

CONTRACT BETWEEN STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS

Medical Vendor Administration

CFMS:

706349

DHH:

057624

Agency # 305

AND

Island Peer Review Organization (IPRO)

FOR

☐ Personal Services ☐ Professional Services ☒ Consulting Services ☐ Social Services

1) Contractor (Legal Name if Corporation) Island Peer Review Organization (IPRO)	5) Federal Employer Tax ID# or Social Security # 11266268900 (Must be 11 Digits)
2) Street Address 1979 Marcus Ave.	6) Parish(es) Served ST
City Lake Success	State NY
Zip Code 11042	7) License or Certification #
3) Telephone Number 516-326-7767	8) Contractor Status
4) Mailing Address (if different)	Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Corporation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	For Profit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Publicly Traded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City	State
Zip Code	8a) CFDA#(Federal Grant #) 93.778

9) Brief Description Of Services To Be Provided:

This contract will provide External Quality Review and administrative support services for Louisiana Medicaid's statewide managed care program referred to as the Coordinated Care Network (CCN) Program in order to: 1) assure that all contracted CCN entities meet the readiness requirements to provide required benefits and services, and 2) meet federal Medicaid requirements for ongoing external quality reviews of risk-bearing Medicaid managed care programs.

10) Effective Date 08-01-2011

11) Termination Date 07-31-2014

12) This contract may be terminated by either party upon giving thirty (30) days advance written notice to the other party with or without cause but in no case shall continue beyond the specified termination date.

13) Maximum Contract Amount \$ 1,551,866.00 FY12 - 384,647 FY13 - 546,348 FY14 - 573,006 FY15-47,865

14) Terms of Payment

If progress and/or completion of services are provided to the satisfaction of the Initiating Office/Facility, payments are to be made as follows: The Contractor shall submit invoices no later than 15 days following the month of services with the appropriate documentation including separation of administrative activities and professional activities for purposes of Federal Match identification. Upon approval of invoices and deliverables by the Monitor, the Contractor shall be paid the Base Monthly Contract Amount, which DHH shall reimburse as 1/12 of the Contract Year Payment. The Contract Year Payment will be calculated according to the number of contracted Prepaid (CCN-P) and Shared (CCN-S) entities and the appropriate Unit Cost in the Fee Schedule (please see Attachment 3 for Fee Schedule and Additional Terms of Payment).

Contractor obligated to submit final invoices to Agency within fifteen (15) days after termination of contract.

PAYMENT WILL BE MADE  
ONLY UPON APPROVAL OF:

First Name

Mary Beth

Last Name

Scorsone

Title

RN Manager

Phone Number

(225) 342-1304

15) Special or Additional Provisions which are incorporated herein, if any (IF NECESSARY, ATTACH SEPARATE SHEET AND REFERENCE):

Attachment 1: HIPAA Addendum

Attachment 2: Statement of Work

Attachment 3: Fee Schedule and Additional  
Terms of Payment

Exhibit A: Board Resolution

Exhibit B: Multi Year Letter

Exhibit C: Out of State Justification

Exhibit D: Certificate of Authority

Exhibit E: Resumes

Exhibit F: Insurance Requirements

5P4R0DHH RFP & EQR & MVA



**During the performance of this contract, the Contractor hereby agrees to the following terms and conditions:**

1. Contractor hereby agrees to adhere as applicable to the mandates dictated by Titles VI and VII of the Civil Rights Act of 1964, as amended; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; Americans with Disabilities Act of 1990 as amended; the Rehabilitation Act of 1973 as amended; Sec. 202 of Executive Order 11246 as amended, and all applicable requirements imposed by or pursuant to the regulations of the U. S. Department of Health and Human Services. Contractor agrees not to discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, handicap, political beliefs, disabled veteran, veteran status, or any other non-merit factor.
2. Contractor shall abide by the laws and regulations concerning confidentiality which safeguard information and the patient/client confidentiality. Information obtained shall not be used in any manner except as necessary for the proper discharge of Contractor's obligations. (The Contractor shall establish, subject to review and approval of the Department, confidentiality rules and facility access procedures.)
3. The State Legislative Auditor, Office of the Governor, Division of Administration, and Department Auditors or those designated by the Department shall have the option of auditing all accounts pertaining to this contract during the contract and for a three year period following final payment. Contractor grants to the State of Louisiana, through the Office of the Legislative Auditor, Department of Health and Hospitals, and Inspector General's Office, Federal Government and/or other such officially designated body the right to inspect and review all books and records pertaining to services rendered under this contract, and further agrees to guidelines for fiscal administration as may be promulgated by the Department. Records will be made available during normal working hours.

Contractor shall comply with federal and state laws and/or DHH Policy requiring an audit of the Contractor's operation as a whole or of specific program activities. Audit reports shall be sent within thirty (30) days after the completion of the audit, but no later than six (6) months after the end of the audit period. If an audit is performed within the contract period, for any period, four (4) copies of the audit report shall be sent to the Department of Health and Hospitals, Attention: **Division of Fiscal Management, P.O. Box 91117, Baton Rouge, LA 70821-3797** and one (1) copy of the audit shall be sent to the **originating DHH Office**.

4. Contractor agrees to retain all books, records and other documents relevant to the contract and funds expended thereunder for at least four (4) years after final payment or as prescribed in 45 CFR 74.53 (b) whichever is longer. Contractor shall make available to the Department such records within thirty (30) days of the Department's written request and shall deliver such records to the Department's central office in Baton Rouge, Louisiana, all without expense to the Department. Contractor shall allow the Department to inspect, audit or copy records at the contractor's site, without expense to the Department.
5. Contractor shall not assign any interest in this contract and shall not transfer any interest in the same (whether by assignment or novation), without written consent of the Department thereto, provided, however, that claims for money due or to become due to Contractor from the Department under this contract may be assigned to a bank, trust company or other financial institution without advanced approval. Notice of any such assignment or transfer shall be promptly furnished to the Department and the Division of Administration, Office of Contractual Review.
6. Contractor hereby agrees that the responsibility for payment of taxes from the funds received under this contract shall be Contractor's. The contractor assumes responsibility for its personnel providing services hereunder and shall make all deductions for withholding taxes, and contributions for unemployment compensation funds.
7. Contractor shall obtain and maintain during the contract term all necessary insurance including automobile insurance, workers' compensation insurance, and general liability insurance. The required insurances shall protect the Contractor, the Department of Health and Hospitals, and the State of Louisiana from all claims related to Contractor's performance of this contract. Certificates of Insurance shall be filed with the Department for approval. Said policies shall not be canceled, permitted to expire, or be changed without thirty (30) days advance written notice to the Department. Commercial General Liability Insurance shall provide protection during the performance of work covered by the contract from claims or damages for personal injury, including accidental death, as well as claims for property damages, with combined single limits prescribed by the Department.
8. In cases where travel and related expenses are required to be identified separate from the fee for services, such costs shall be in accordance with State Travel Regulations. The contract contains a maximum compensation which shall be inclusive of all charges including fees and travel expenses.
9. No funds provided herein shall be used to urge any elector to vote for or against any candidate or proposition on an election ballot nor shall such funds be used to lobby for or against any proposition or matter having the effect of law being considered by the legislature or any local governing authority. This provision shall not prevent the normal dissemination of factual information relative to a proposition or any election ballot or a proposition or matter having the effect of law being considered by the legislature or any local governing authority. Contracts with individuals shall be exempt from this provision.
10. Should contractor become an employee of the classified or unclassified service of the State of Louisiana during the effective period of the contract, Contractor must notify his/her appointing authority of any existing contract with State of Louisiana and notify the contracting office of any additional state employment. This is applicable only to contracts with individuals.



11. All non-third party software and source code, records, reports, documents and other material delivered or transmitted to Contractor by State shall remain the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract. All non-third party software and source code, records, reports, documents, or other material related to this contract and/or obtained or prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract.

12. Contractor shall not enter into any subcontract for work or services contemplated under this contract without obtaining prior written approval of the Department. Any subcontracts approved by the Department shall be subject to conditions and provisions as the Department may deem necessary; provided, however, that notwithstanding the foregoing, unless otherwise provided in this contract, such prior written approval shall not be required for the purchase by the contractor of supplies and services which are incidental but necessary for the performance of the work required under this contract. No subcontract shall relieve the Contractor of the responsibility for the performance of contractual obligations described herein.

13. No person and no entity providing services pursuant to this contract on behalf of contractor or any subcontractor is prohibited from providing such services by the provisions of R.S. 42:1113 as amended in the 2008 Regular Session of the Louisiana Legislature.

