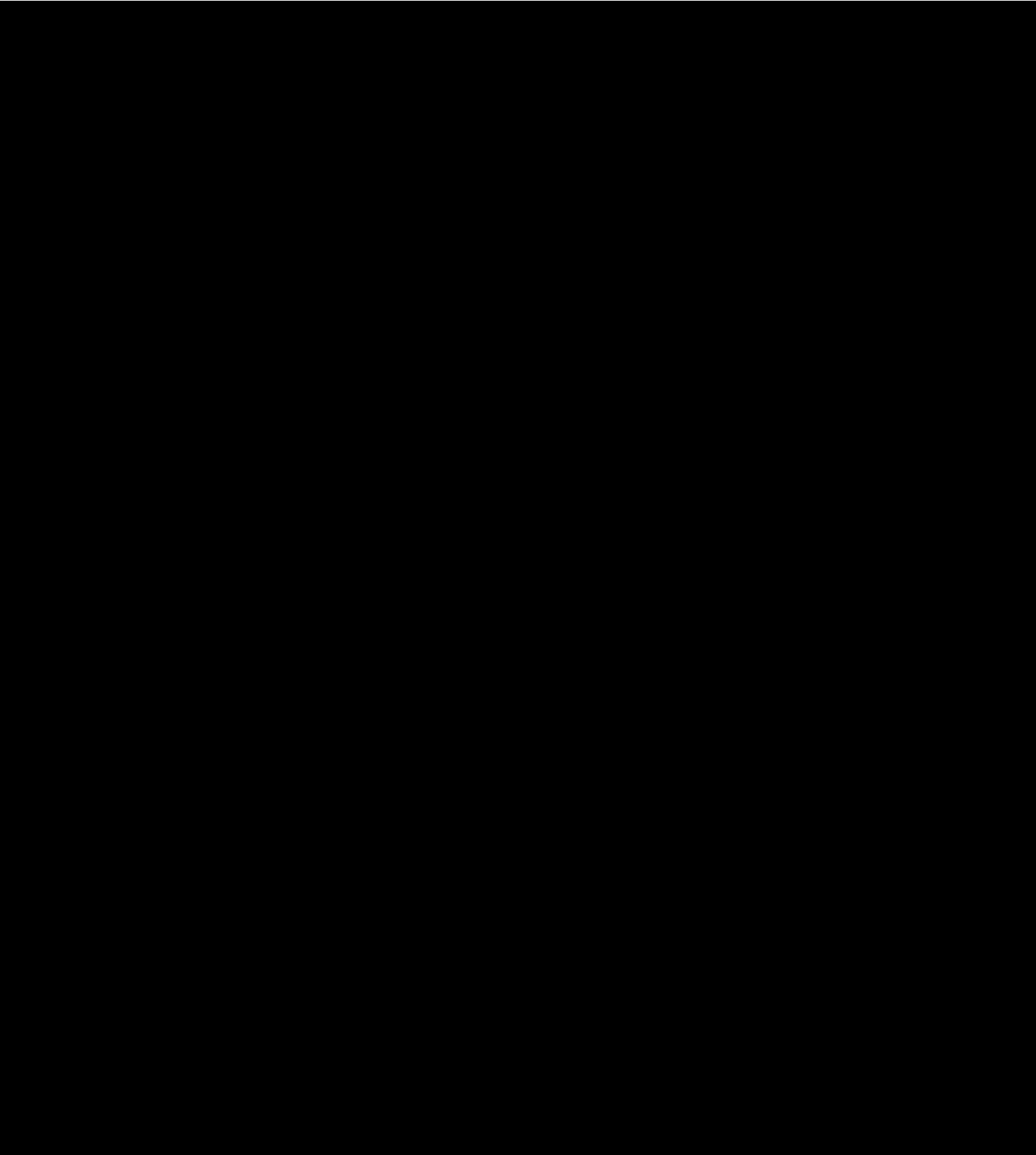


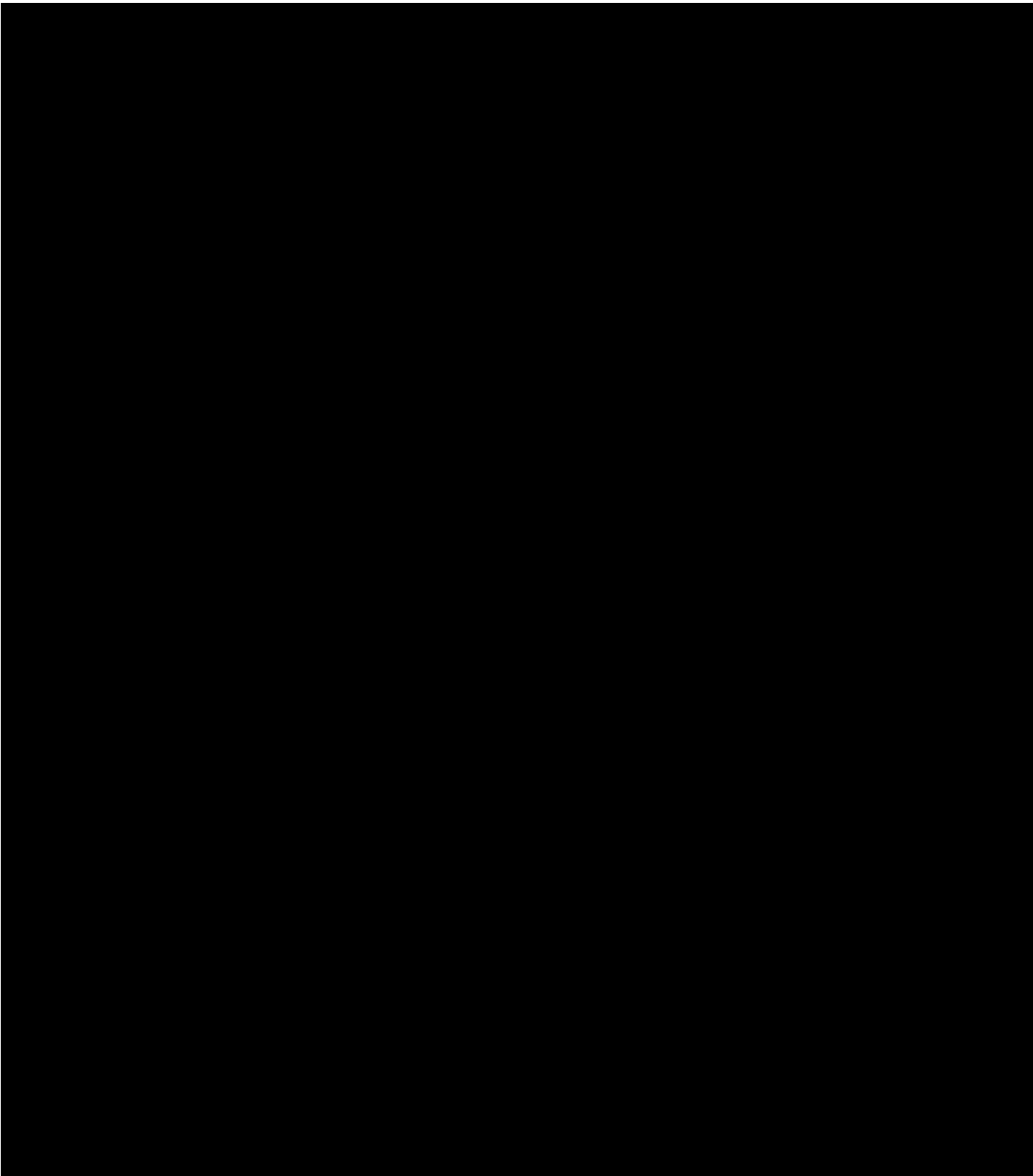
The accompanying notes are an integral part of the financial statements

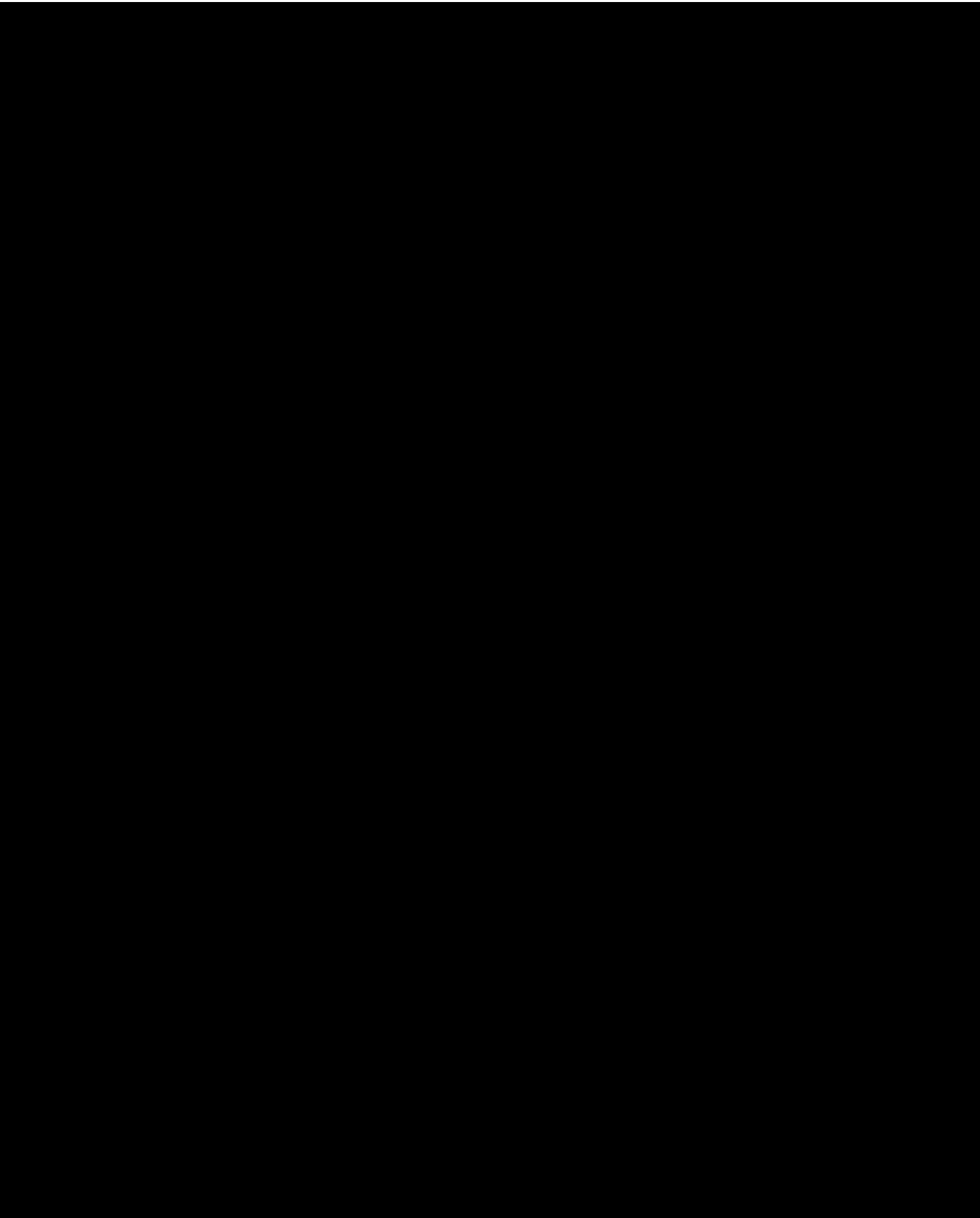
MEDICAL CONSULTANTS NETWORK LLC

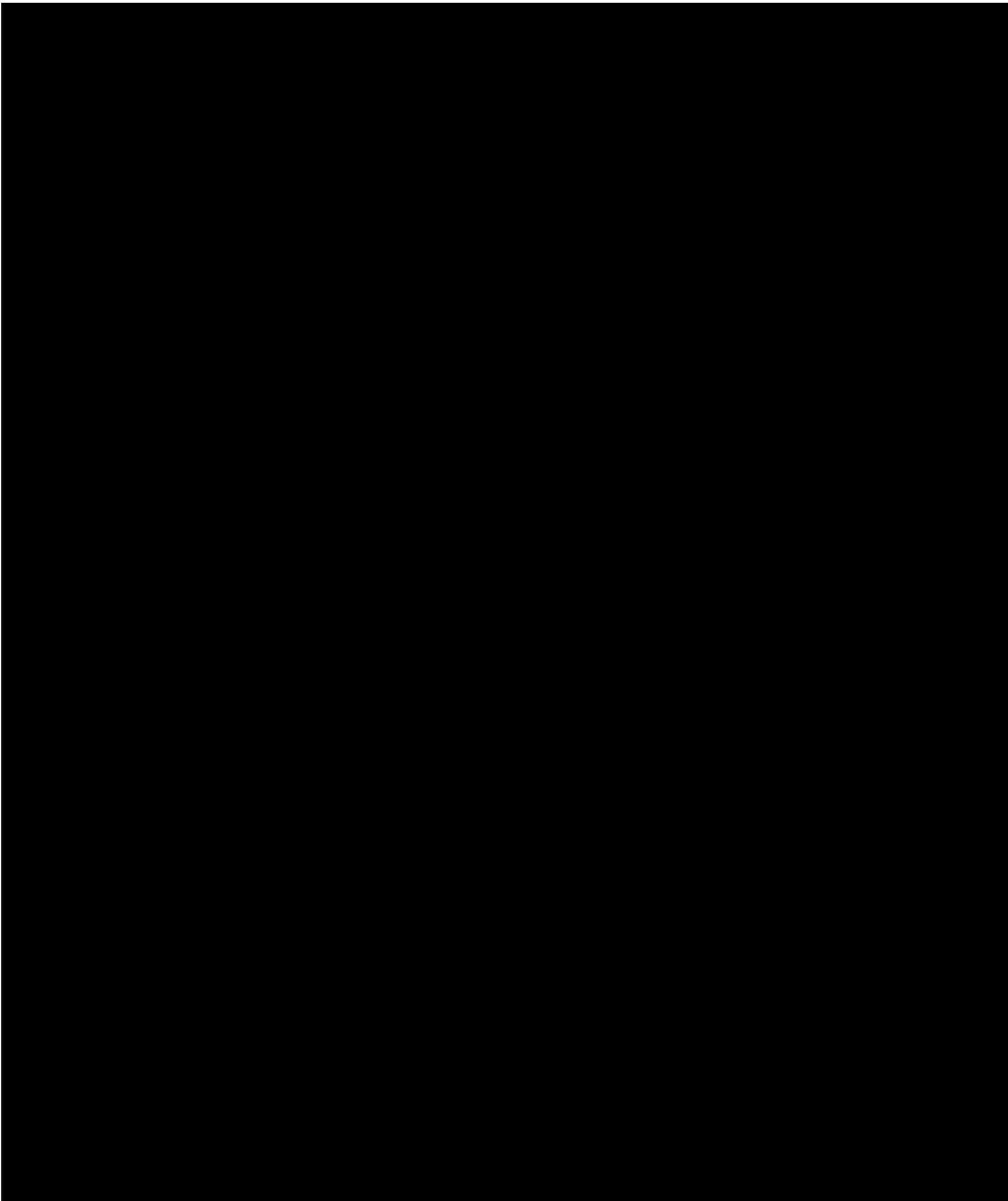
Notes to Financial Statements

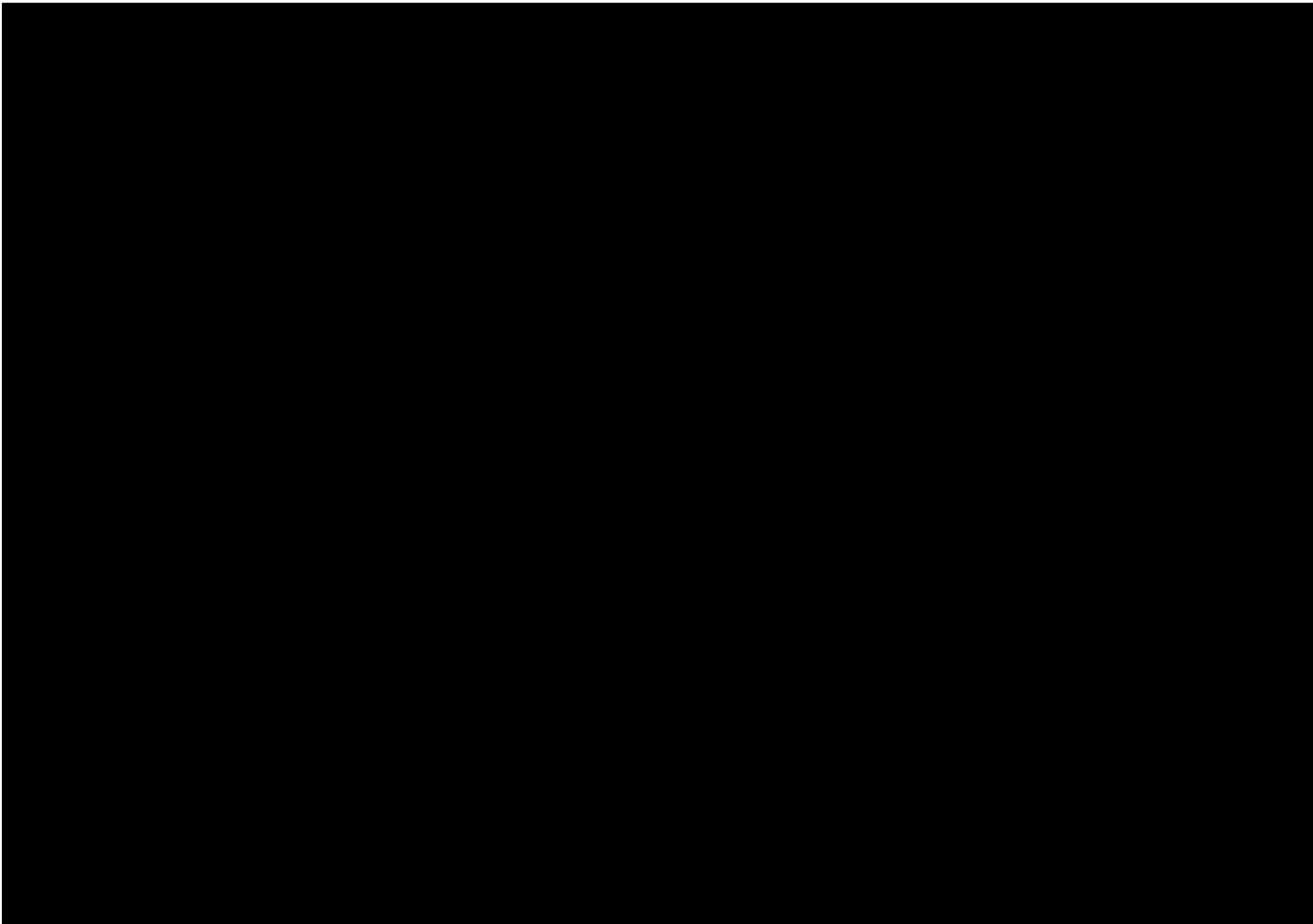












A. Program Administration

1. Executive Summary

a. Required Submission

The offeror must submit an executive summary outline its overall program and its capacity to administer the Dispute Resolution Program. The executive summary must include:

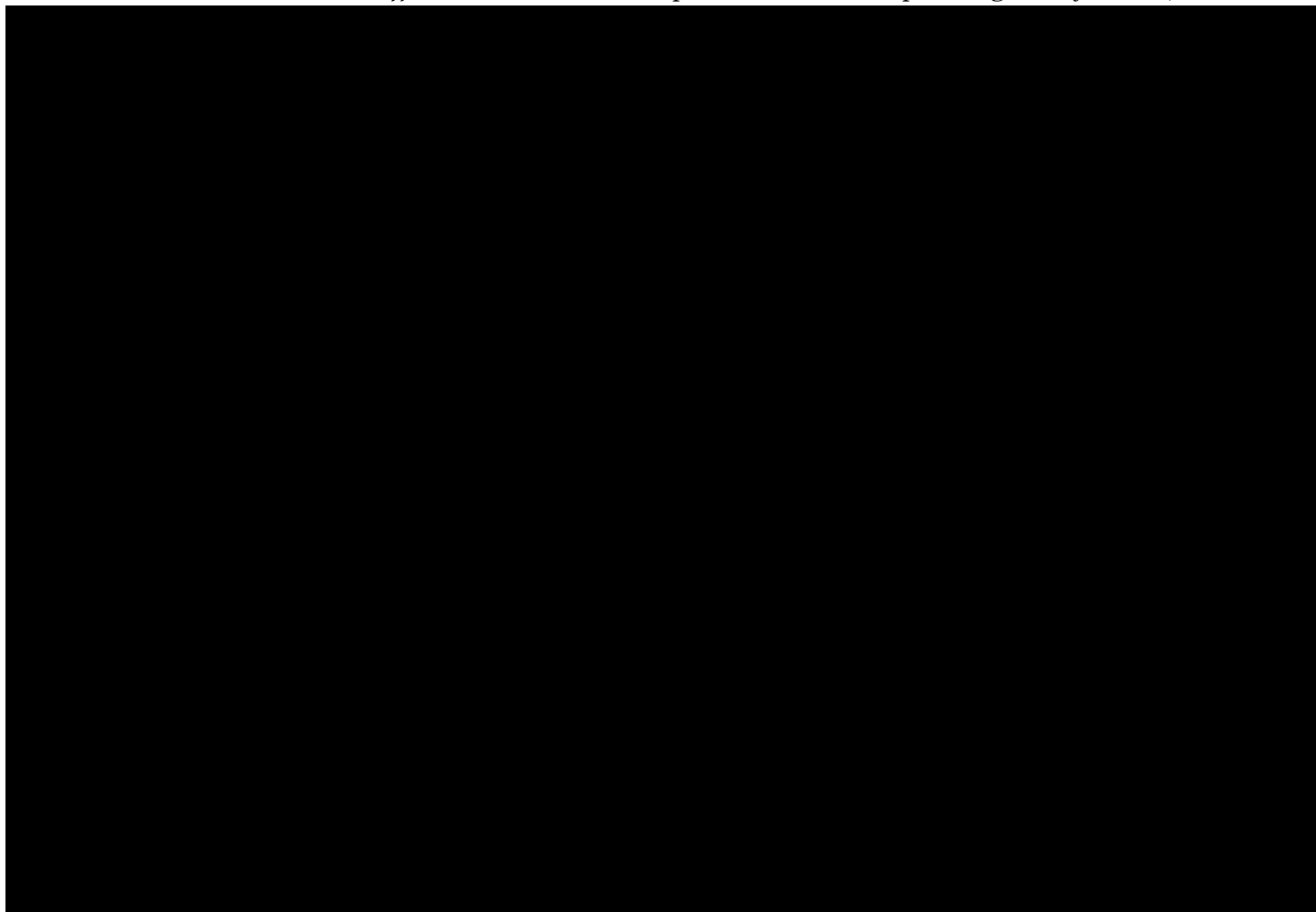
- 1) the name and address of the Offeror's main and branch offices and the name of the senior officer who will be responsible for this account*

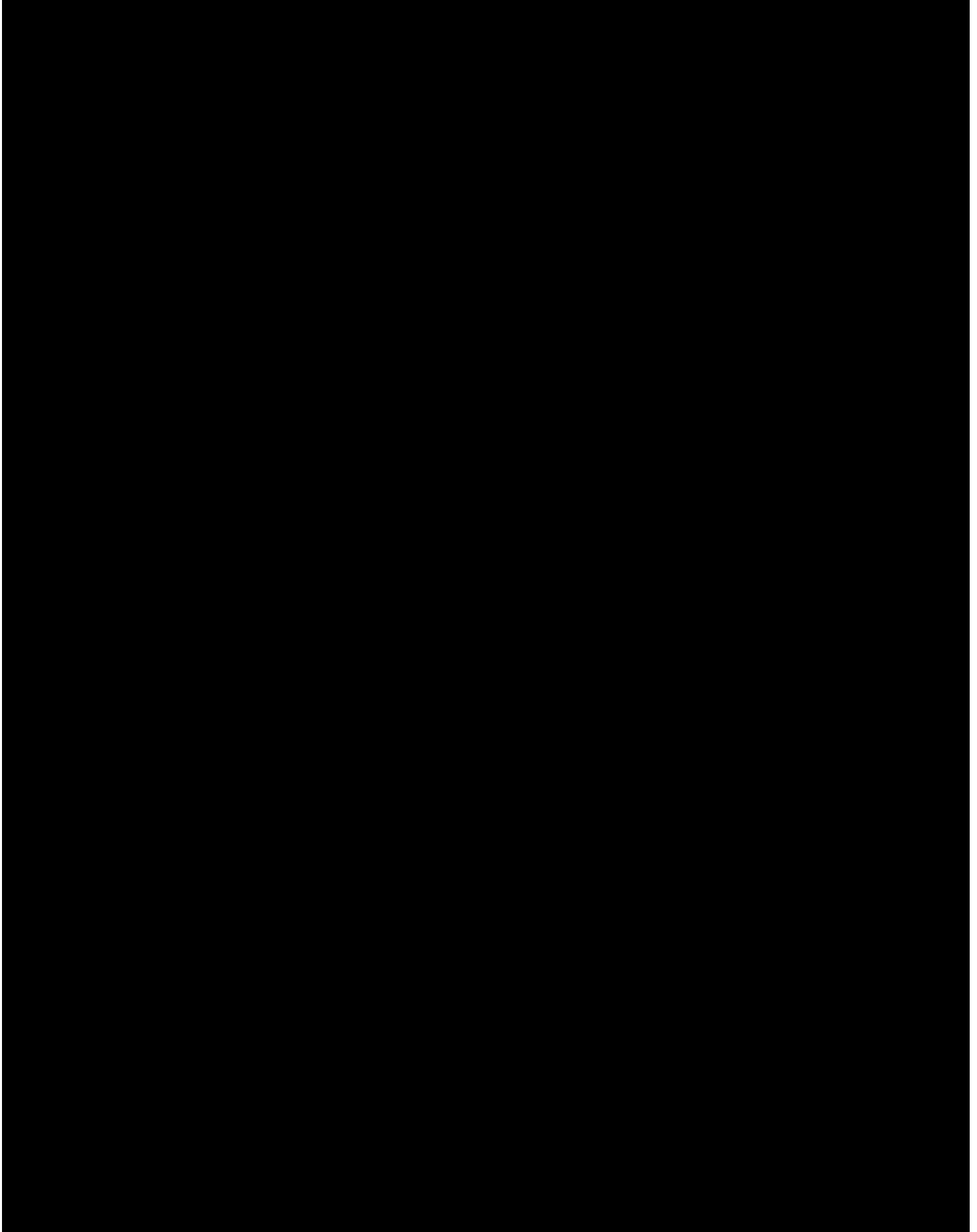
Medical Consultants Network's main office is located at 1301 Fifth Ave., Ste. 2900, Seattle, WA 98101.

Medical Consultants Network's New York branch office, MCN Quad Health Services, Inc. dba Medical Consultants Network, is located at 445 Broadhollow Road, Ste. 336, Melville, NY 11747. Please note that MCN Quad Health Services, Inc. dba Medical Consultants Network is from herein and throughout this proposal referred to as "MCN."

Brianna Bean, Director of Operations, will be the senior officer responsible for this account. She directly oversees Abigail Magilavy, NE Operations Manager, who manages the Melville location and will handle the day-to-day scheduling and service completion.

- 2) A description of the Offeror's understanding of the requirements presented in this RFP and how the Offeror can assist the Department in accomplishing its objectives;*