14. No claim for services furnished or requested for reimbursement by Contractor, not provided for in this contract, shall be allowed by the Department. In the event the Department determines that certain costs which have been reimbursed to Contractor pursuant to this or previous contracts are not allowable, the Department shall have the right to set off and withhold said amounts from any amount due the Contractor under this contract for costs that are allowable.

15. This contract is subject to and conditioned upon the availability and appropriation of Federal and/or State funds; and no liability or obligation for payment will develop between the parties until the contract has been approved by required authorities of the Department; and, if contract exceeds \$20,000, the Director of the Office of Contractual Review, Division of Administration in accordance with La. R.S. 39:1502..

16. The continuation of this contract is contingent upon the appropriation of funds from the legislature to fulfill the requirements of the contract. If the Legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

17. Any alteration, variation, modification, or waiver of provisions of this contract shall be valid only when reduced to writing, as an amendment duly signed, and approved by required authorities of the Department; and, if contract exceeds \$20,000, approved by the Director of the Office of Contractual Review, Division of Administration. Budget revisions approved by both parties in cost reimbursement contracts do not require an amendment if the revision only involves the realignment of monies between originally approved cost categories.

18. Any contract disputes will be interpreted under applicable Louisiana laws and regulations in Louisiana administrative tribunals or district courts as appropriate.

19. Contractor will warrant all materials, products and/or services produced hereunder will not infringe upon or violate any patent, copyright, trade secret, or other proprietary right of any third party. In the event of any such claim by any third party against DHH, the Department shall promptly notify Contractor in writing and Contractor shall defend such claim in DHH's name, but at Contractor's expense and shall indemnify and hold harmless DHH against any loss, expense or liability arising out of such claim, whether or not such claim is successful. This provision is not applicable to contracts with physicians, psychiatrists, psychologists or other allied health providers solely for medical services.

20. Any equipment purchased under this contract remains the property of the Contractor for the period of this contract and future continuing contracts for the provision of the same services. Contractor must submit vendor invoice with reimbursement request. For the purpose of this contract, equipment is defined as any tangible, durable property having a useful life of at least (1) year and acquisition cost of \$1000.00 or more. The contractor has the responsibility to submit to the Contract Monitor an inventory list of DHH equipment items when acquired under the contract and any additions to the listing as they occur. Contractor will submit an updated, complete inventory list on a quarterly basis to the Contract Monitor. Contractor agrees that upon termination of contracted services, the equipment purchased under this contract reverts to the Department. Contractor agrees to deliver any such equipment to the Department within 30 days of termination of services.

21. Contractor agrees to protect, indemnify and hold harmless the State of Louisiana, DHH, from all claims for damages, costs, expenses and attorney fees arising in contract or tort from this contract or from any acts or omissions of Contractor's agents, employees, officers or clients, including premises liability and including any claim based on any theory of strict liability. This provision does not apply to actions or omissions for which LA R.S. 40:1299.39 provides malpractice coverage to the contractor, nor claims related to treatment and performance of evaluations of persons when such persons cause harm to third parties (R.S. 13:5108.1(E)). Further it does not apply to premises liability when the services are being performed on premises owned and operated by DHH.



22. Any provision of this contract is severable if that provision is in violation of the laws of the State of Louisiana or the United States, or becomes inoperative due to changes in State and Federal law, or applicable State or Federal regulations.
23. Contractor agrees that the current contract supersedes all previous contracts, negotiations, and all other communications between the parties with respect to the subject matter of the current contract.

THIS CONTRACT CONTAINS OR HAS ATTACHED HERETO ALL THE TERMS AND CONDITIONS AGREED UPON BY THE CONTRACTING PARTIES. IN WITNESS THEREOF, THIS CONTRACT IS SIGNED ON THE DATE INDICATED BELOW.

Island Peer Review Organization (IPRO)

8/2/11

SIGNATURE

DATE

Theodore O. Will, FACHE

NAME

Chief Executive Officer

TITLE

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS

SIGNATURE

DATE

NAME

Secretary, Department of Health and Hospital or Designee

TITLE

Medical Vendor Administration

8-16-2011

SIGNATURE

DATE

Don Gregory

NAME

Medicaid Director

TITLE

APPROVED  
Office of the Governor  
Office of Contractual Review

OCT 24 2011

DIRECTOR



**HIPAA Business Associate Addendum:**

This Business Associate Addendum is hereby made a part of this contract in its entirety as Attachment 1 to the contract.

1. The U. S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), governing the privacy of individually identifiable health information. See 45 CFR Parts 160 and 164 (the "HIPAA Privacy Rule"). The Department of Health and Hospitals, ("DHH"), as a "Covered Entity" as defined by HIPAA, is a provider of health care, a health plan, or otherwise has possession, custody or control of health care information or records.
2. "Protected health information" ("PHI") means individually identifiable health information including all information, data, documentation and records, including but not limited to demographic, medical and financial information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual or payment for health care provided to an individual; and that identifies the individual or which DHH believes could be used to identify the individual.  
 "Electronic protected health information" means PHI that is transmitted by electronic media or maintained in electronic media.  
 "Security incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
3. Contractor is considered a Business Associate of DHH, as contractor either: (A) performs certain functions on behalf of or for DHH involving the use or disclosure of protected individually identifiable health information by DHH to contractor, or the creation or receipt of PHI by contractor on behalf of DHH; or (B) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, financial or social services for DHH involving the disclosure of PHI.
4. Contractor agrees that all PHI obtained as a result of this contractual agreement shall be kept confidential by contractor, its agents, employees, successors and assigns as required by HIPAA law and regulations and by this contract and addendum.
5. Contractor agrees to use or disclose PHI solely (A) for meeting its obligations under this contract, or (B) as required by law, rule or regulation or as otherwise permitted under this contract or the HIPAA Privacy Rule.
6. Contractor agrees that at termination of the contract, or upon request of DHH, whichever occurs first, contractor will return or destroy (at the option of DHH) all PHI received or created by contractor that contractor still maintains in any form and retain no copies of such information; or if such return or destruction is not feasible, contractor will extend the confidentiality protections of the contract to the information and limit further uses and disclosure to those purposes that make the return or destruction of the information infeasible.
7. Contractor will ensure that its agents, employees, subcontractors or others to whom it provides PHI received by or created by contractor on behalf of DHH agree to the same restrictions and conditions that apply to contractor with respect to such information. Contractor also agrees to take all reasonable steps to ensure that its employees', agents' or subcontractors' actions or omissions do not cause contractor to breach the terms of this Addendum. Contractor will use all appropriate safeguards to prevent the use or disclosure of PHI other than pursuant to the terms and conditions of this contract and Addendum.
8. Contractor shall, within 3 days of becoming aware of any use or disclosure of PHI, other than as permitted by this contract and Addendum, report such disclosure in writing to the person(s) named in section 14 (Terms of Payment), page 1 of the CF-1.
9. Contractor shall make available such information in its possession which is required for DHH to provide an accounting of disclosures in accordance with 45 CFR 164.528. In the event that a request for accounting is made directly to contractor, contractor shall forward such request to DHH within two (2) days of such receipt. Contractor shall implement an appropriate record keeping process to enable it to comply with the requirements of this provision. Contractor shall maintain data on all disclosures of PHI for which accounting is required by 45 CFR 164.528 for at least six (6) years after the date of the last such disclosure.
10. Contractor shall make PHI available to DHH upon request in accordance with 45 CFR 164.524.
11. Contractor shall make PHI available to DHH upon request for amendment and shall incorporate any amendments to PHI in accordance with 45 CFR 164.526.
12. Contractor shall make its internal practices, books, and records relating to the use and disclosure of PHI received from or created or received by contractor on behalf of DHH available to the Secretary of the U. S. DHHS for purposes of determining DHH's compliance with the HIPAA Privacy Rule.
13. Compliance with Security Regulations:  
 In addition to the other provisions of this Addendum, if Contractor creates, receives, maintains, or transmits electronic PHI on DHH's behalf, Contractor shall, no later than April 20, 2005:  
 (A) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of DHH;  
 (B) Ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and  
 (C) Report to DHH any security incident of which it becomes aware.
14. Contractor agrees to indemnify and hold DHH harmless from and against all liability and costs, including attorneys' fees, created by a breach of this Addendum by contractor, its agents, employees or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the contract.
15. Notwithstanding any other provision of the contract, DHH shall have the right to terminate the contract immediately if DHH determines that contractor has violated any material term of this Addendum.



## **GOAL / PURPOSE**

To perform pre-implementation readiness reviews and ongoing external quality review (EQR) activities consistent with federal Medicaid requirements for Louisiana's Coordinated Care Networks Program which is Louisiana's Medicaid managed care model for approximately 900,000 enrollees.

## **DELIVERABLES**

The Contractor shall perform deliverables as set forth in the Request for Proposal (RFP). DHH accepts the IPRO Technical Proposal as written; however, the RFP shall take precedence over the IPRO Technical Proposal in the event of any inconsistency or conflict among these documents.

DHH accepts the deliverable schedule and recommended timeframe as provided in the "Work Plan" of the IPRO Technical Proposal. If mutually agreed upon, the time frames may be adjusted as required to allow for efficient workflow, ensuring accurate and timely deliverables, accountability, and to prevent CCN implementation delays.

Island Peer Review Organization shall perform all the requirements as specified in the RFP. A summary of major tasks that the Contractor shall perform includes but is not limited to:

### **1. CCN Pre-Implementation Readiness Reviews**

The Contractor will meet with DHH to discuss CCN orientation, review methodology and obtain all necessary source documents within 30 days of Contract implementation.

The Contractor will finalize the content and format of the bi-weekly Readiness Review Tracking Report within 30 days of Contract implementation.

The Contractor will prepare and submit draft orientation materials and review methodology including review criteria, tools and pre-on-site correspondence to DHH for review and approval within 30 days of contract implementation.

The Contractor will finalize review methodology based upon DHH feedback within 60 days of Contract implementation.

The Contractor will conduct review process orientation for CCNs with January 1, 2012 and March 1, 2012 "Go Live" Dates within 90 days of Contract implementation, and conduct the review process orientation for CCNs with May 1, 2012 "Go Live" Date no later than December 31, 2011.

The Contractor will send introductory communication to CCNs and request pre-on-site materials no later than October 31, 2011 for CCNs with January 1, 2012 "Go Live" Date; no later than December 31, 2011 for CCNs with March 1, 2012 "Go Live" Date; and no later than March 31, 2012 for CCNs with May 1, 2012 "Go Live" Date.

The Contractor will review pre-on-site documentation as submitted by CCNs (i.e., desk review) no later than October 31, 2011 for CCNs with January 1, 2012 "Go Live" Date; no later than December 31, 2011 for CCNs with March 1, 2012 "Go Live" Date; and no later than March 31, 2012 for CCNs with May 1, 2012 "Go Live" Date.

The Contractor will conduct on-site readiness reviews (opening conference, documentation review, interviews, observation, closing conference) no later than October 31, 2011 for CCNs with January 1, 2012 "Go Live" Date; no later than January 31, 2012 for CCNs with March 1, 2012 "Go Live" Date; and no later than March 31, 2012 for CCNs with May 1, 2012 "Go Live" Date.



The Contractor will prepare and submit readiness review report to DHH within seven business days of completion of each CCN onsite visit.

## **2. Quality Companion Guide**

The Contractor will submit the Quality Companion Guide to DHH for approval within 60 days of contract implementation.

## **3. Technical Assistance to CCNs/Quarterly Quality Meetings**

The Contractor will provide ongoing technical assistance related to quality issues to the quality improvement staff of every contracted CCN.

The Contractor will coordinate, host and participate in regularly scheduled quarterly meetings to provide ongoing technical assistance to every contracted CCN. Meeting minutes will be provided to DHH within ten (10) business days following each meeting.

The Contractor will conduct a comparison study of CCN performance measures in September 2013 for CCNs with January 1, 2012 "Go Live" Date, and September 2014 for CCNs with March 1, 2012 and May 1, 2012 "Go Live" Dates.

## **4. Annual Compliance Review**

The Contractor will meet with DHH to discuss review methodology and obtain all necessary source documents 180 days prior to first review.

The Contractor will prepare and submit draft review methodology including review criteria, tools, crosswalk of standards eligible for deeming and pre-onsite correspondence to DHH for review and approval within 60 days of the planning meeting.

The Contractor will finalize review methodology based upon DHH feedback within 10 days of receipt of DHH feedback.

The Contractor will conduct review process orientation for CCN two months prior to scheduled review.

The Contractor will send introductory communication and requests pre-onsite documentation including eligible file lists from CCN six weeks prior to scheduled review.

The Contractor will provide list of selected files to CCN three to four weeks prior to review.

The Contractor will prepare and submit draft report format to DHH for review and approval two weeks prior to review.

The Contractor will review pre-onsite documentation as submitted by CCN one week prior to review.

The Contractor will conduct onsite compliance review (opening conference, documentation review, interviews, observation, closing conference) 18 months after CCNs' beginning date of operation (July 2013 for CCNs with January 1, 2012 "Go Live" Date; September 2013 for CCNs with March 1, 2012 "Go Live" Date; and December 2013 for CCNs with May 1, 2012 "Go Live" Date).

The Contractor will prepare and submit annual compliance review report to DHH within seven business days of completion of CCN site visit within seven business days of completion of CCN site visit.

## **5. Performance Improvement Project (PIP) Validation**

The Contractor shall develop and submit draft PIP validation methodology including submission requirements, timelines, baseline measurement data period, submission tool and instructions, and validation protocol to DHH for review and approval no later than November 30, 2011.



The Contractor shall finalize PIP validation methodology based on DHH feedback no later than December 31, 2011.

The Contractor shall provide submission requirements, multi-year timelines, submission tool and instructions to CCNs no later than January 21, 2012.

The Contractor shall conduct PIP training for CCNs no later than February 29, 2012.

The Contractor shall review Quality Improvement Activity (QIA) forms submitted by CCNs and provides written comments to CCNs for each PIP by August 1, 2013- September 30, 2013; August 1, 2011- September 30, 2014; and August 1, 2015 – September 30, 2015.

The Contractor shall conduct annual PIP validation using DHH-approved validation protocol and verifies data results for PIP indicators by August 1, 2013- September 30, 2013; August 1, 2011- September 30, 2014; and August 1, 2015 – September 30, 2015.

The Contractor shall hold conference calls with CCNs as needed to address issues and concerns.

The Contractor shall submit annual PIP validation findings and report to DHH no later than October 31, 2013; October 31, 2014; and October 31, 2015.

## **6. Performance Measure (PM) Validation**

The Contractor shall meet with DHH to review annual PMs, including training, selected reportable measure specifications, validation methodology and reporting and to obtain all necessary source documents no later than July 31, 2013.

The Contractor shall prepare and submit draft validation methodology for reportable measures, validation tools and procedures, training materials, pre-on-site communications and report format to DHH for review and approval no later than August 31, 2013.

The Contractor shall finalize PM validation methodology and documents based on DHH feedback no later than September 30, 2013.

The Contractor shall conduct PM training for CCNs no later than October 31, 2013.

The Contractor shall send PM Instruction documents to CCNs no later than November 30, 2013.

The Contractor shall provide technical assistance to CCNs during PM production November 1, 2013- June 30, 2014.

The Contractor shall send preparatory information and pre-on-site documentation request including ISCA tool to CCN no later than February 29, 2014.

The Contractor shall review CCN-completed ISCA tool and pre-on-site documentation February 1, 2014- March 31, 2014.

The Contractor shall hold pre-on-site conference call with CCN and send confirmation email with the final on-site agenda (within 2 weeks prior to scheduled visit) February 1, 2014- March 31, 2014.

The Contractor shall conduct on-site review including primary source verification March 1, 2014- April 30, 2014.

The Contractor shall prepare and submit on-site Information Systems Assessment report to DHH no later than May 31, 2014.

The Contractor shall conduct off-site source code review and review of member level data files February 1, 2014- April 30, 2014.



The Contractor shall select measures for medical record review (MRR) validation, requests numerator listings from CCN and notifies CCN of MRR submission process no later than April 30, 2014.

The Contractor shall select random samples from numerator listings and notifies CCN no later than April 30, 2014.

The Contractor shall complete MRR validation and notifies CCN of findings no later than May 31, 2014.

The Contractor shall produce PM results (rates) and submits to CCN for review and "sign off" no later than June 30, 2014.

The Contractor shall produce final PM rate sheets and provides rate sheets to DHH and CCN no later than July 1, 2014.

The Contractor shall prepare and submits final validation report to DHH (within 45 days of receipt of CCN's data) and no later than July 31, 2014.

## **7. Consumer and Provider Satisfaction Survey Validation**

The Contractor shall prepare and submits draft validation methodology to DHH for review and approval no later than August 31, 2012.

The Contractor shall provide technical assistance to CCN throughout survey cycle on survey topics including survey instrument design; sampling methodology; survey administration; data collection, data cleaning and survey tracking; confidentiality; data analysis and reporting November 1, 2012- June30, 2013.