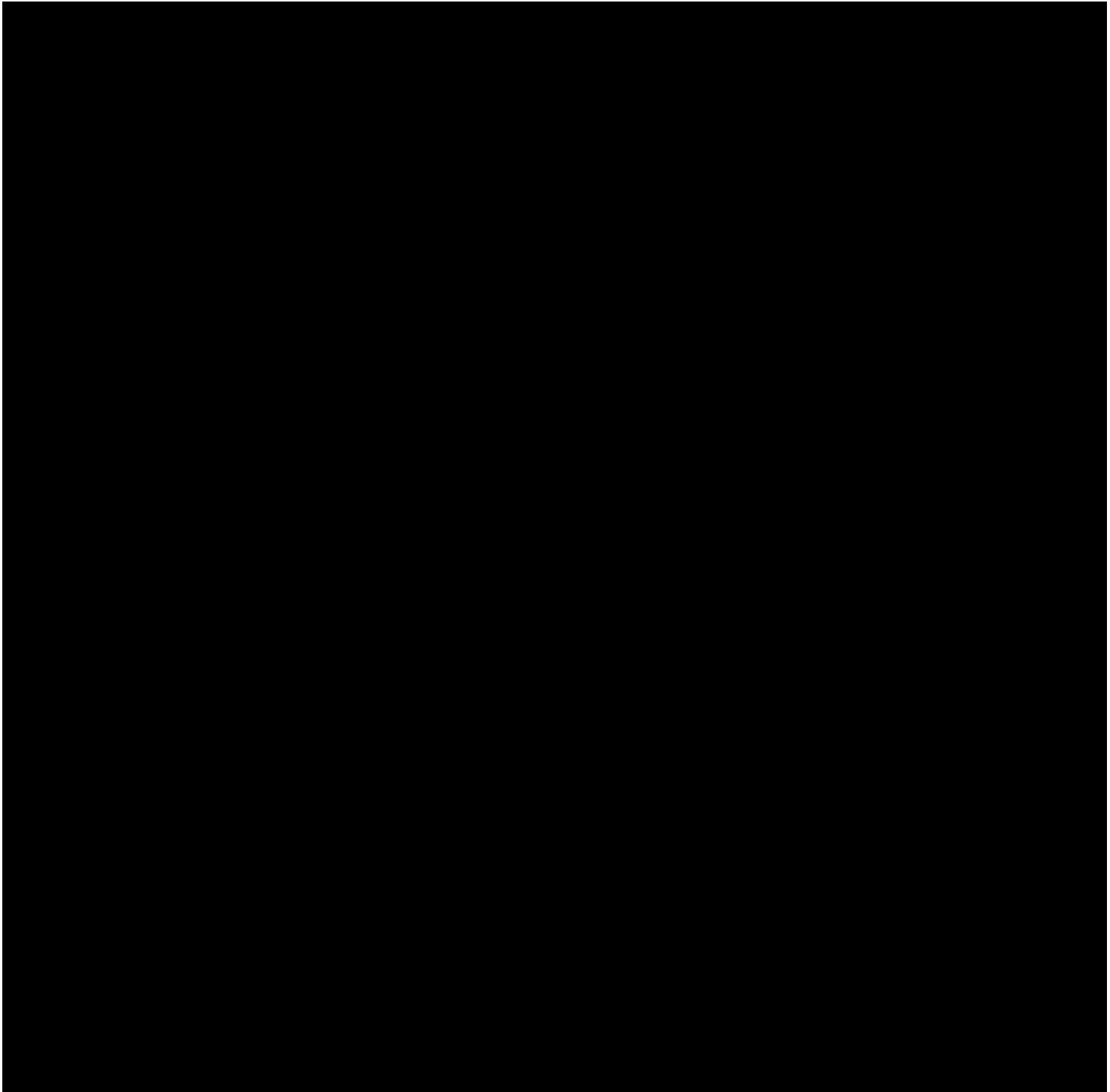


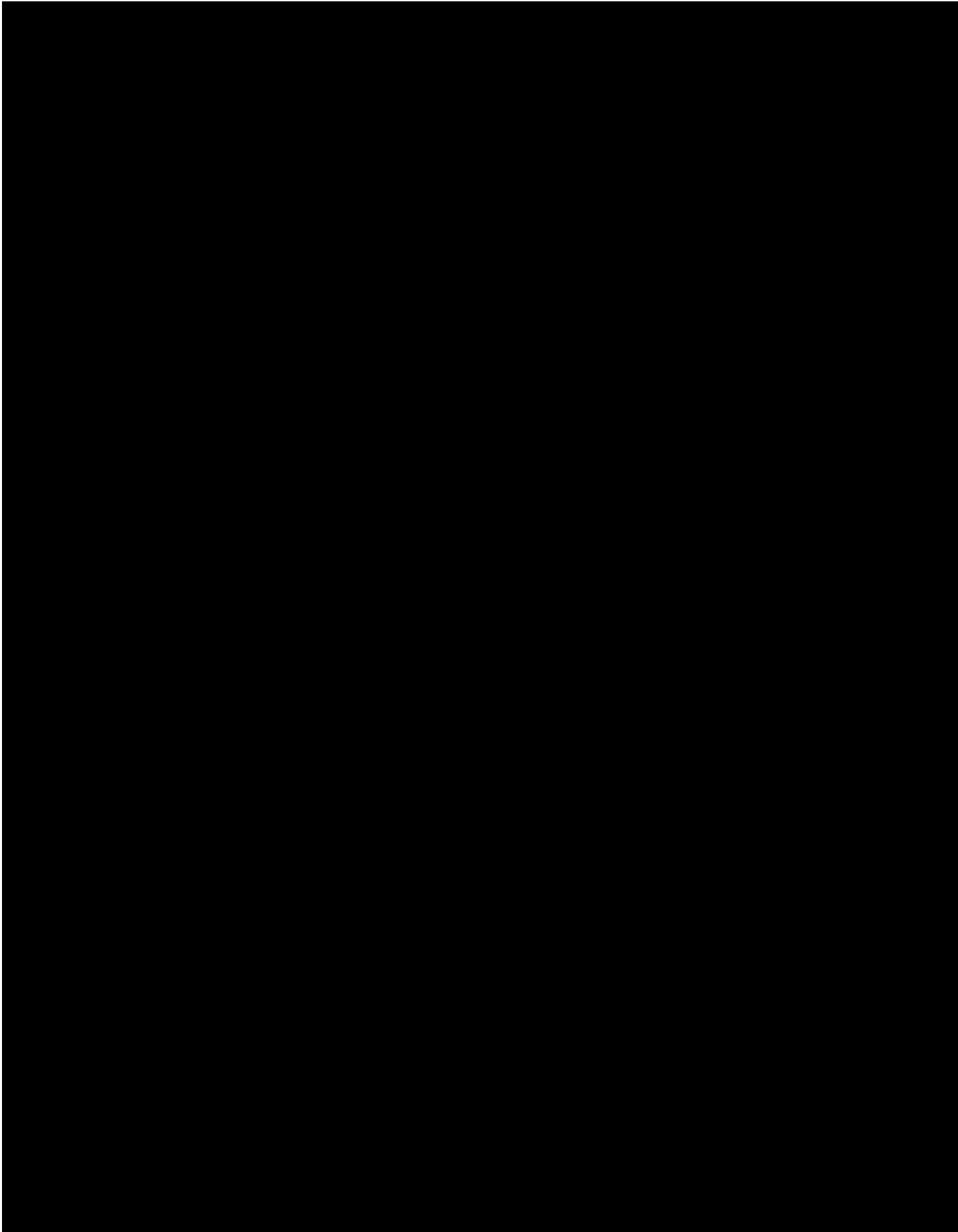


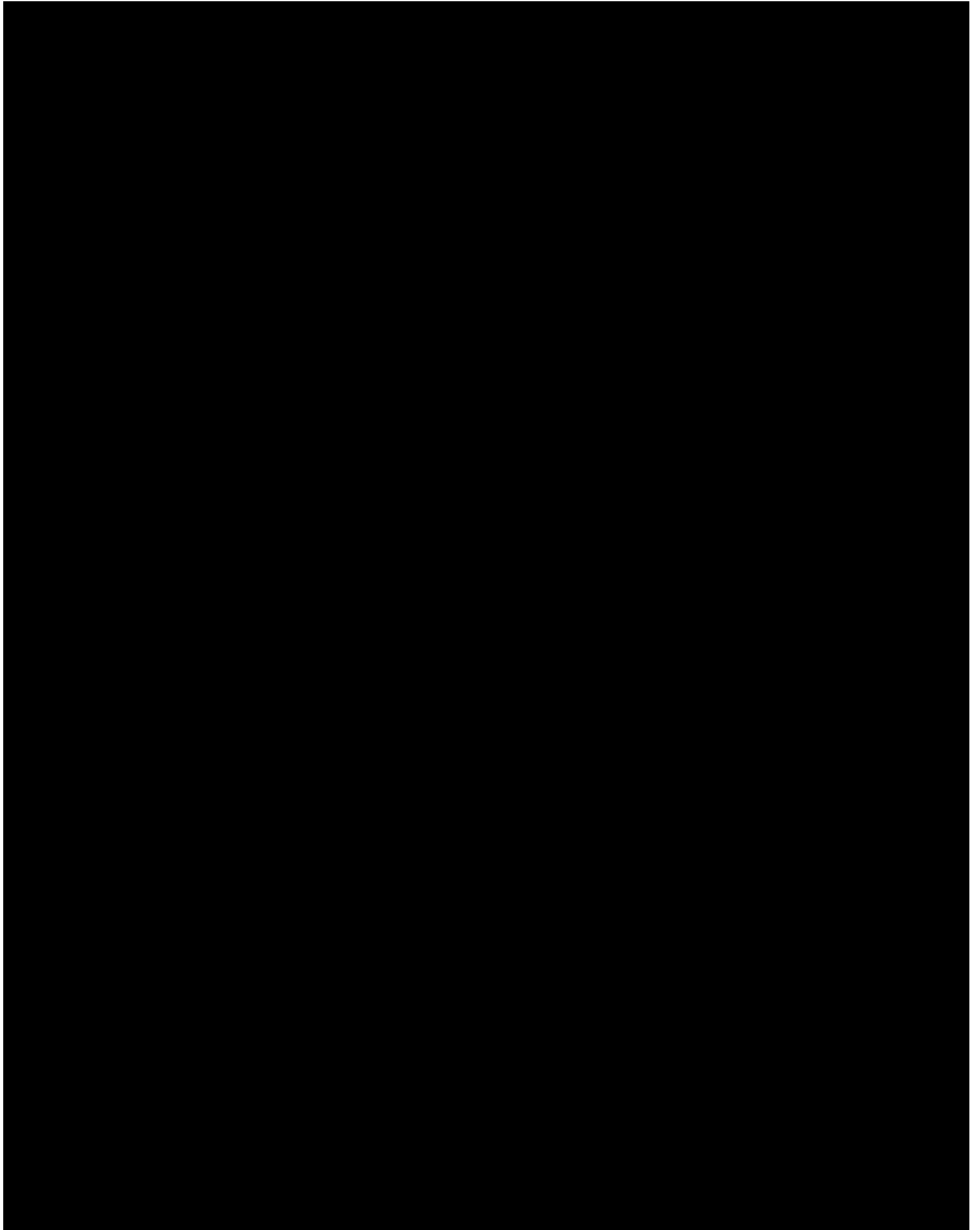
- 4) *a statement disclosing the date Full Accreditation was granted to the Offeror by the Utilization Review Accreditation Commission (URAC) in the area of Independent Review Organization; and*

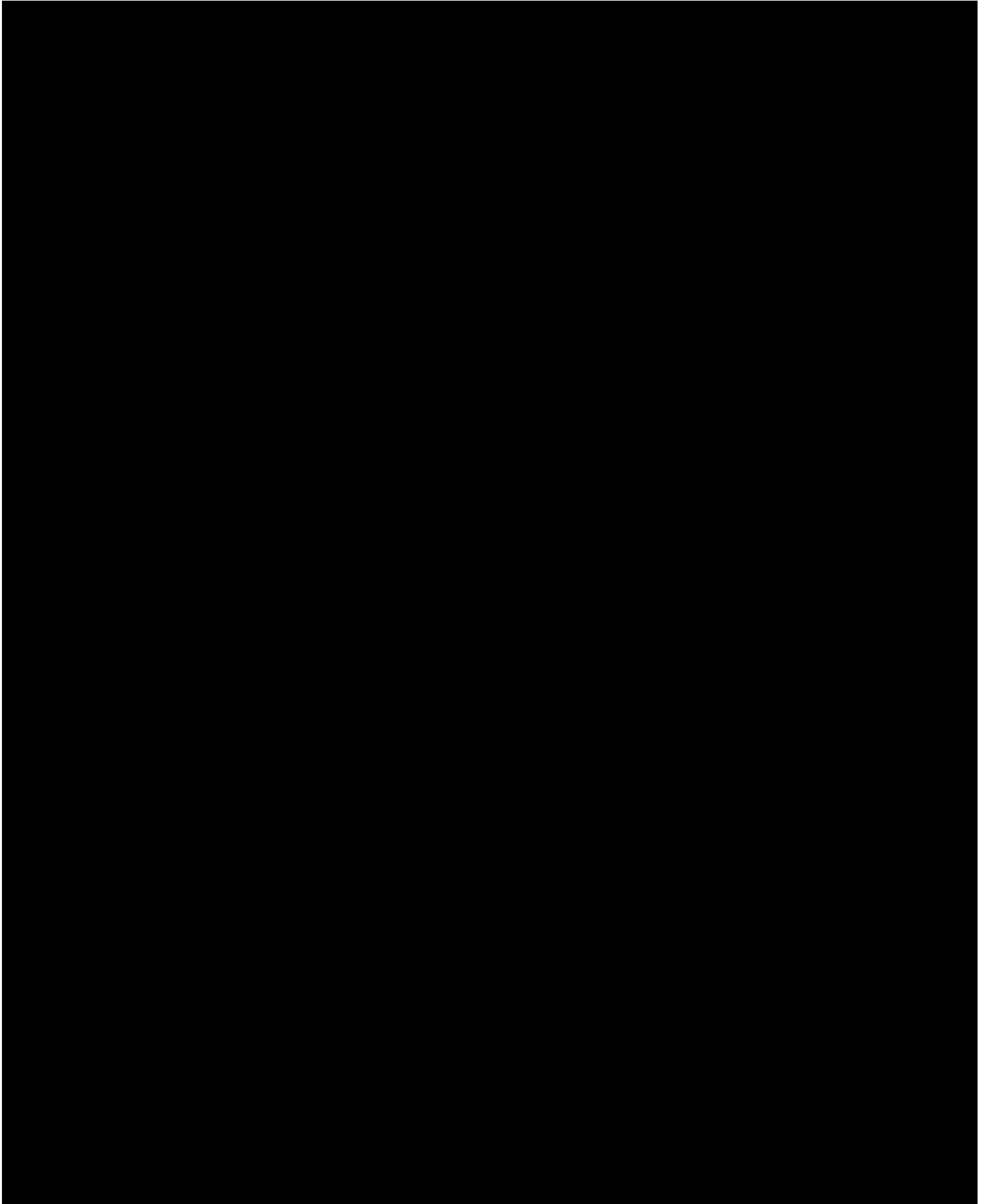
Please see Exhibit 1 to the Technical Proposal for proof of MCN's 2013 and 2016 full accreditation as URAC Independent Review Organization.

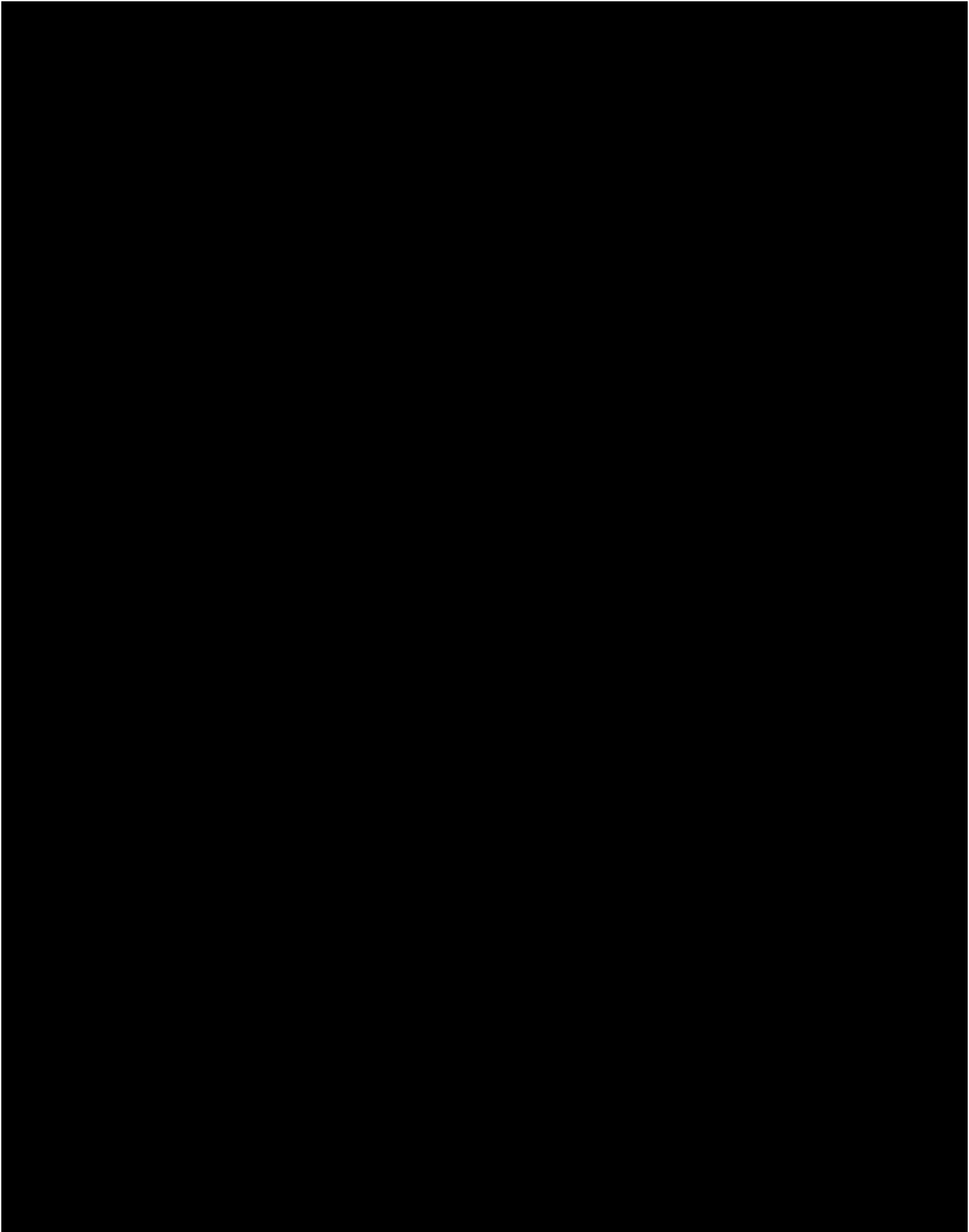
- 5) *Specify which function(s), if any, will be subcontracted.*