The Contractor shall request survey methodology and protocols from CCN no later than January 15, 2013.

The Contractor shall validate survey methodology and protocols for reliability and validity February 1, 2013 – April 30, 2013.

The Contractor shall prepare and submits draft validation report to DHH for review and approval no later than May 31, 2013.

The Contractor shall finalize report based on DHH feedback and issues final report to DHH no later than June 30, 2013.

## **8. Annual CCN Technical Report**

The Contractor shall meet with DHH to finalize CCN technical report contents (domains, data, etc.) within ninety (90) days of contract implementation.

The Contractor shall compile agreed upon data elements from EQR activities and other sources and prepares draft technical report beginning ninety (90) days after implementation – Jan 31, 2012.

The Contractor shall submit draft technical report to DHH for review and approval (within 30 days of completion of annual review) no later than February 29, 2012.

The Contractor shall submit final technical report to DHH incorporating DHH comments no later than March 31, 2012.

## **9. Recommendations for Classification of Activities as Quality or IT Related for MLR Calculation Purposes**

The Contractor shall meet with DHH to discuss proposed MLR written recommendation structure and time frame ninety (90) days after contract implementation.

The Contractor shall meet with DHH to finalize MLR written recommendation (domains, data, etc.) no later than September 30, 2012.

The Contractor shall compile agreed upon data elements and prepares draft MLR written recommendation no later than May 1, 2013.



The Contractor shall submit draft MLR written recommendation to DHH for review and approval no later than May 31, 2013.

The Contractor shall submit final MLR written recommendation to DHH incorporating DHH comments no later than June 30, 2013.

## **PERFORMANCE MEASURES**

The Contractor shall provide written reports in the timeframe and in the format designated and approved by DHH. See the Reporting Requirements section of the RFP for a listing of required reports and timeframe for submittal.

### **1. CCN Pre-Implementation Readiness Reviews**

- Submission of written plan for reviews
- Screenshots for web-based Readiness Review Tracking Report
- Submission for approval of draft materials to be used in CCN Readiness Review orientation
- Completion of Readiness Review Orientation

### **2. Quality Companion Guide**

- Submission of the Quality Companion Guide in electronic format.

### **3. Technical Assistance to CCNs/Quarterly Quality Meetings**

- Formal training provided to DHH and CCNs.
- Training webinars
- Attendance records and minutes from quarterly meetings

### **4. Annual Compliance Review**

- Submission of Compliance Review Tracking tool for approval
- Submission of screenshots of Compliance review database
- Conducts review process orientation for every contracted CCN
- Submission of introductory communication and Pre- onsite documentation
- Submission of draft report format for DHH approval.

### **5. Performance Improvement Project (PIP) Validation**

- Submission of draft PIP validation methodology including submission requirements, timelines, baseline measurement data for DHH review and approval
- Conduction of PIP training for every contracted CCN
- Reports of Conference calls held with CCNs to address issues and concerns

### **6. Performance Measure (PM) Validation**

- Submission of draft PM validation methodology including submission requirements, timelines, baseline measurement data for DHH review and approval
- Conduction of PM training for every contracted CCN
- Reports of Conference calls held with CCNs to address issues and concerns

### **7. Consumer and Provider Satisfaction Survey Validation**

- Submission of sample Provider satisfaction surveys for DHH review and approval
- Submission of draft validation methodology for DHH review and approval.
- Reports of Conference calls held with CCNs to address issues and concerns

### **8. Annual Technical Report**

- Meetings with DHH to finalize report contents
- Submission of draft technical reports for DHH review and approval

### **9. Recommendations for Classification of Activities as Quality or IT Related for MLR Calculation Purposes**



- Meetings with DHH to discuss proposed MLR written recommendation structure and timeframe
- Submission of draft MLR written recommendation for DHH review and approval

### **MONITORING PLAN**

1. The Contractor shall maintain a current work plan of all project tasks, activities and resources including estimated start and completion dates, actual start and completion dates, estimated and actual task hours and completion percentage of all in-process tasks. Contractor will identify delayed tasks and reason for the delays. The project work plan may be revised as agreed upon by DHH and the Contractor, and it will incorporate all tasks, activities, and resources as needed to complete the project. An updated copy of the work plan shall be submitted with each monthly invoice.
2. Project monitoring by the designated Medicaid Contractor Manager Mary Beth Scorsone will include but not be limited to the following:
  - a. Review of updated work plans, written reports and correspondence submitted by the Contractor ;
  - b. Weekly status calls with the DHH Contract Manager and IPRO Project Manager and others necessary;
  - c. Visits made to Louisiana annually by the Project Director to meet with state staff to discuss current and future projects and assess program objectives;
  - d. Observation of quarterly Quality Meetings;
  - e. Solicitation of feedback on Contractor's performance from CCNs with whom the Contractor interacts;
  - f. Comparison of reports ( e.g., Performance Measure Report Card) to those published by other state Medicaid managed programs.



Fee Schedule

Year	Contracted CCN-P Entities	CCN-P Unit Cost	Contracted CCN-S Entities	CCN-S Unit Cost	Contract Year Payment
1	3	\$83,923	2	\$83,923	\$419,615
2	3	\$114,741	2	\$106,823	\$557,869
3	3	\$118,138	2	\$109,984	\$574,382

Additional Terms of Payment

The Fee Schedule currently assumes three (3) CCN-P entities and two (2) CCN-S entities per year for a total of five (5) CCN's annually. DHH reserves the right to adjust the Contract Year Payment based on the number and type of CCNs in effect at that time. The Contract Year Payment will be determined by multiplying the Unit Cost for CCN-P entities (\$83,923 in Contract Year 1; \$114,741 in Contract Year 2; and \$118,138 in Contract Year 3) times the actual number of contracted CCN-P entities, plus the Unit Cost for CCN-S entities (\$83,923 in Contract Year 1; \$106,823 in Contract Year 2; and \$109,984 in Contract Year 3) times the actual number of contracted CCN-S entities. The Base Monthly Contract Amount will be paid upon submission of invoice and required work plan showing status and satisfactorily meeting deliverables. Travel will be reimbursed in accordance with PPM 49. Contractor shall submit all invoices electronically to Mary Beth Scorsone via electronic mail at [Mary.Scorsone@LA.GOV](mailto:Mary.Scorsone@LA.GOV) .





Corporate Headquarters  
1979 Marcus Avenue  
Lake Success, NY 11042-1002  
(516) 326-7767  
www.ipro.org

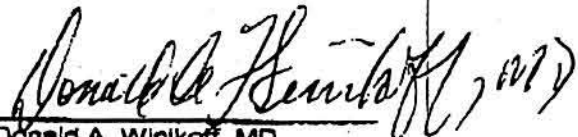
ISO  
9001:2008  
CERTIFIED

### CERTIFIED RESOLUTION

I, Donald A. Winkoff, MD, President of Island Peer Review Organization, Inc., a corporation organized and existing under the laws of the State of New York (the "Company"), do hereby certify that the following is a true and correct copy of a resolution duly adopted at a meeting of the Board of Directors of the Company at which meeting a duly constituted quorum of the Board of Directors was present and acting throughout, and that such resolution has not been modified, rescinded or revoked, and is at present in full force and effect.

**RESOLVED:** That Theodore O. Will, Chief Executive Officer, of Island Peer Review Organization, Inc., is empowered and authorized to execute and deliver contracts on behalf of the Company and was empowered and authorized to execute and deliver contracts on behalf of the Company.

**IN WITNESS WHEREOF**, the undersigned has affixed his/her signature and the corporate seal of the Company this 2<sup>nd</sup> day of August, 2011.

  
Donald A. Winkoff, MD  
President

(Corporate Seal or "L.S.")





**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

June 24, 2011

Ms. Sandra G. Gillen  
Director  
Office of Contractual Review  
Division of Administration  
P. O. Box 94095  
Baton Rouge, LA 70804-9095

Re: Justification of Multi-Year Contract

Dear Ms. Gillen:

Please consider this justification for the Department of Health and Hospitals to enter into a multi-year contract with Island Peer Review Organization, INC for the purposes of securing external quality review organization (EQRO) services. Funds for the first fiscal year of the contract are available and payment and performance for subsequent fiscal years shall be subject to the availability of funds.

Department of Health and Hospitals will be transforming Medicaid during the next year, moving away from the current fee-for-service system to a new health care delivery model that will more effectively manage Medicaid enrollees' health care through the implementation of new Medicaid managed care systems of care known as Coordinated Care Networks (CCN). Federal law 42 CFR § 438.3.10 – 438.364 requires that each State Medicaid managed care program be evaluated by an EQRO to identify problem areas and monitor the progress in this effort annually in order to continue to receive federal financial participation (FFP) for services provided through the CCN Program. This federal statute sets forth the scope of work, criteria a state must use in selection of an entity, specifications for the activities to be performed, and the required qualifications requirements.

The contractor will be required to perform readiness reviews and undertake external quality review (EQR) activities consistent with federal regulations. The EQRO will provide analysis and evaluation of aggregated information on the CCNs' quality, timeliness, and access to certain Medicaid covered health services.

The contract period shall be for three year period. If further information is needed, please contact me at (225) 342-1304.

Sincerely,

A handwritten signature in cursive script that reads "Mary Beth F. Scorsone".

Mary Beth F. Scorsone, RN BSN  
RN Manager  
Medicaid Coordinated Care Section





**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

June 24, 2011

Ms. Sandra G. Gillen  
Director  
Office of Contractual Review  
Division of Administration  
P. O. Box 94095  
Baton Rouge, LA 70804-9095

Re: Justification for Out of State Contractor

Dear Ms. Gillen:

The Department of Health and Hospitals (DHH) is requesting approval to contract with Island Peer Review Organization, Inc (IPRO) for the purposes of securing external quality review organization (EQRO) services.

DHH will be transforming Medicaid during the next year, moving away from the current fee-for-service system to a new health care delivery model that will more effectively manage Medicaid enrollees' health care through the implementation of new Medicaid managed care systems of care known as Coordinated Care Networks (CCN).

The contractor will be required to perform readiness reviews and undertake external quality review (EQR) activities consistent with federal regulations for the CCN Program. The EQRO will provide analysis and evaluation of aggregated information on the CCNs' quality, timeliness, and access to certain Medicaid covered health care services.

Federal law 42 CFR § 438.3.10 – 438.364 requires that each State Medicaid managed care program be evaluated by an EQRO to identify problem areas and monitor the progress in this effort annually in order to continue to receive federal financial participation (FFP) for services provided through the CCN Program. This federal statute sets forth the EQRO's scope of work, criteria a state must use in selection of an entity, specifications for the activities to be performed, and the required qualifications requirements. The only Louisiana-based entity, in which we are aware of, that would meet CMS requirements, did not submit a response to our Request for Proposal. We were informed by this entity they had a conflict of interest as defined by CMS.

The entity that had the highest score, IPRO, has been providing EQRO services for twenty years and has similar contracts in a number of other states.



June , 2011  
Page 2

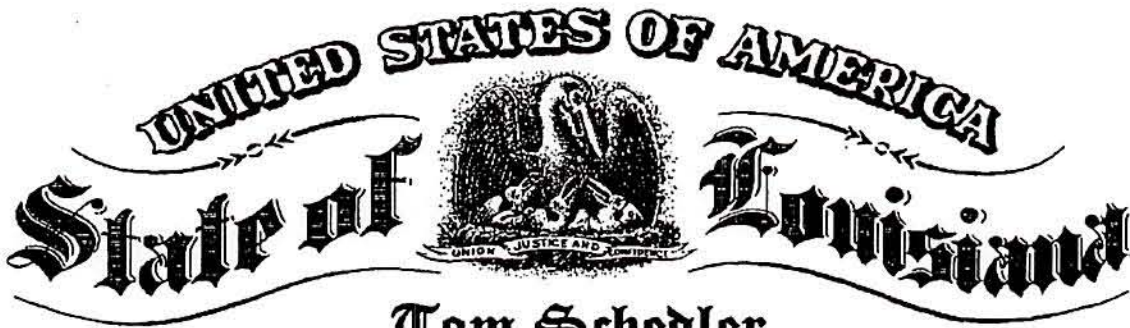
We appreciate your assistance in this matter and we hope that you will give this contract your favorable consideration and approval. If further information is needed, please contact me at (985) 413-3166.

Sincerely,

A handwritten signature in cursive script that reads "Mary Beth F. Scorsone".

Mary Beth F. Scorsone, RN BSN  
RN Manager  
Medicaid Coordinated Care Section





**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Application Form for Certificate of Authority of

**ISLAND PEER REVIEW ORGANIZATION, INC.**

Domiciled at LAKE SUCCESS, NEW YORK,

Was filed and recorded in this Office on July 08, 2011.

Thus authorizing the corporation to exercise the same powers, rights and privileges accorded similar domestic corporations, subject to the provisions of R. S. 1950, Title 12, Chapter 3, and other applicable laws.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 9, 2011

*Secretary of State*

WH 40556973F



Certificate ID: 10182251#A4C42

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)

Exhibit E

Resumes

IPRO





## Virginia Hill, RN, MPA

### Executive Profile

Ms. Hill is a health care executive with extensive experience in health care delivery and management, including quality measurement and improvement. Ms. Hill was instrumental in developing IPRO's MCO and fee-for-service review programs, and now serves as Vice President of IPRO's Managed Care Department, directing the firm's HEDIS and EQR lines of business. She provides administrative oversight to all managed care evaluation and improvement activities including clinical studies, individual case review, audit and validation services, and satisfaction surveys.

Under her leadership, IPRO's Managed Care Department has grown to include a diverse core team of approximately 30 clinicians, data analysts, nurse abstractors, epidemiologists, statisticians and QI specialists. She served on the CMS expert panel that advised on and contributed to the development of the mandatory and optional EQR protocols established in DHHS' final EQR rules. She also participated in NCQA's Medicare Managed Care Performance Measurement Survey and as a member of the NCQA/CMS Medicare subcommittee whose work contributed to HEDIS 3.0.

### Professional Experience & Achievements

IPRO, Lake Success, NY (1986-Present)

#### Vice President, Managed Care (1989-Present)

- Leads managed care evaluation and improvement services, including performance improvement projects, reviews of MCO compliance with state standards, member and provider surveys, HEDIS audits, and encounter data validation services.
- Oversees state external quality review contracts (e.g., Pennsylvania, Kentucky, New York, Nebraska, Rhode Island), Medicare managed care projects and HEDIS audit contracts.
- Supervises 30 multidisciplinary staff with an annual departmental budget of over \$5 million.
- Designed and implemented a corporate quality improvement (QI) plan, which included training programs covering QI concepts, principles, processes and tools.
- Serves as internal ISO auditor.
- Provided interim leadership of IPRO's ENO (End Stage Renal Disease Network Organization) contract.
- Developed an internal performance measurement system and professional staff development program.
- Senior Director of Central Review Operations (1986-1989)
- Managed Central Review Department activities including preadmission, utilization review, quality assurance, non-coverage/ALC/IPRA, Pre-admission Screening and Resident Review, managed care review and special projects.
- Coordinated external evaluations of contract performance.



AREA 9 PSRO OF NEW YORK STATE, INC., Purchase, NY (1981-1984)

**Area Director of Hospital Review (1984-1986)**

- Coordinated Medicare utilization and quality review activities for Westchester, Putnam and Rockland Divisions.
- Recruited, trained and supervised professional staff conducting review and monitoring activities in nearly 20 area hospitals.
- Managed implementation of new activities and procedures at the local level.
- Senior Field Supervisor (1981-1984)
- Monitored utilization review departments in 16 acute care hospitals in Westchester and Putnam Counties.
- Provided concurrent and retrospective review for appropriateness of admission, length of stay and quality.
- Conducted provider/employee educational sessions.
- Served as member of several PSRO committees including Nursing Audit, Discharge Planning, Psychiatric, Criteria and Data Committees.

**Nursing Experience**

- Nursing Practitioner in Burn Center, Westchester County Medical Center, Valhalla, NY (1979-1981)
- Team Leader, St. Joseph's Medical Center (25-bed medical-surgical teaching unit), Yonkers, NY (1977-1979)

**Education**

Master of Public Administration, Health Care, Pace University, White Plains, NY  
Bachelor of Science, Health Care Administration, Iona College, New Rochelle, NY  
Associate in Applied Science, Nursing, Pace University, White Plains, NY

**Post Graduate Training**

Methods & Tools of Quality Improvement, The Center for Executive Education, Babson College, Wellesley, MA  
Medical Statistics and Principles and Methods of Epidemiology, State University of New York, Health Science Center at Brooklyn, NY  
Advanced Facilitator Training, Goal/QPC, Methuen, MA  
Principle-Centered Leadership, First Things First, Covey Leadership Center, Provo, UT  
Board of Reviewers Training, The Empire State Advantage: Excellence at Work, Albany, NY





## **Judith Cashman, RN, MPA, CPHQ**

### **Professional Profile**

Judith Cashman has more than 30 years of experience working in both clinical and executive administrative capacities within the health care industry. Ms. Cashman's extensive experience encompasses health care quality improvement, utilization management, claim/encounter data validation, regulatory compliance, provider services and education, and health care data analysis. She is an expert at managing complex projects and at building and maintaining quality-focused project teams, and has been managing the Pennsylvania EQRO contract since 2005. Ms. Cashman is a Certified Professional in Healthcare Quality and a Diplomate of the American Board of Quality Assurance and Utilization Review.