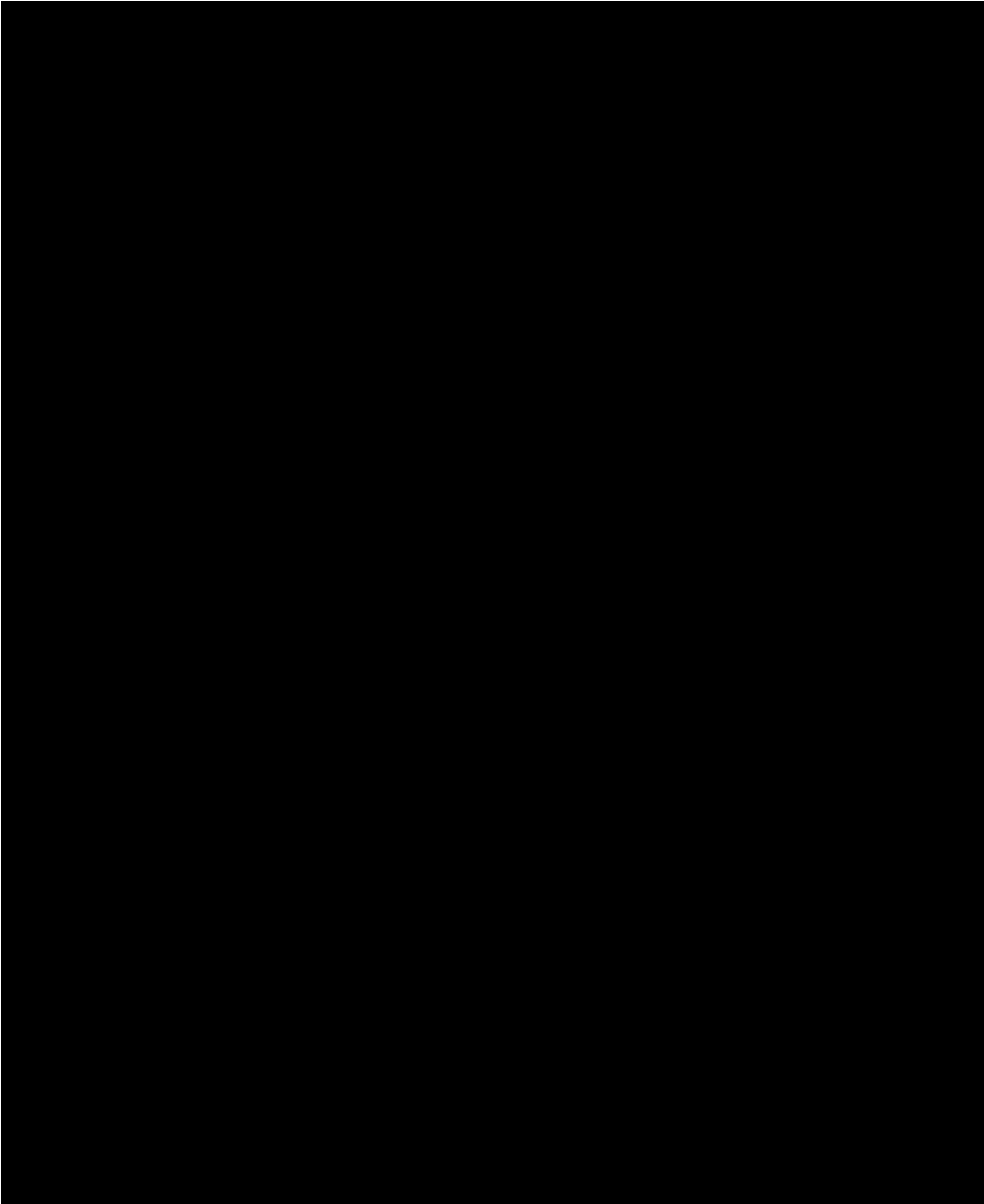


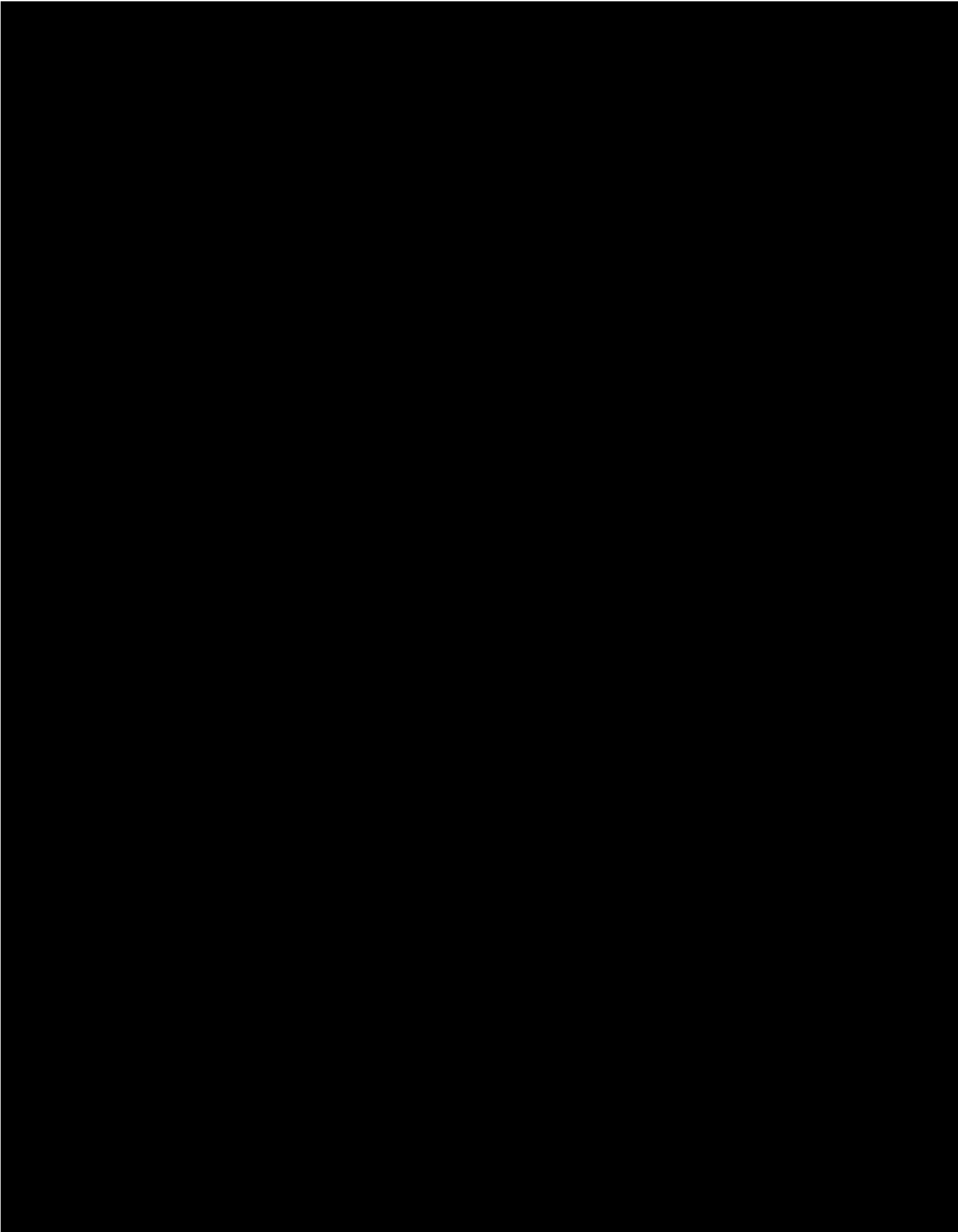


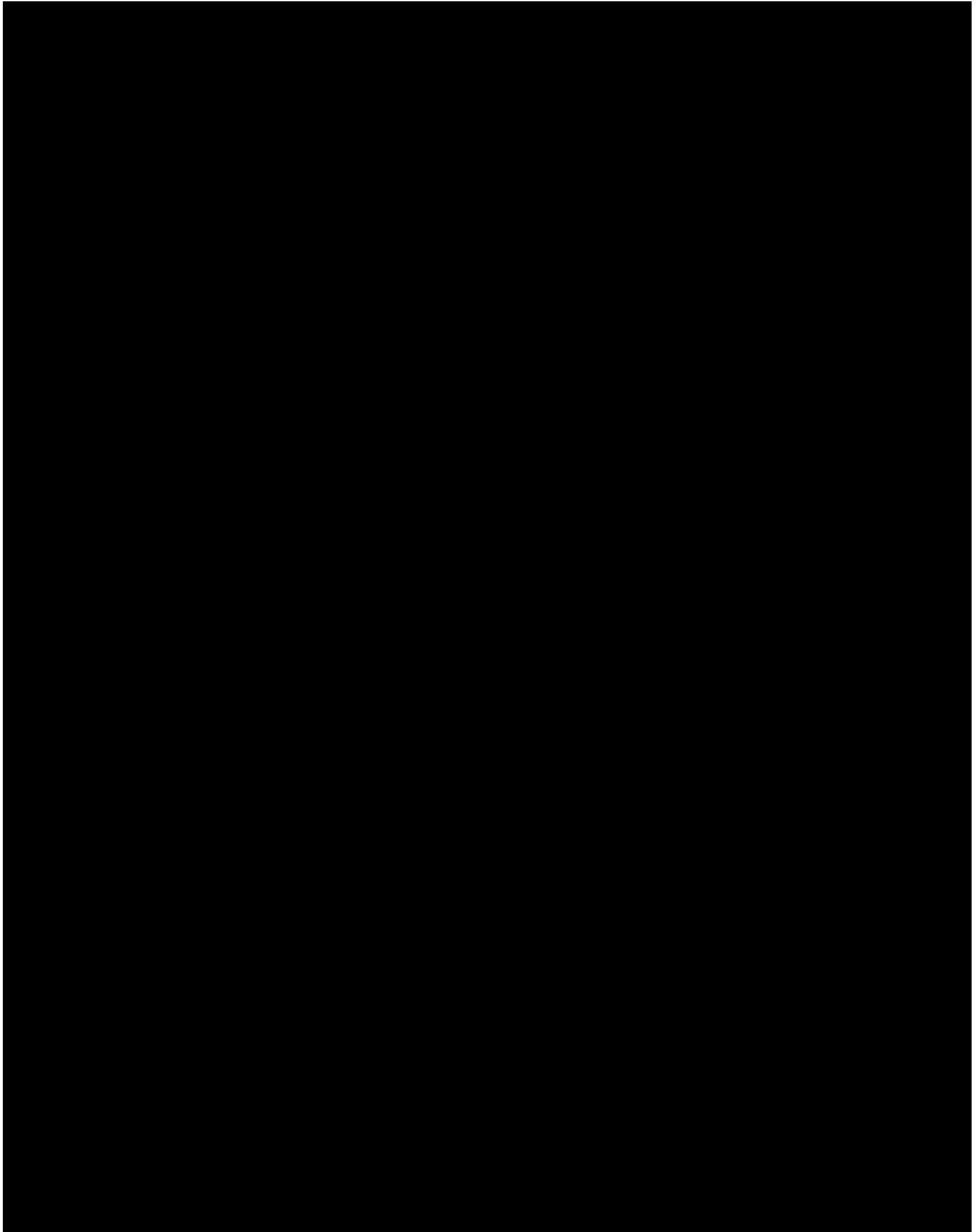


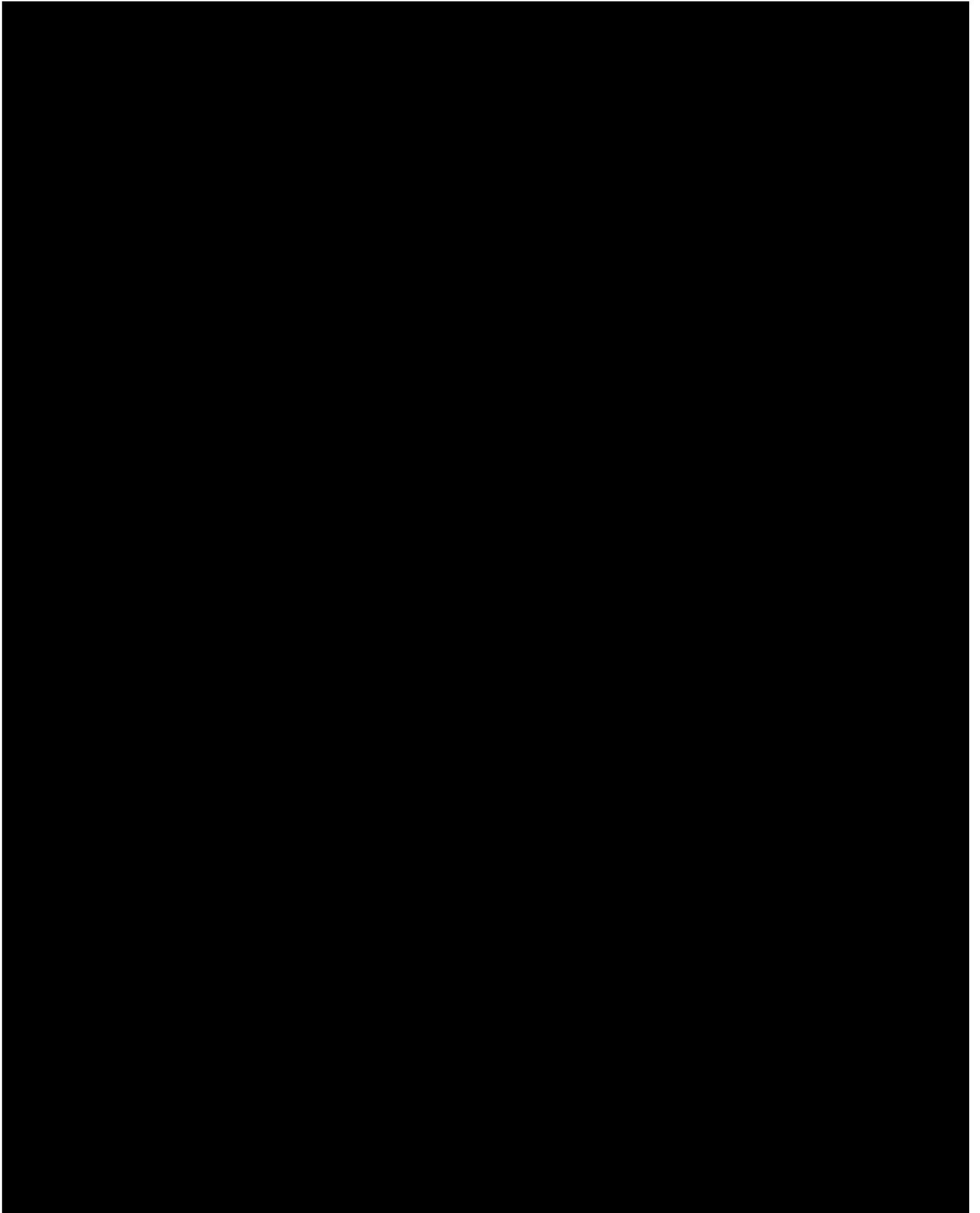


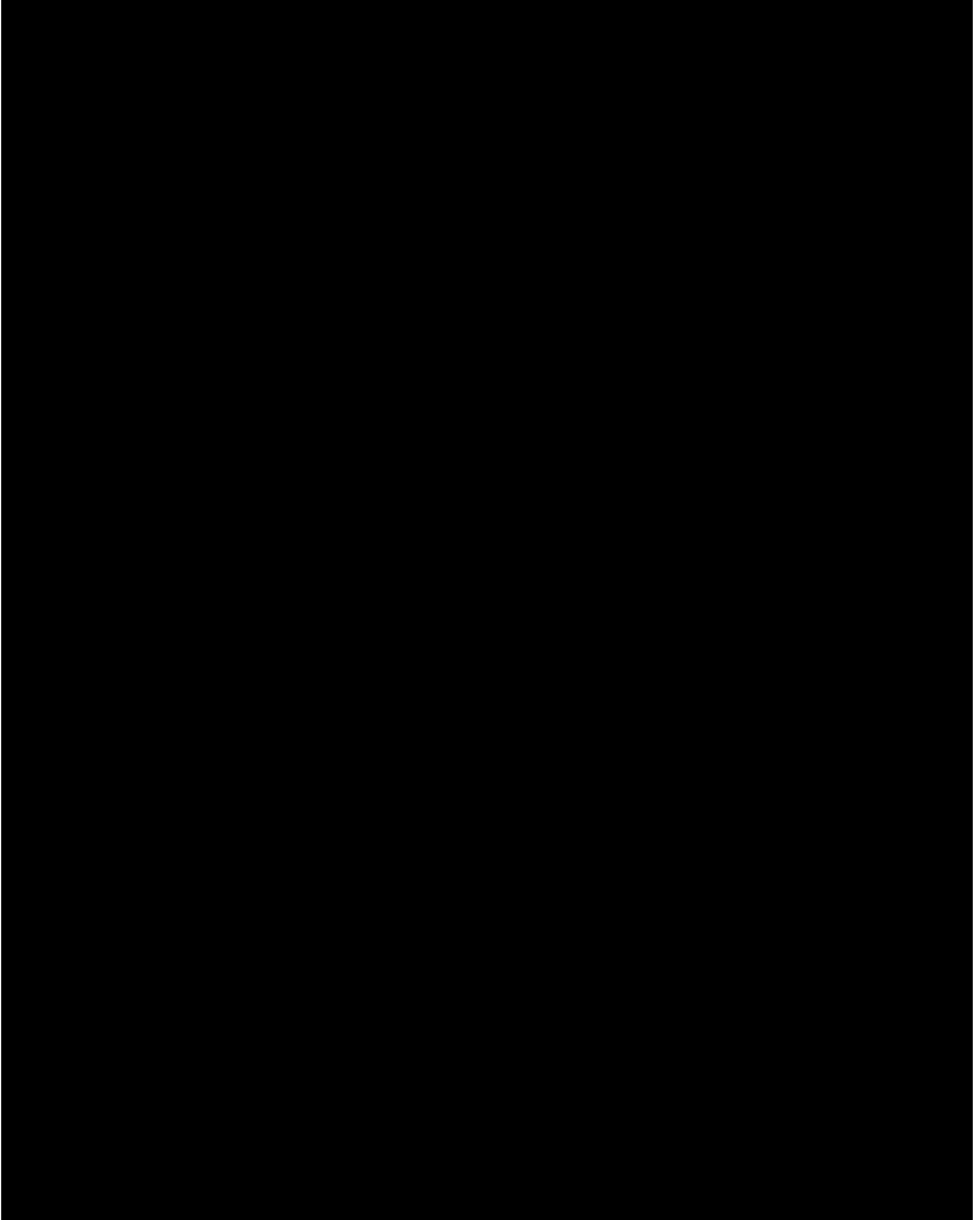


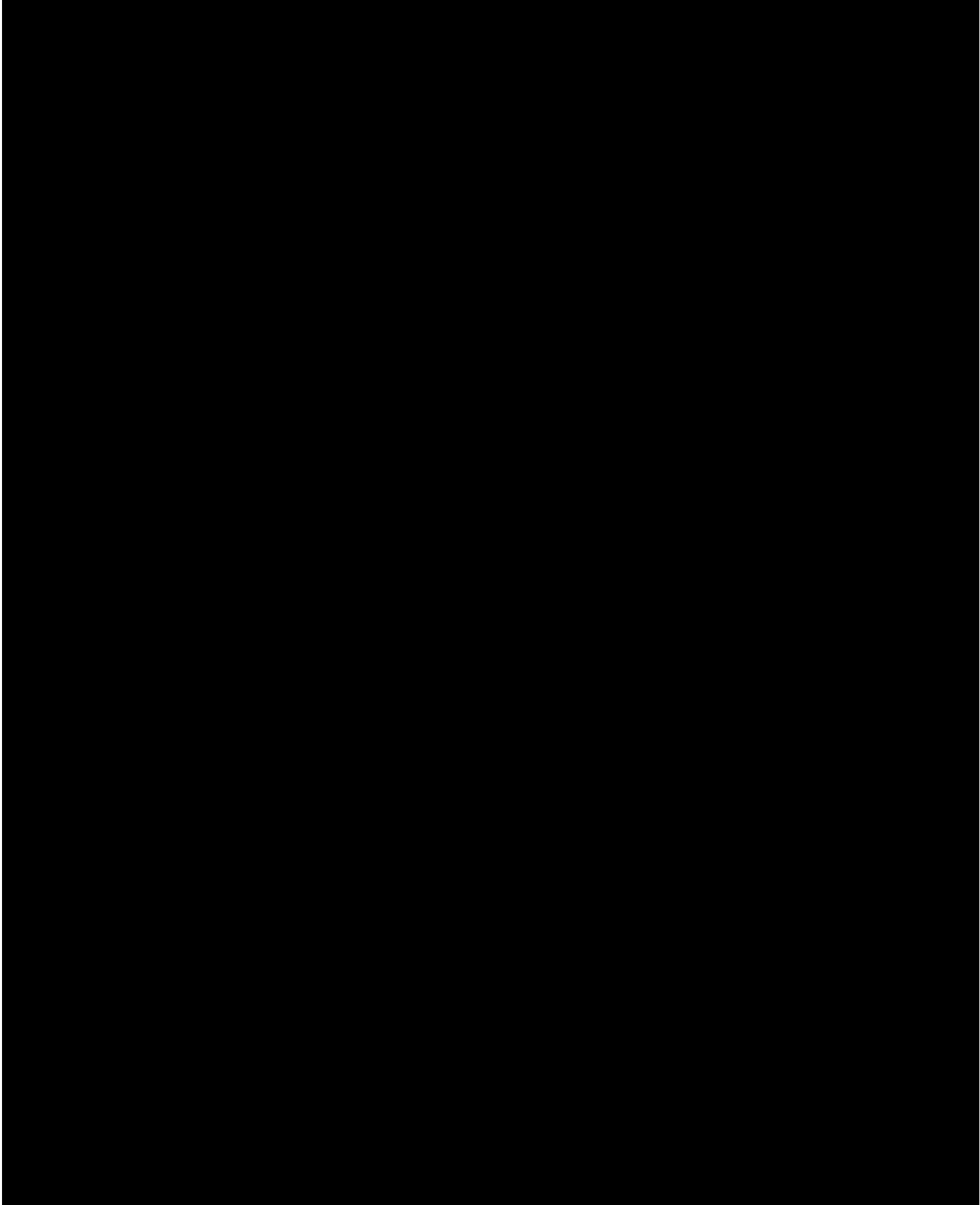


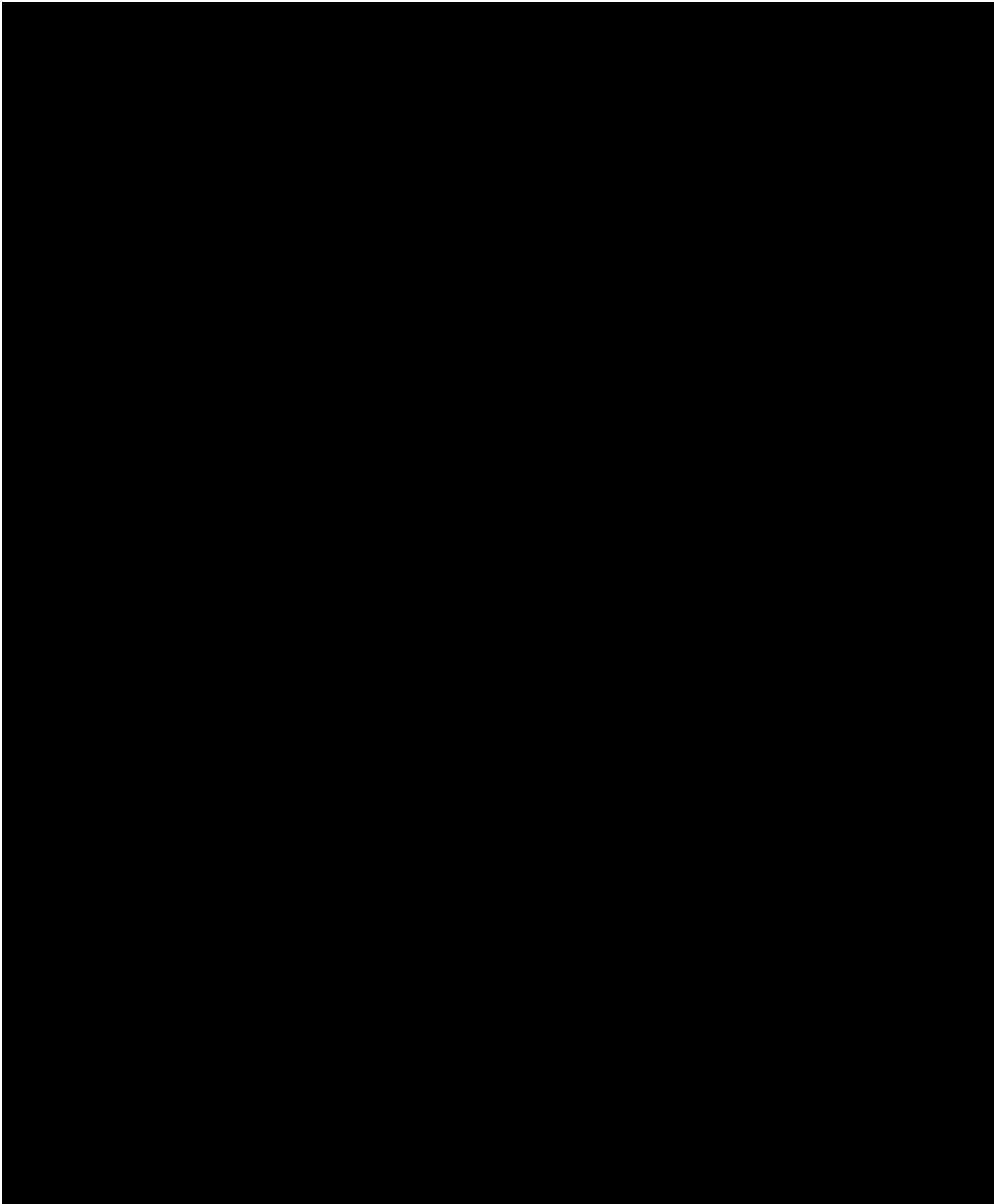


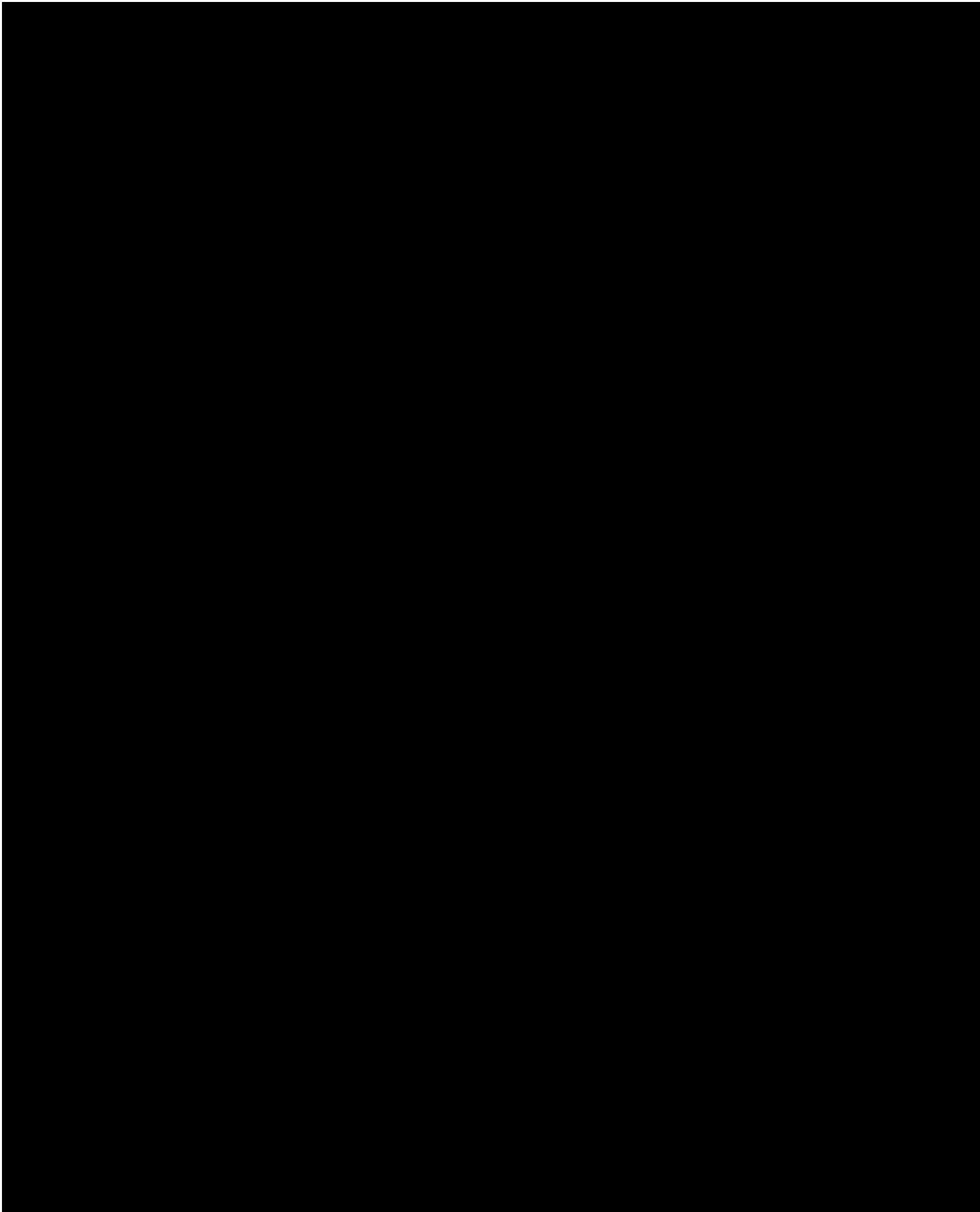


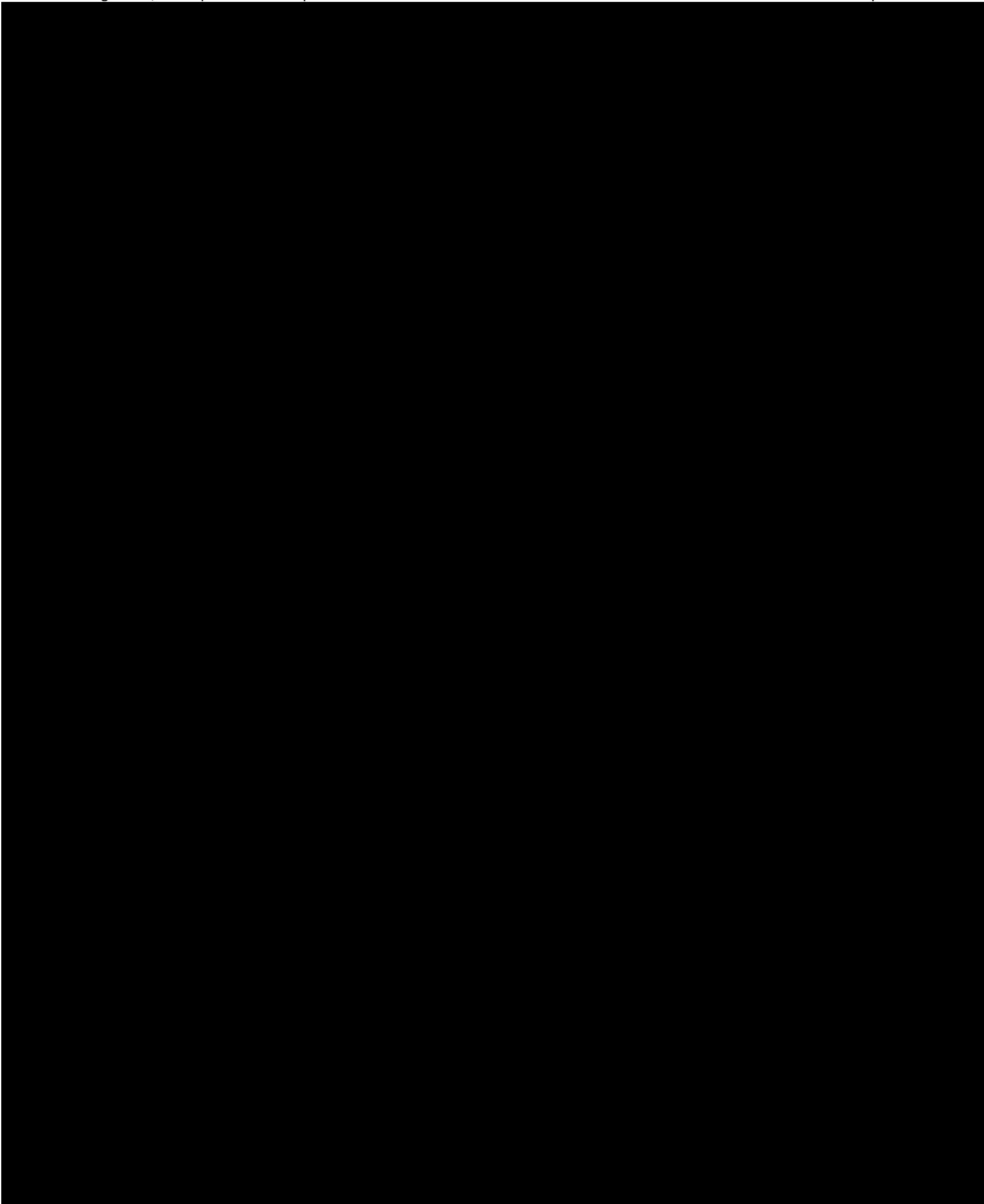


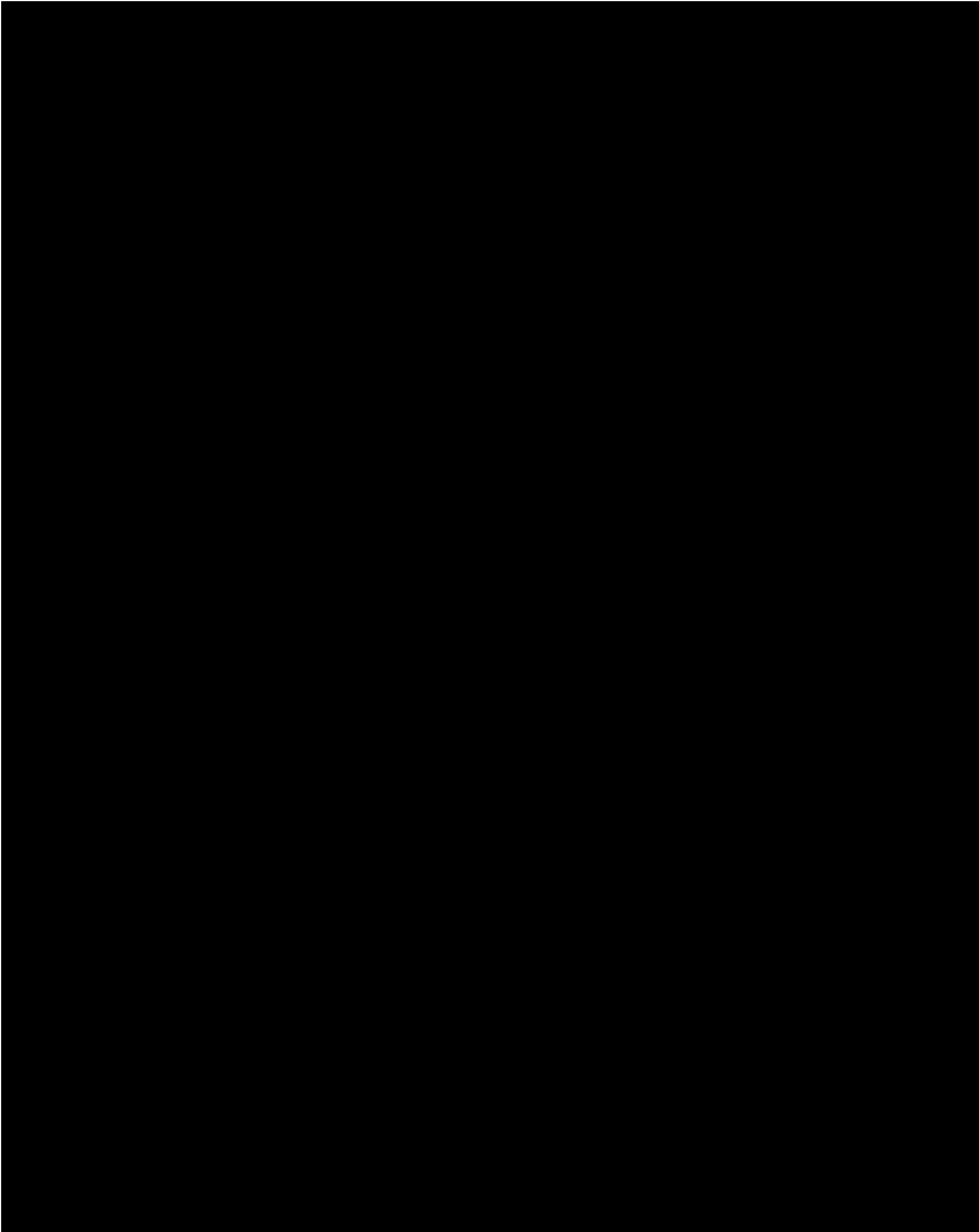


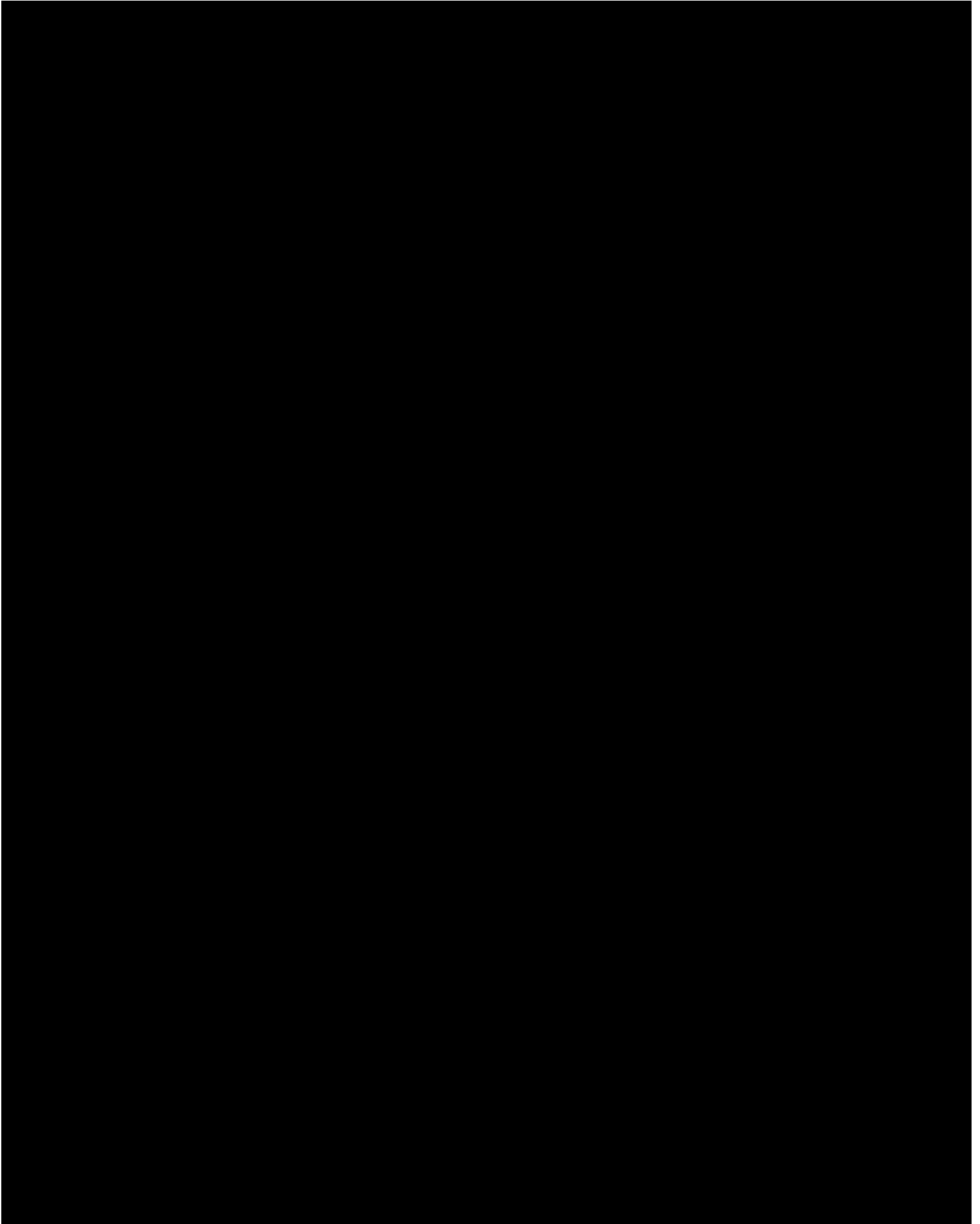


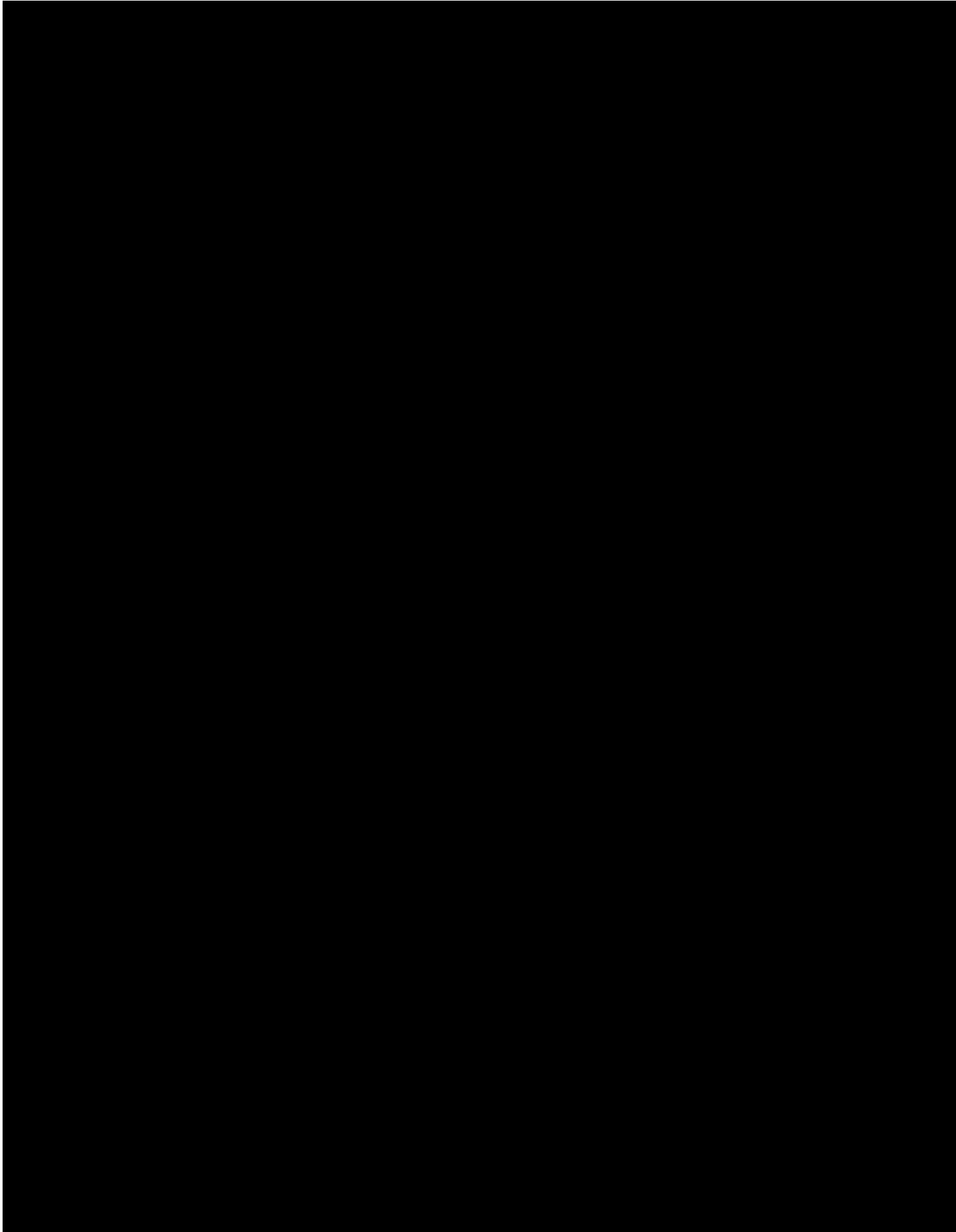