### **Professional Experience and Achievements**

IPRO, Lake Success, NY (2004-Present)

#### **Senior Director, Managed Care**

Directs assigned managed care contract projects and activities, including developing, executing, and monitoring work plans, and assuring that all planning, data collection, analysis and reporting are completed on a timely basis and to the satisfaction of the client.

Current project responsibilities include:

- Management of the Pennsylvania External Quality Review (EQR) contract.
  - Validation of physical and behavioral health Medicaid managed care performance improvement projects.
  - Development and validation of managed care performance measures.
  - Health plan encounter data analysis and validation.
  - Evaluation of health plan compliance with structure and operations standards in accordance with federal regulations.
  - Pay-for-performance measure development and reporting including health plan specific "report cards."
  - Extensive written reports and verbal presentations of findings.
  - Participation in multiple Center for Health Care Strategies (CHCS) initiatives.
- Management of a technical assistance contract with the Pennsylvania Insurance Department Children's Health Insurance Program (CHIP).
  - Health plan quality improvement and reporting activities for performance improvement projects and performance measures.
  - Development of public reporting tools.
  - Guidance regarding federal reporting, pay-for-performance and encounter data collection.
- Member of IPRO's Operational Efficiency task force. Assist multiple departments to conduct root cause analyses and implement process changes to improve productivity and



reduce operating costs. Conduct training in Lean methodology. Mentor work groups to implement Lean methodology.

**Prior IPRO responsibilities include:**

- Management of a multi-year Medicare managed care risk adjustment encounter data validation project for CMS, under subcontract with BearingPoint.
- Oversight of large medical record coding reviews, communications with Medicare Advantage organizations, Hierarchical Condition Category (HCC) data analysis and project contract compliance (2004-2007).
- Past EQR contract projects with the States of Kentucky, New York and New Mexico included a case management initiative, a State CHIP research plan and study design, and a Medicaid transportation encounter data validation study.

ROYAL HEALTH CARE, LLC, New York, NY (1996-2004)

**Vice President, Clinical and Provider Services (1999-2004)**

**Director, Clinical and Provider Services (1997-1999)**

**Director, Clinical Services (1996-1997)**

- Direction of clinical and provider services for a Management Services Organization (MSO) with seven Medicaid, Family Health Plus and Child Health Plus HMO clients.
- Direction of diverse quality improvement activities for multiple clients including quality improvement committees, focused clinical studies and the New York State Quality Assurance Reporting Requirements (QARR/HEDIS).
- Development of claim data reports and analysis of findings to direct quality improvement and cost containment initiatives.
- Administration of provider relations and network development and maintenance activities including provider education, satisfaction surveys, credentialing and communications.
- Administration of utilization management, health education and case management activities including compliance with reporting and regulatory requirements.
- Management of consulting assignments including AIDS special needs plan development, and health education initiatives.
- Implementation and oversight of corporate compliance with the HIPAA Privacy Rule. Designated as Chief Privacy Officer.
- Interface with clients, regulatory agencies, and health care providers.
- Experience in proposal writing and policy and procedure development.

NEIGHBORHOOD HEALTH PROVIDERS, New York, NY (1995-1996)

**Director, Clinical Services**

- Initial management team member of a hospital-owned Medicaid HMO.
- Responsible for quality improvement, utilization management and provider credentialing.
- Developed and implemented member and provider education initiatives.





BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER, Brooklyn, NY (1993-1995)

**Director, Integrated Quality Assessment**

- Implemented an integrated quality assessment program at a 714 bed teaching facility with measurable length of stay reduction.
- Responsible for hospital-wide utilization management, discharge plan development and oversight, quality data collection, clinical path monitoring, and interface with other hospital departments, managed care organizations, home health care agencies and medical staff.

EMPIRE BLUE CROSS AND BLUE SHIELD, New York, NY (1980-1993)

**Director, Hospital Review Program (1990-1993)**

- Directed corporate DRG validation and retrospective hospital utilization review activities for 170 hospitals.
- Responsible for departmental budget, program data analysis and reporting, internal and external program marketing, provider relations, and interactions with senior staff.
- Oversight of computer system installation to support review functions.
- Reduced annual corporate medical costs by over \$55 million.

Multiple progressive positions in utilization review and quality improvement for commercial and managed care products (1980-1990)

NEW YORK UNIVERSITY MEDICAL CENTER, New York, NY (1976-1979)

**Registered Nurse**

**Education**

Master of Public Administration, Concentration in Health Care Administration, New York University, New York, NY, 1984

Bachelor of Science, Nursing, State University of New York, Downstate Medical Center, College of Nursing, Brooklyn, NY, 1976

**Certifications and Professional Affiliations**

Certified Professional in Healthcare Quality (CPHQ)

Diplomate, American Board of Quality Assurance and Utilization Review

Medicare Part C and Part D Data Validation Training Certificate



## **Jeremy A. Anderson, MA**

### **Professional Profile**

Jeremy A. Anderson is a research-oriented organization development professional with extensive experience in performance improvement, research design and statistical analysis. Mr. Anderson is experienced in designing, conducting and analyzing surveys in a variety of industries ranging from health care to higher education. Proficient in analyzing training and development needs, Mr. Anderson designs and conducts training programs for all organizational levels.

### **Professional Experience and Achievements**

IPRO, Lake Success, NY

#### **Senior Data Analyst, Managed Care (September 2007-Present)**

- Coordinate program activities for eleven Managed Care Organizations (MCOs) for IPRO's Children's Health Insurance Program (CHIP) contract with the Commonwealth of Pennsylvania.
- Conduct statistical analysis and reporting for the Pennsylvania Insurance Department's annual report to the Centers for Medicare and Medicaid Services (CMS) and the annual report to the Pennsylvania Legislature for the CHIP and adultBasic insurance programs.
- Implement, review and manage Performance Improvement Projects for Pennsylvania CHIP MCOs.
- Validate, perform statistical analysis and create reports tracking Pennsylvania CHIP and adultBasic performance on HEDIS performance measures, CAHPS survey items and Performance Improvement Projects.
- Create annual Pennsylvania CHIP Report Cards for the Pennsylvania CHIP and adultBasic insurance programs.
- Serve as secondary auditor for Pennsylvania Medicaid Managed Care (MMC) IPRO HEDIS audits for the Commonwealth of Pennsylvania.

HOFSTRA UNIVERSITY, Hempstead, NY

#### **Institutional and Market Research Doctoral Intern (April 2006-August 2007)**

- Designed, constructed and administered both paper-based and web-based surveys to assess student and alumni attitudes, behaviors and experiences related to academics, campus life, athletics, career progression and other issues.
- Performed statistical analysis and created reports tracking both current and multiple year trends.
- Developed and delivered Executive Briefings on survey results for senior leadership.
- Trained both full time employees and interns on survey design and administration, Snap software and other statistical analysis tools.

FISHER-ROCK CONSULTING, Platform Learning Assessment Center, Fort Lauderdale, FL

#### **Organization Development Consultant (June 2005-April 2006)**

- Evaluated and advised behavioral interview raters during interview sessions.





- Served as an observer during behavioral interviews and role play exercises.
- Revised behavioral interview selection tool to improve usability and reliability.
- Proctored computer based cognitive evaluations.

NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM CENTER FOR LEARNING AND INNOVATION, Lake Success, NY

**Learning and Organization Development Specialist (June 2004-December 2004)**

- Conducted learning needs analysis and developed training programs for multiple organization levels.
- Reviewed and revised management level training to include data analysis and presentation, service excellence, change acceleration processes, fast track decision-making, finance, teambuilding and behavioral interviewing.
- Served as facilitator during corporate training, organization interventions and executive retreats.
- Created a weighted selection tool and coordinated administrative fellowship program recruiting.

**Administrative Resident, Labor/Employee Relations (July 2003-May 2004)**

- Created and administered a department-wide career coaching/mentoring survey.
- Conducted focus groups and facilitated information sessions at multiple sites during organization-wide employee input survey information gathering sessions.
- Collected, analyzed, and presented data related to service volume tracking and health system employee survey to senior leadership.

UNITED STATES ARMY, Camp Hovey, Korea and Ronkonkoma, NY

**Infantry Team and Squad Leader (August 1994-August 2004)**

- Supervised a 10 person team during daily activities and training exercises.
- Coordinated personnel re-supply.
- Supervised the operation of heavy machinery.
- Tested and evaluated new products and equipment.
- Trained and evaluated new personnel.

**Education**

PhD, Applied Organization Psychology, Hofstra University, Hempstead, NY, Expected: May 2011

Master of Arts, Industrial Organizational Psychology, Cum Laude, Hofstra University, Hempstead, NY, May 2004

Bachelor of Arts, Psychology, Cum Laude, Stony Brook University, Stony Brook, NY, May 2002



## **Skills**

Trained in:

- Change Acceleration Processes (CAP)
- Fast Track Decision-Making (FTD)
- Behavioral Interviewing

Proficient in:

- Microsoft Excel, Access and PowerPoint
- SNAP survey software
- SPSS

## **Professional Affiliations and Honors**

Organizational Development Network

Society for Industrial and Organizational Psychology

Golden Key National Honor Society

## **Publications and Conference Presentations**

Shapiro, T., Rubenstein, S., & **Anderson, J.** (2009). Justice-based service recovery in e-commerce: An experiment with online consumers. Paper presented at the 24th annual conference of the Society for Industrial and Organizational Psychology, New Orleans, LA.





## **Mary Dramitinos, MBA**

### **Professional Profile**

Mary Dramitinos possesses more than 15 years of experience in Information Systems with 13 years in the health care industry. Her experience encompasses software development oversight, claim system conversion management, health plan programming development, and State Medicaid program encounter data validation. Prior to joining IPRO, Ms. Dramitinos worked for a managed care organization with a Medicaid product and other government programs, and for a management services organization with seven Medicaid managed care clients.

### **Professional Experience and Achievements**

IPRO, Lake Success, NY (2005-Present)

#### **Assistant Director, Encounter Data**

- Responsible for developing and managing Managed Care Department data validation and special data projects and ensuring the quality and timeliness of data validation project goals and requirements.
- Key role in working with other Managed Care Department management, customers, including state and federal governments, and other team members in all phases of encounter data validation.
- For each project, responsible for ensuring that planning, data integration, programming, analysis and reporting are done on time and to the satisfaction of the customer.
- Responsible for data validation projects, integrating data, programming data abstraction tools, performing analyses and creating appropriate client reports. These projects include developing HEDIS benchmarks and other encounter data validation reports for the Commonwealth of Pennsylvania contract.
- Conduct source code and data validation for physical and behavioral health performance measures of Pennsylvania's managed care organizations as required by the Department of Public Welfare.
- Responsible for overseeing four annual encounter data studies with Pennsylvania's managed care organizations to review the plans encounter data process and ensure completeness of the encounter data.
- Work collaboratively with Managed Care Department and IS staff in managing and maintaining large encounter databases, including maintaining database structure, integrity and security.

ROYAL HEALTH CARE INC., New York, NY (2000-2005)

#### **Director of MIS**

- Managed the software development department consisting of one operational analyst and ten programmer analysts
- Developed programming for data analysis, information access tools, business systems development and support using SAS, MS Access and SQL.



- Administered the day-to-day execution of assigning projects, forming specifications for project plans, and managing department resources and deliverables.
- Managed all aspects of the systems development life cycle, including functional and technical design, code review and testing methodologies.
- Facilitated conceptual diagrams of inter-departmental relations between state and federal reporting specifications, claims payment statistics, and enrollment related processes.
- Managed the development, implementation and maintenance of the data warehouse, including data analysis, data dictionary definitions, tractions, and information access.
- Designed departmental standards necessary for software development initiatives.
- Managed the technical direction and analytical strategies on all constructs for claims, finance, membership, provider maintenance, clinical operations, business processing operation (BPO) and Utilization Management (UM).
- Facilitated project mapping and implementation to meet business needs and comply with state requirements.
- Architecturally designed and analyzed internal reporting system, state and federal connectivity systems, quality improvement initiatives and ancillary vendor file management.
- Built and managed financial billing programs and reports, membership enrollment databases, reconciliations processes, and regulatory healthcare reporting that supported the operational functionality required to facilitate participation with Medicare, Medicaid, Child Health Plus (CHP), Family Health Plus (FHP) and Special Need Plans (SNP).
- Developed and mapped specifications for all health plan-programming requirements for the New York State Department of Health (DOH) and Centers for Medicare and Medicaid Services (CMS), including QARR/HEDIS reporting, Child Health Plus KIDS transactions, MEDS II, MMCOR and Risk Adjustment Processing System (RAPS) files.
- Developed custom HIPAA solutions translator in SAS that converts (834, 837, 997 and 820) outbound and inbound data file formats, to and from file formats maintained by the health plan.
- Lead role in Medicare contract implementation and design for Medicare and Medicaid dual eligible products.
- Maintained health plan reporting system updates regarding CMS Medicare Part D guidelines.
- Planned and managed full system conversion and deployment for five health plans, with a 98% conversion success rate for claims, authorizations, providers and member data.

HEALTHFIRST, INC., New York, NY (1997-2000)

**Sr. Programmer Analyst**

- Designed and programmed SAS code for reporting and data analysis.
- Using SAS tools, developed DOH regulatory reports, QARR/HEDIS measures and MMCOR financial reports.
- Analyzed and developed a multi functional SAS data warehouses for all product lines.
- Designed end-user menus and screens for operations, using the SAS/AF module.
- Trained and mentored Associate SAS Programmers.





- Prepared ad-hoc AS400 queries for members, providers and claims extracts from the MHS system.

ORION AND GLOBAL CHARTERING CO., INC., New York, NY (1994-1997)

**IS Associate**

- Executed the conversion of documents from a manual to an automated system.
- Assisted end-users with multiple applications and technical issues.

**Education**

Master of Business Administration, Computer Information Systems, St. John's University,  
Jamaica, NY, 1997

Bachelor of Science, Management, Concentration: Management Information Systems, State  
University of New York at Binghamton, Binghamton, NY, 1994

**Skills**

Computer Expertise: SAS, AS400, MS Access, SQL, COBOL, MS Office Suite, MHS, Quovadx  
and Pegasys



## Lydia Neely

### Professional Experience and Achievements

IPRO, Lake Success, NY (2009–Present)

#### Contract Coordinator, Managed Care

- Assist Senior Director in reviewing Serious Mental Illness (SMI) Project Validation sheets.
- Edit and review the Structure and Operations Compliance Standards for completeness and accuracy using the PEPS tool in an Access database.
- Assisted Project Managers with review of Performance Improvement Projects (PIPS) and Long Term Care (LTC) report review
- Assist Senior Analyst in reviewing and editing Children's Health Insurance Program (CHIP) and adult Basic HEDIS® reports and graphs for final report review.
- Assist Senior Analyst in reviewing Contractors Performance reports and HEDIS® Performance Benchmark Review for Pennsylvania Insurance Department (PID).
- Quality check and edit deliverables before dissemination to Department of Welfare (DPW) for the following projects:
  - Behavior Health (BH) Readmission tables and Performance Measures
  - Follow Up After Hospitalization (FUH) Rate tables
  - Inpatient Psychiatric rates comparison
  - Pay for Performance (P4P) Measure Matrix Report Cards, Root Cause Analysis and Action Plan forms
- Draft Statewide Medicaid Managed Care Annual Report.
- Draft Response to External Quality Review Technical Report for opportunities and improvements.
- Assist Assistant Director by downloading Encounter Data Extracts for BH/PH files using an Access database, run the Extracts in SAS, and post to the FTP site.
- Quality check and edit Member Level Data, analysis trends and regional requests.

FOREST LABORATORIES, INC., Hauppauge, NY (2007-2008)

#### Sarbanes Oxley Coordinator (SOX), Finance Department

- Assisted the manager of Sarbanes Compliance.
- Conducted bi-weekly conference calls.
- Coordinated between Forest process owners, external auditors and internal testers during testing of Internal Controls (i.e.) BDO Seidman and PwC (PricewaterhouseCoopers)
- Assisted with the maintenance of internal control documentation including comparing narratives to test plans and revising as necessary and updating all matrices, test plans and narratives for final review and approval.
- Handled confidential information relating to the company and its employees.
- Documented interim/roll forward testing of samples.
- Coordinated request and obtained test samples from Process Owners and Site Leaders.
- Scheduled interviews with Process Owner.