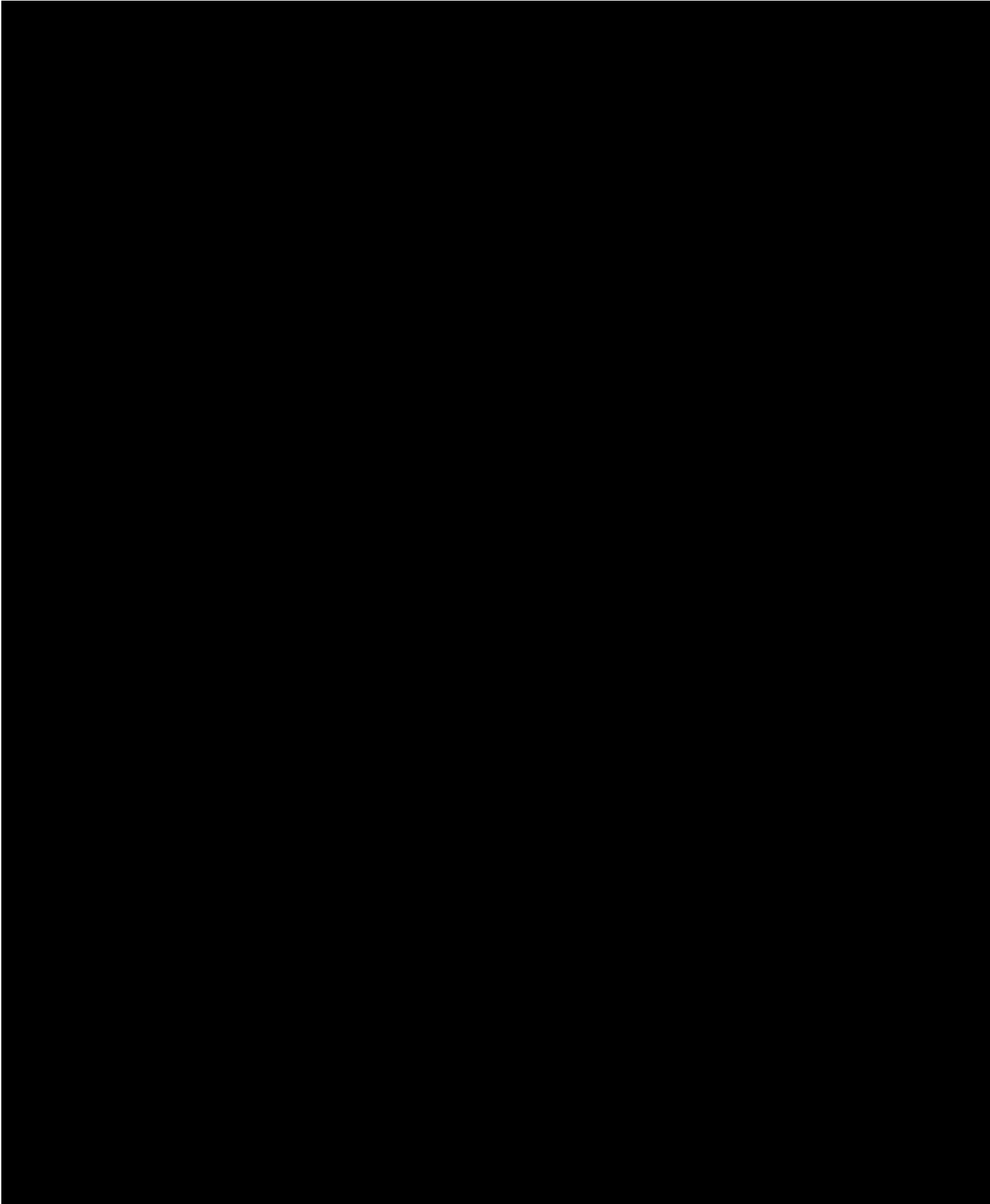


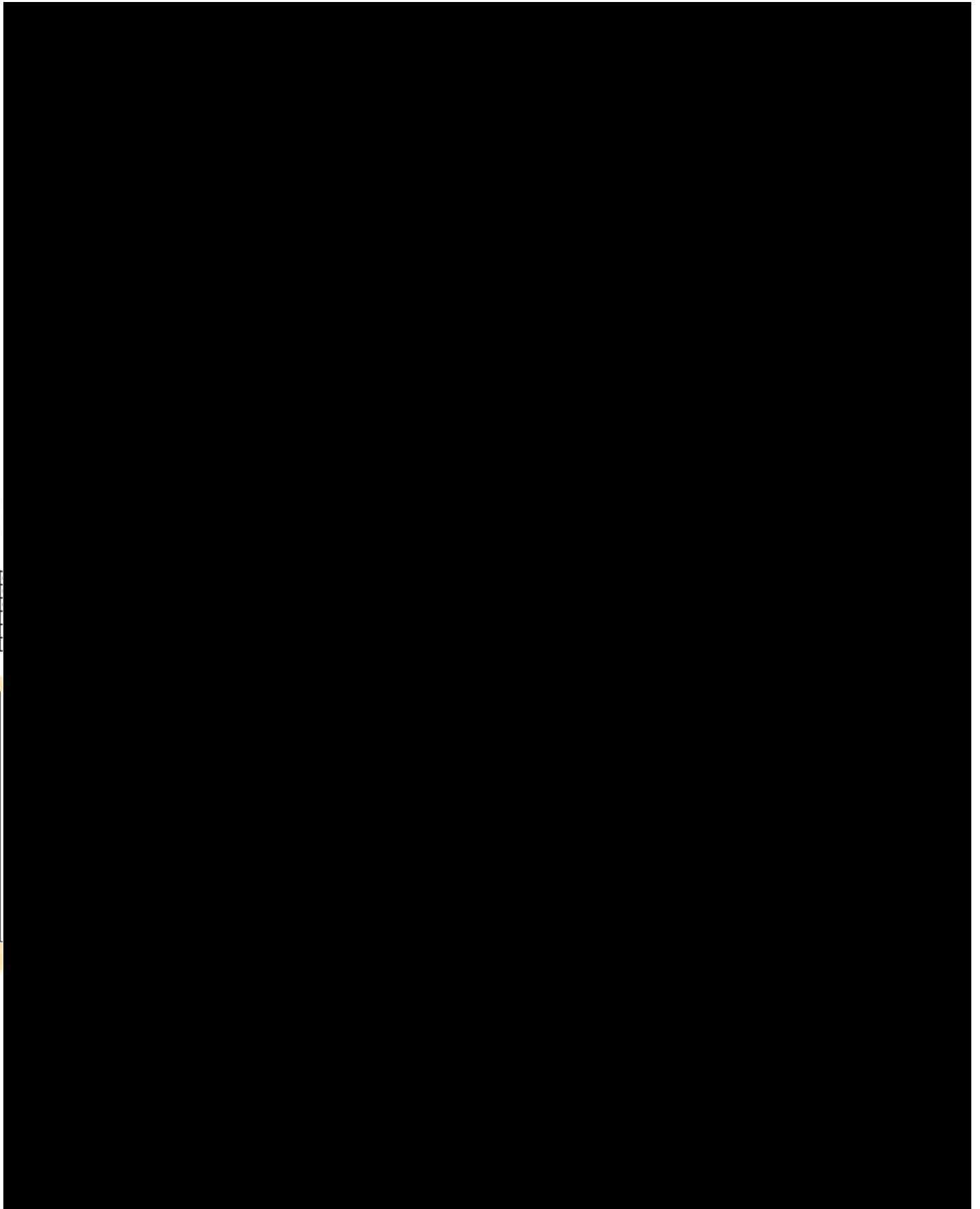


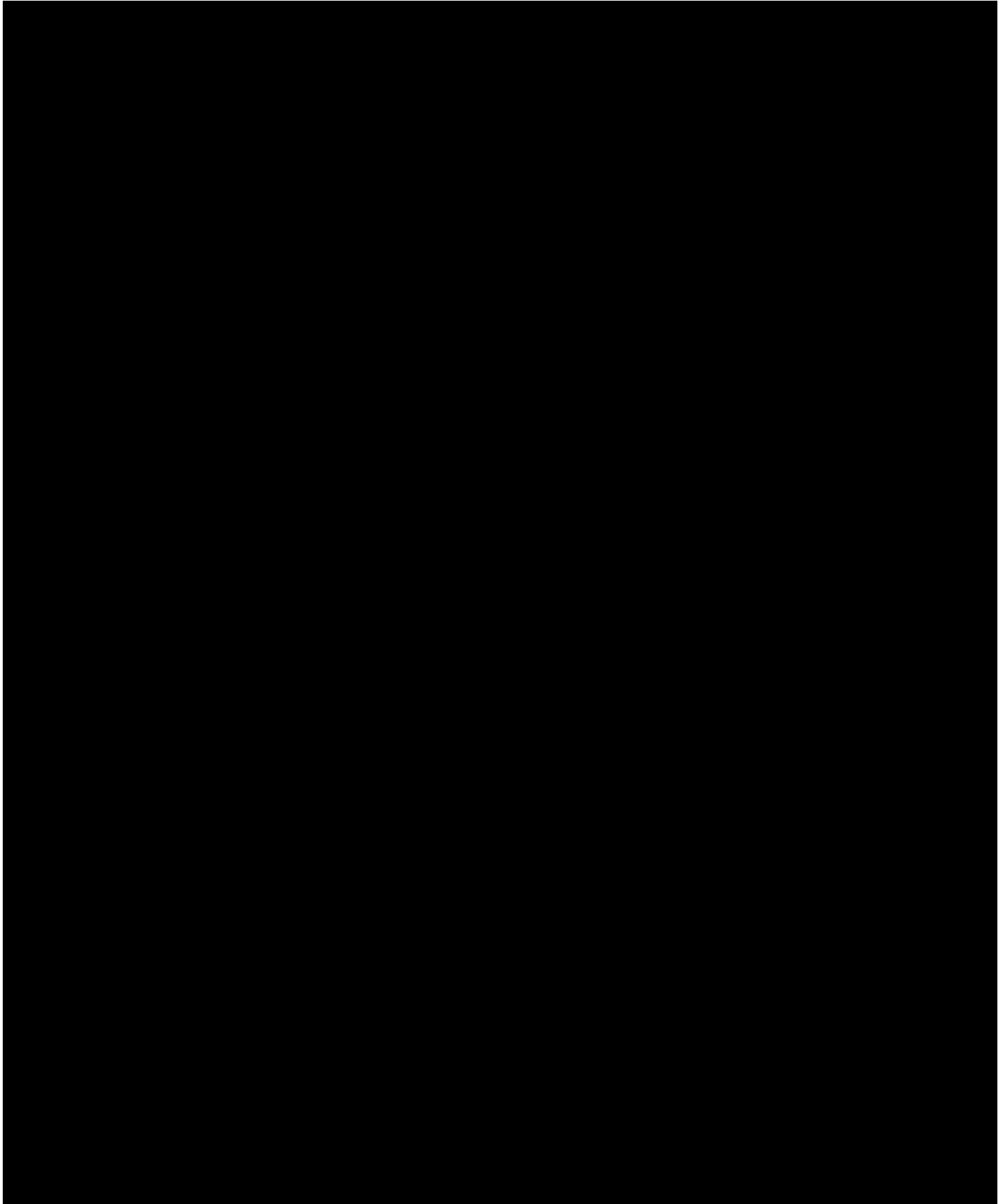


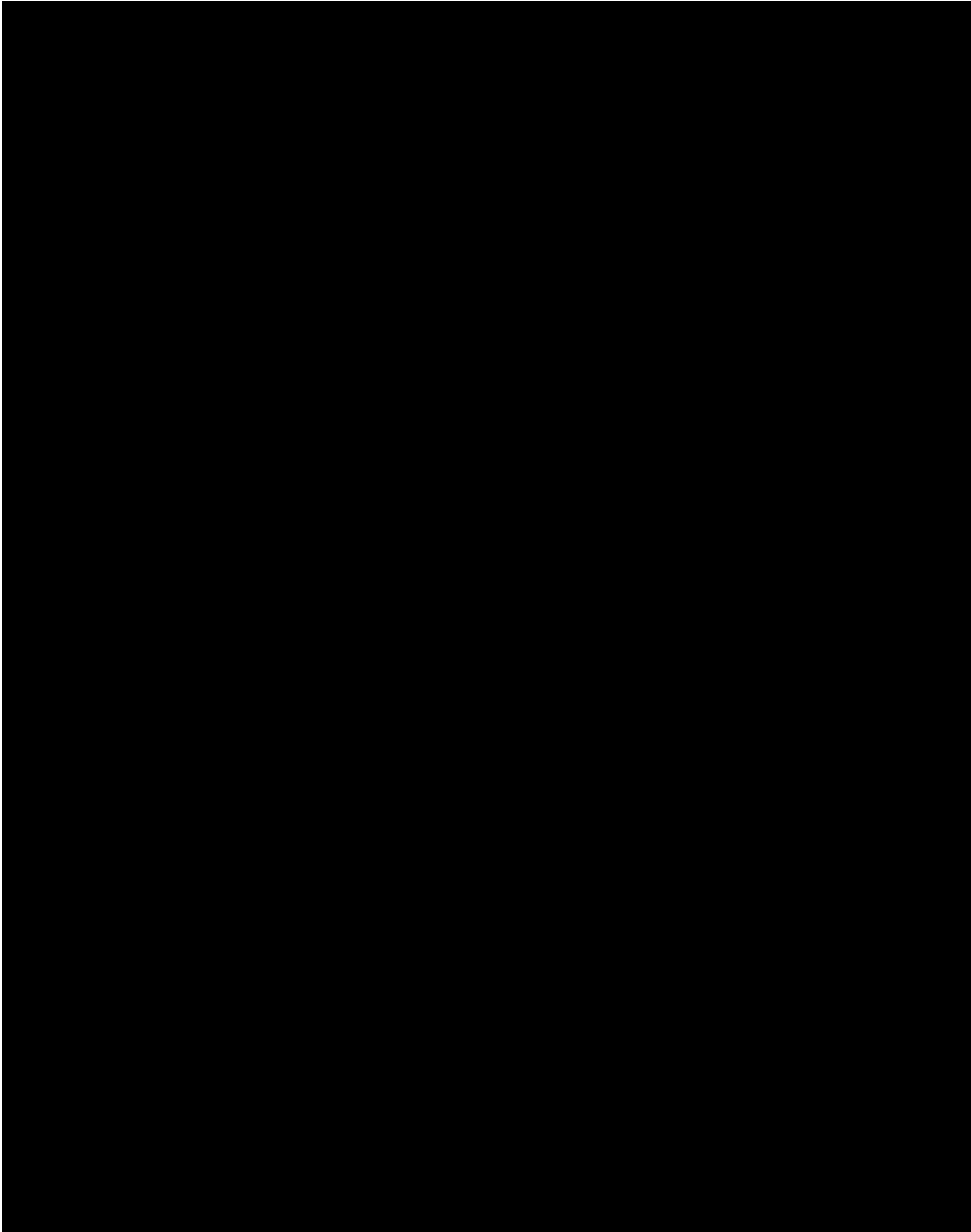


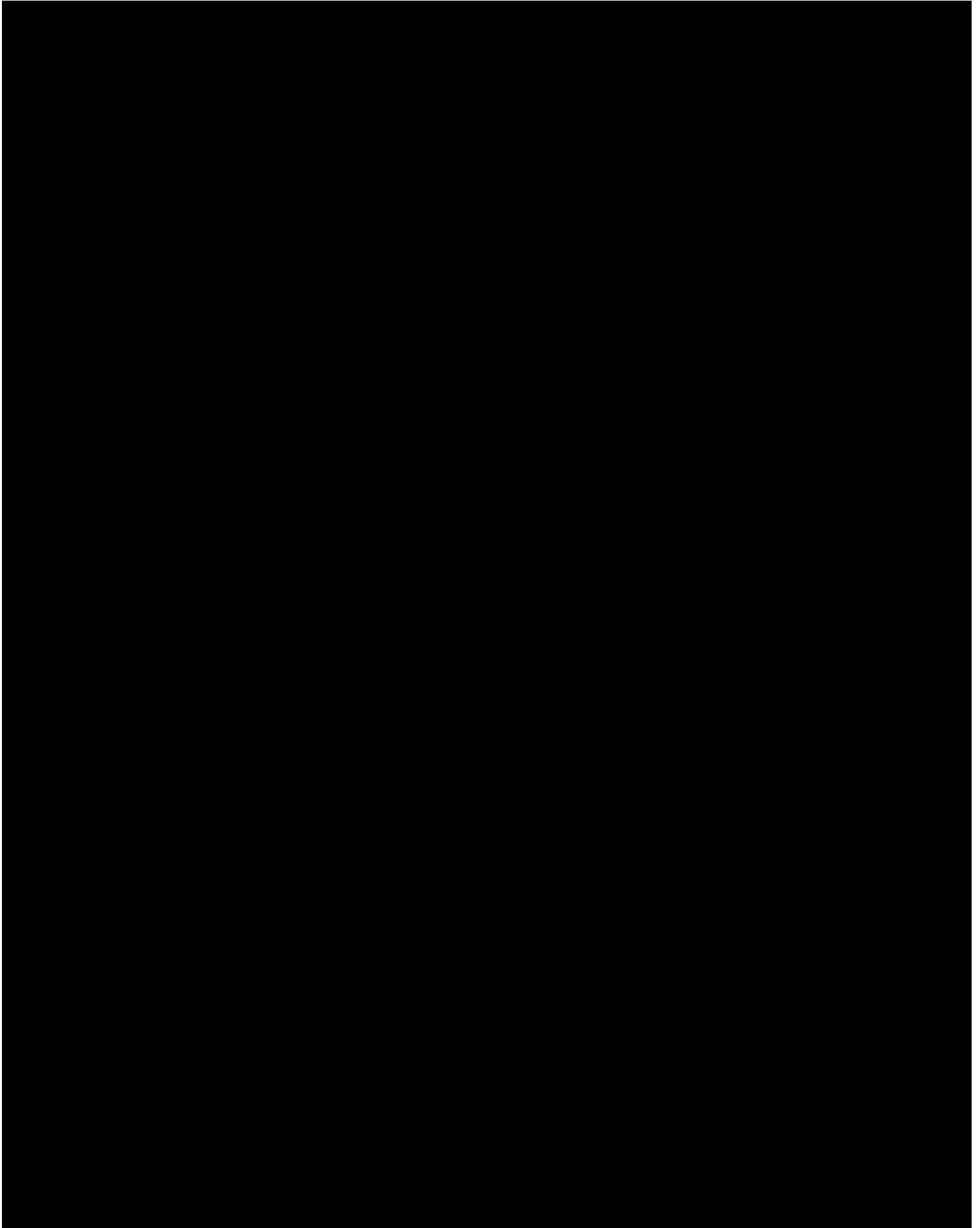


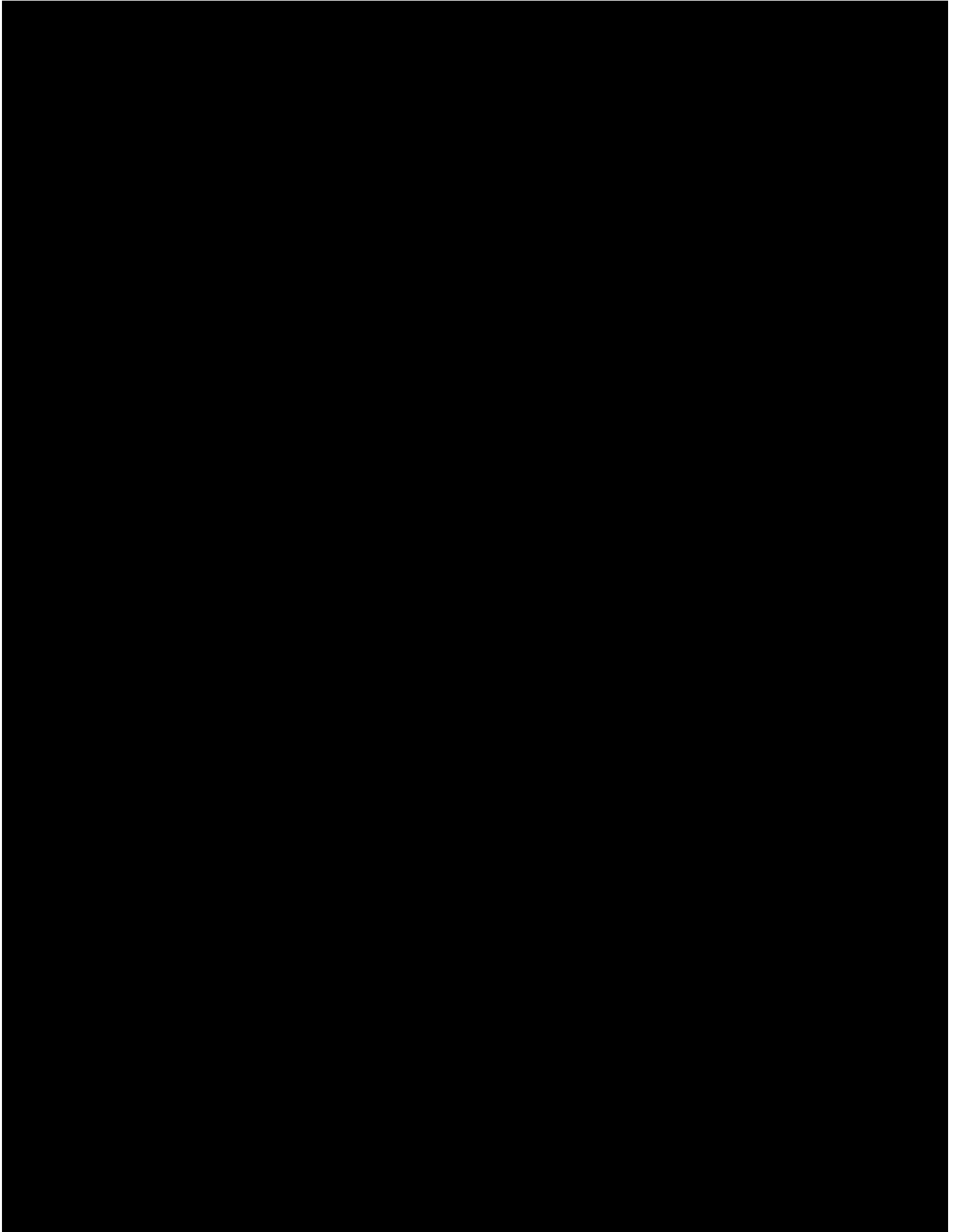


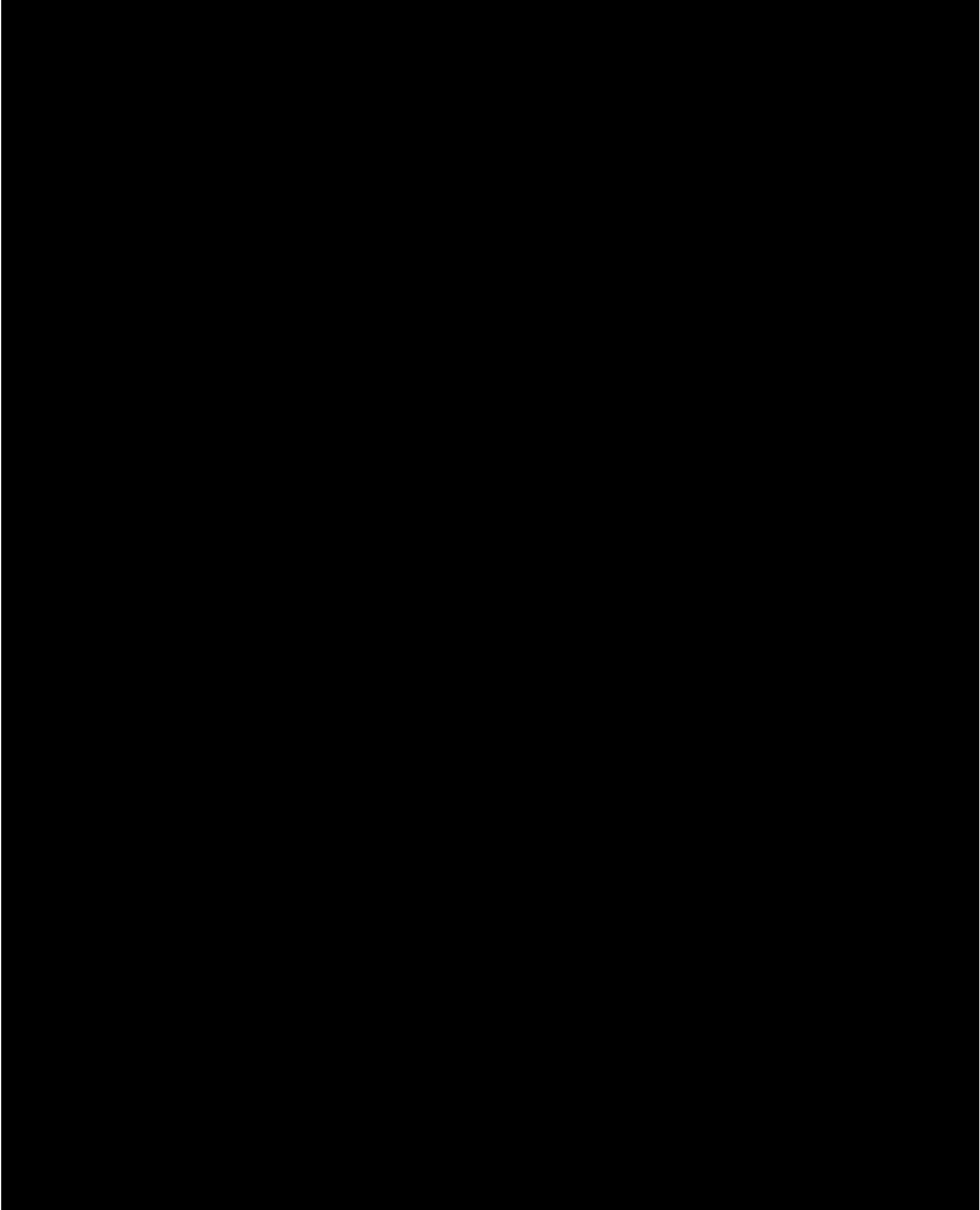


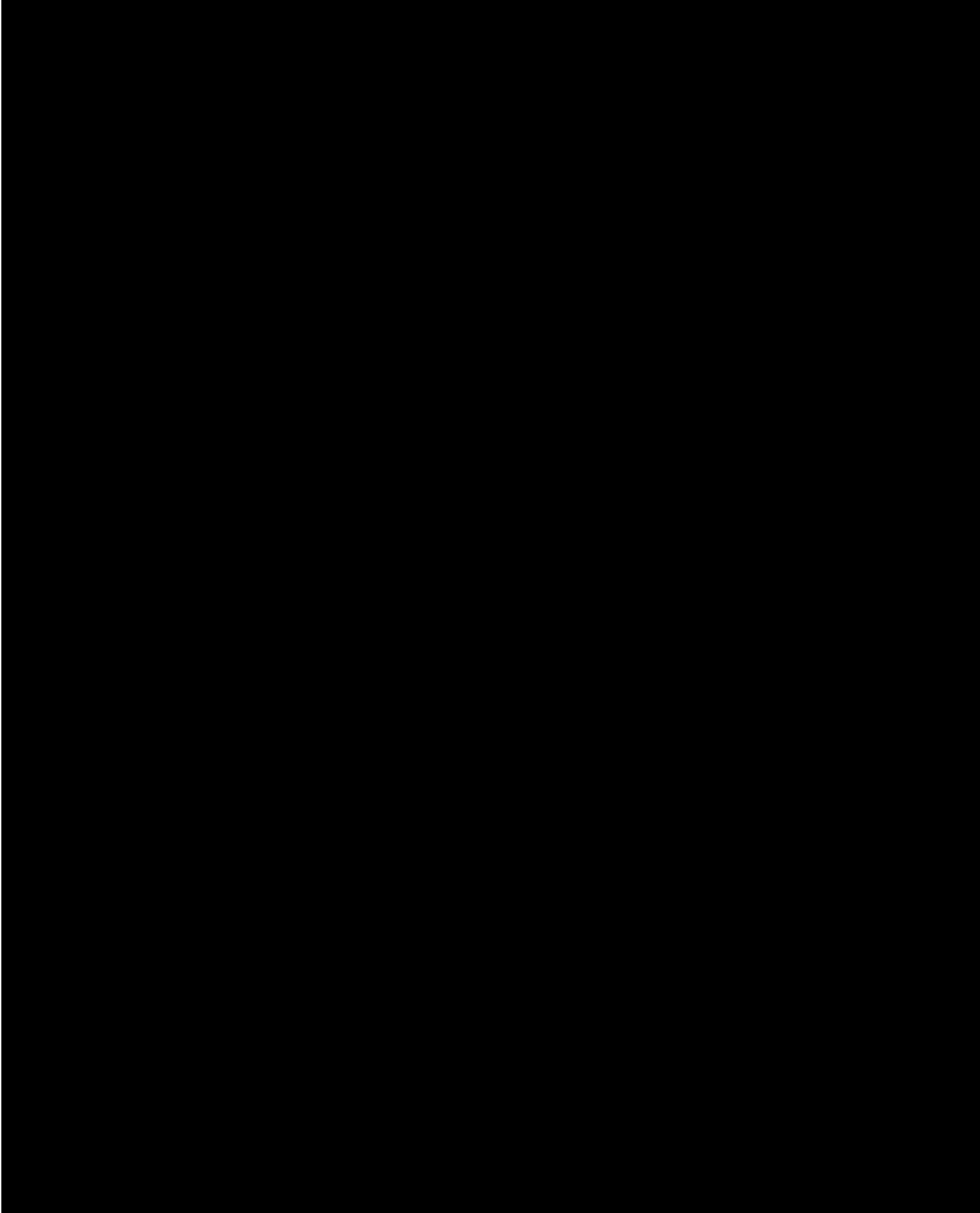


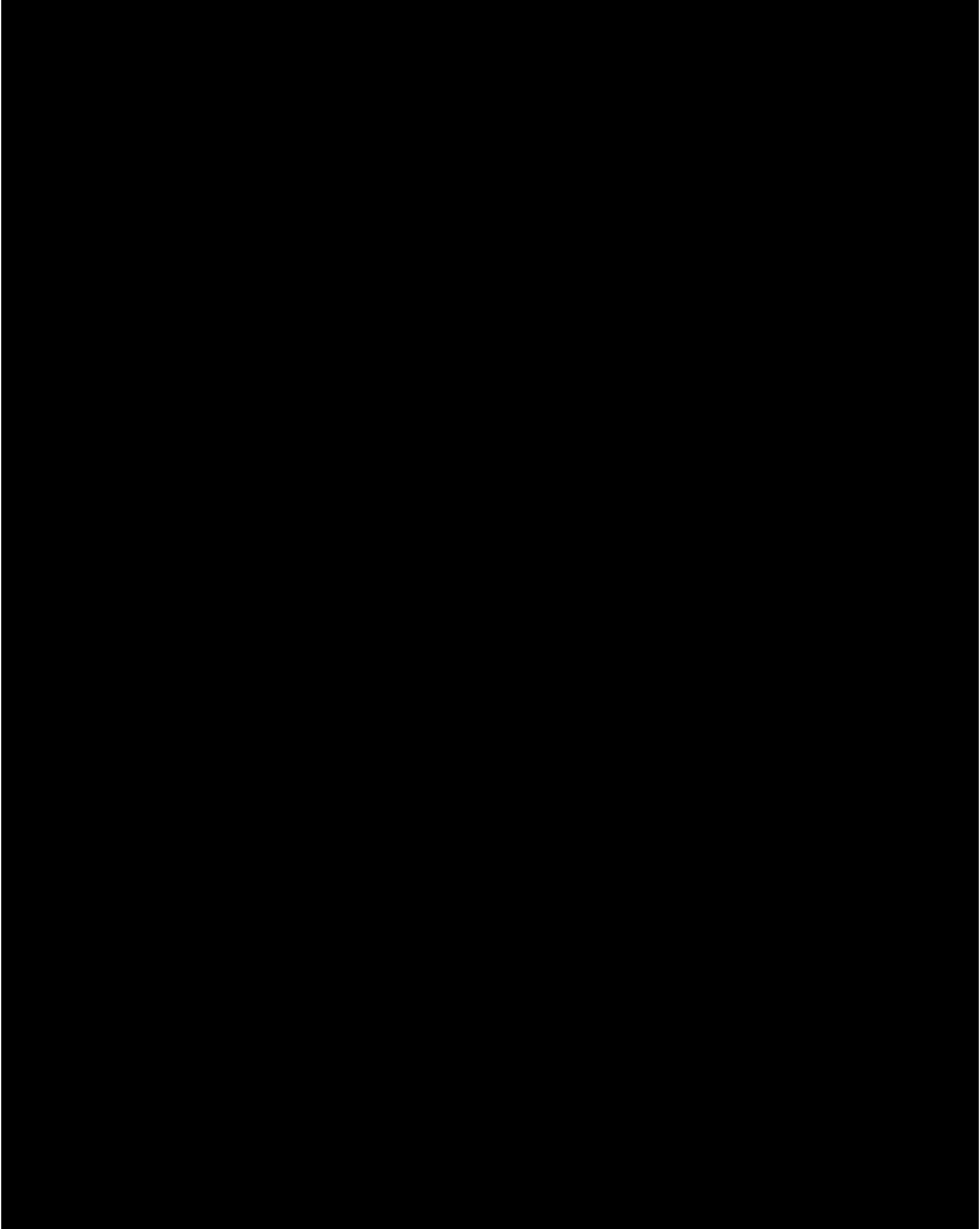


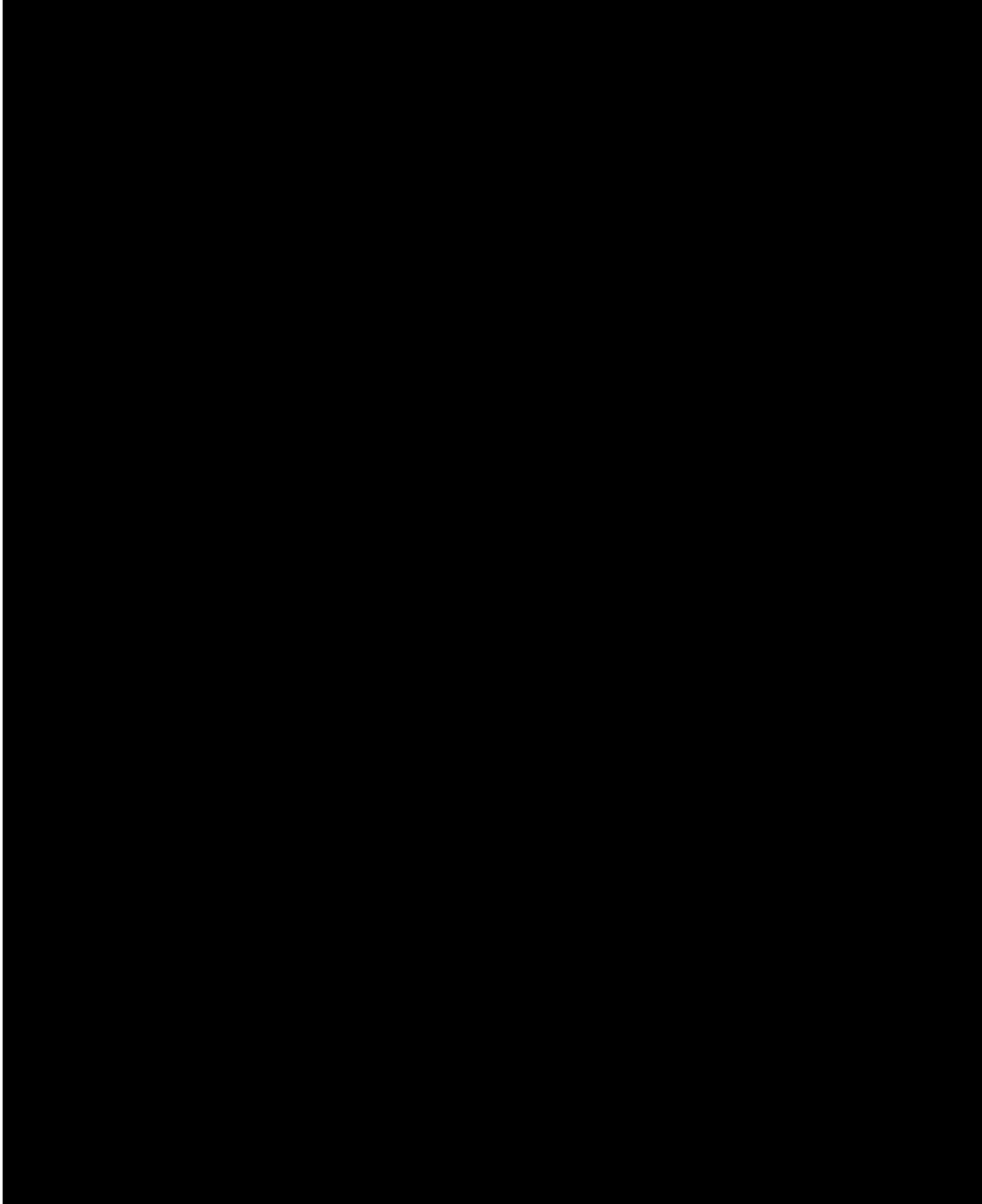


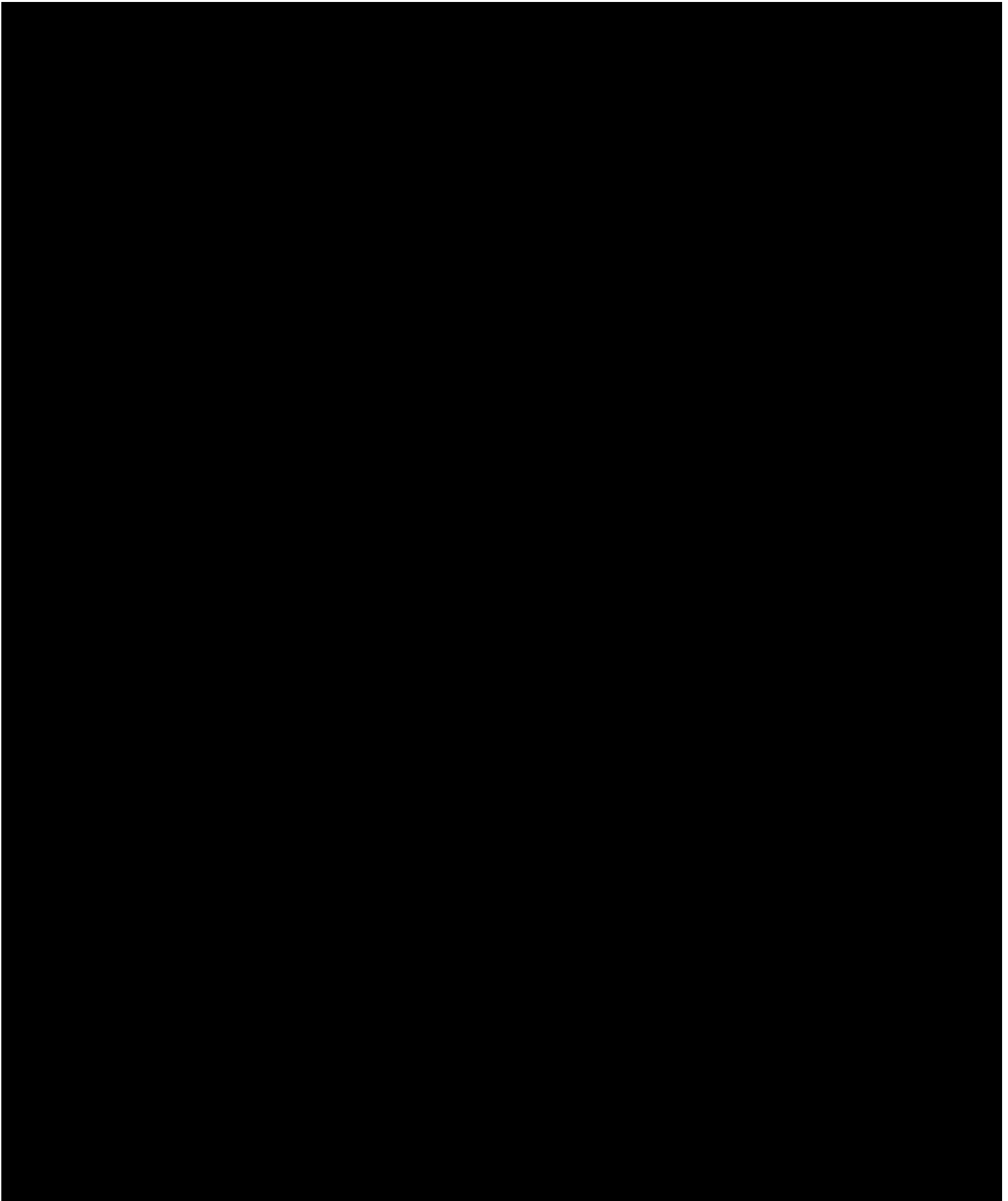












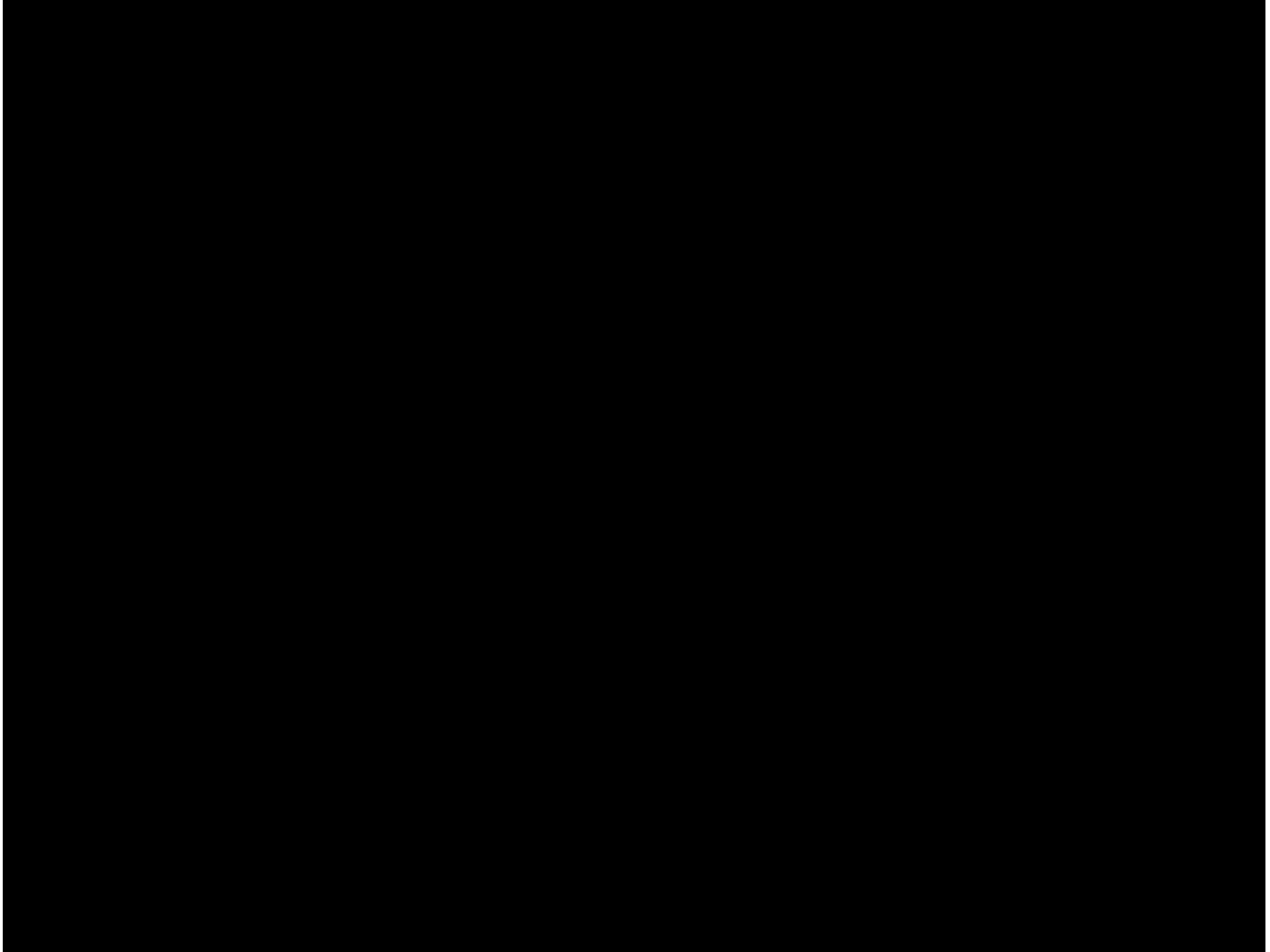


EXHIBIT I.X Extraneous Terms

MCN does not have any extraneous terms to propose.



TABLE OF CONTENTS

RFP #DRP-2016-1

August 11, 2016

Administrative Proposal and Attachments to the Administrative Proposal

<i>SECTION NO.:</i>	<i>DOCUMENT TITLE</i>
Section A	Exhibit I.S: Formal Offeror Letter
Section B	Exhibit I.T: Minimum Mandatory Requirements
Section C	Exhibit I.A: Proposal Submission Requirement Checklist
Section D	Exhibit I.D: MacBride Statement and Non-Collusive Bidding Certification
Section E	Exhibit I.G: EEO Staffing Plan
Section F	Exhibit I.K: Offeror's Affirmation of Understanding & Agreement
Section G	Exhibit I.M: Compliance with Public Officers Law Requirements
Section H	Exhibit I.N: compliance with Americans with Disability Act
Section I	Exhibit I.O: MWBES Utilization Plan
Section J	Exhibit I.P: Offeror's Certification of Compliance Pursuant to State Finance Law
Section K	Exhibit I.Q: MWBE and EEO Policy Statement
Section L	Exhibit I.U.1: Key Subcontractors or Affiliates Exhibit I.U.2: NYS Supplier & Subcontractor Exhibit I.U.3: in support of Exhibits I.U. 1 & 2
Section M	Exhibit I.W: Compliance with NYS Workers' Compensation Law Demonstration of Insurance Policies in Place
Section N:	Exhibit I.X: Extraneous Terms
Section O:	References
Section P:	Financial Statement

Please note that the Vendor Responsibility Questionnaire has been completed on-line.

Exhibit 13

*"New York State Guidelines for
Determining Permanent
Impairment and Loss of Wage
Earning Capacity"*

Redacted in its Entirety