- Assisted the manager with other related projects and tasks as needed.
- Revised key controls and supporting documentation.
- Updated status document, created spreadsheet analysis and performed walkthroughs.
- Assisted manager with scoping document for external auditors

FOREST LABORATORIES, INC., New York, NY (2005-2007)

**Executive Assistant, Finance Department**

- Served as the executive assistant to the Vice President/Controller and assisted the CFO, CEO and Director of Internal Audit
- Assisted in coordinating multiple projects and group events.
- Prepared written reports, memos and other correspondence.
- Reviewed material for accuracy and completeness.
- Reviewed and analyzed data.
- Maintained and updated executives' calendars.
- Coordinated luncheons, departmental events and conferences for V.P. and other executives.
- Made travel arrangements and served as the secondary approver in authorizing all travel for company personnel.
- Processed expenses.
- Maintained files and records of highly confidential company material.
- Interviewed candidates for open positions.
- Created an electronic filing system ("General File Index").
- Updated spreadsheets and created PowerPoint presentations.
- Scheduled meetings and maintained calendars for the Board of Directors and committees.
- Served as the direct contact person for the Board of Directors.
- Prepared material for meetings, projects, budgets and presentations.
- Trained employees.

FOREST LABORATORIES, INC., Inwood, NY (1994-2005)

**Administrative Assistant, Long Island Quality Operations**

- Supported departments consisting of 40 employees or more.
- Supported the Director, Associate Director, Stability Dept, Document Control, Technical Services other staff as directed.
- Maintained departmental GL accounts and cost centers.
- Made travel arrangements for directors and managers.
- Prepared material for meetings, projects, budgets and presentations
- Developed and wrote correspondence.
- Extensively used PowerPoint to create presentations.
- Tracked and routed invoices and documents.
- Interacted with domestic and foreign sponsors.
- Created presentation graphics and documents for corporate meetings.
- Assisted in writing contract audits and responses for the FDA and in-house reporting.
- Liaison for inspectors with contracted laboratories.



- Created Certificates of Analysis and tracked product profile.
- Ensured GMP and cGMP compliance within Departments such as QA, manufacturing and production.
- Created monthly laboratory reports and charts using Excel and Access.
- Revised and updated specification and report forms.
- Used Edocs and Documentum for formatting, generating and revising SOP's.
- Renewed Company Licenses for FDA, NYSBOP, NYSCS, DEA, etc.

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION (HRA), New York, NY  
(1992-1994)

**Field Auditor, Office of Field Management**

- Audited single issue documents and spreadsheet applications for eligible recipients.
- Examined HRA's budget to determine eligibility of recipients for services.
- Performed Case auditing reviews.

**Education**

General coursework, Adelphi University, Garden City, NY, (1989-1992)

**Skills**

Sarbanes Oxley (SOX), Windows XP, Office 2000, Microsoft 2007 Excel, Word, PowerPoint, Access, Edocs System Training, Visio, Transcentive Express Options, SAS interface, FTP administrative rights

**Certification Seminars**

- The Take Charge Assistant
- Better Business Writing
- Managing Multiple Projects
- Objectives and Deadlines, Routing Documents
- Event Planning/Coordinating
- 2010 Administrative Professionals
- Wellness Committee Member





## Eileen Plotkin

### Professional Profile

Eileen Plotkin possesses over seventeen years of diversified health care experience. A professional and responsible person with proven leadership abilities in working as a team, Ms. Plotkin is adept at handling multiple tasks and dedicated to ensuring a high level of customer service at all times.

### Professional Experience and Achievements

IPRO, Lake Success, NY (January 2007-Present)

#### Project Manager, Managed Care Department

- Secondary auditor for 2011, 2010, 2009 and 2008 Healthcare Effectiveness Data Information Set (HEDIS®) Compliance Audits, assisting two National Committee for Quality Assurance (NCQA) Certified lead auditors.
- Organized the deliverables and monitored the oversight for HEDIS Medical Record Review Abstraction Tools, CAHPS validation, and the Review of the HEDIS ROADMAP.
- Overview of the HEDIS Pre-Onsite IS Tool and Agenda and coordinated the pre-on-site conference call and delegated the follow-up action.
- Manage concurrent key initiative projects for the Pennsylvania (PA) Medicaid Managed Care Program, ensuring quality and timeliness of all project deliverables to the defined standards of PA Department of Welfare (DPW).
- Point of contact to monitor and manage all issues pertaining to the Pennsylvania Performance Measures on behalf of PA-DPW for six Managed Care Organizations (MCOs) and ACCESS Plus (Fee-for-Service).
- Responsible for project management of PA Long Term Care (LTC) Client Services including the coordination and writing of the annual Balanced Budget Act (BBA) Reports, provide technical assistance on Performance Measures and Performance Improvement Projects, as well as conduct on-site training sessions with LTC MCOs as needed.
- Coordinate the annual Medical Record Review (MRR) for two PA performance measures with the delegated subcontracted nursing staff and report findings to the MCOs and DPW
- Organize and chair meetings with clients, MCOs and IPRO staff to guide the development and implementation of projects.
- Provide issue resolution and feedback to IPRO's Medicaid Managed Care clients.
- Developed specifications and assisted Information Systems to design, create, implement, and update an online File Transfer Protocol (FTP) site for internal users, clients and MCOs, eliminating an outsourced and costly website.

ROYAL HEALTH CARE, Islandia, NY (August 2002-January 2007)

#### Client Services Account Manager

- Responsible for executing and managing Suffolk County's Health Plan contract, in conjunction with client to maintain accurate and timely data and reporting.
- Prepared monthly and quarterly reports for client and appropriate staff featuring Medicaid, Child Health Plus (CHP) and Family Health Plus (FHP) enrollment and disenrollment statistics, NYS regulatory reports, Medicaid eligibility throughout Suffolk County, monthly



claim encounters, and Health Center panel reports for primary care physicians categorized by rate code and age.

- Organized board package materials for presentation at quarterly meetings with the Medical Director, Chief Operations Officer and board committee.
- Coordinated with Clinical Services QARR reporting for client as well as the required Focused Clinical Studies and the BAT (Base Assessment Tool) to be presented to IPRO.
- Organized yearly Article 44.
- Maintained an accurate quarterly HPN and submission to NY State.
- Collaborated with the Provider Systems department, Member/Provider Services, Claims and Utilization Management to identify issues that required immediate intervention.
- Handled grievances, complaints and appeals in a timely manner.
- Supported the Finance Director during MMCOR and year-end projects, and participated in monthly financial meetings with the client.
- Ensured smooth transition during in-house system conversion. Coordinated training on new system and related updates to client staff, provided continual support and maintenance.
- Created a new Provider Directory yearly, as well as quarterly inserts. Verified status of all PCPs and specialists in addition to participating ancillary, mental health and pharmacy providers.
- Coordinated bi-annual Provider and Member Newsletters with the Medical Director.
- Conducted and tabulated yearly Access and Availability, and Provider Satisfaction Surveys and presented findings at the QA/QI meeting.
- Presented bi-annual presentations to Plan based PCP's and administration at Health Centers in Suffolk County.
- Recruited new providers to the network.
- Credentialed and re-credentialed providers and presented them to the Medical Director and committee at monthly meeting.
- Maintained daily contact with participating providers.

DOCTORS CARE NETWORK, Great Neck, NY (December 2001-April 2002)

**Physician Services Representative**

- Serviced all plan providers within Nassau County.
- Maintained and reinforced strong customer relationships with participating providers and their staff.
- Conducted orientations and site visits as needed.
- Coordinated and followed-up on provider issues concerning lost claims, referrals and late payments with in-house staff and the Medical Director at Doctors Care.
- Presented weekly updates at staff meetings and developed new strategies for implementing a positive efficient relationship with the providers.

PROHEALTH CORP., Lake Success, NY (March 2001-June 2001)

**Manager, Patient Relations Department**

- Coordinated and managed 12 customer service representatives.
- Held weekly staff meetings for issue resolution and staff motivation.
- Interacted with outside departments and attend meetings to reinforce the importance of efficient customer service.





- Presented department strategies, weekly overview and budgetary information to senior management.

CENTRAL LONG ISLAND PEDIATRICS, Bethpage, NY (November 1993-March 2001)

**Medical Billing and Collection Manager**

- Managed the staff of a five doctor, high volume pediatric practice.
- Oversaw the daily billing to Medicaid, no-fault insurance companies, commercial insurance companies and the monthly billing for all private insurance patients.
- Engaged in one-on-one meetings and follow up conversations with insurance Provider Field Representatives to review/resolve policy changes, outstanding issues and questions.
- Coordinated the Managed Care and HOM referrals to specialists.
- Worked closely with patients to receive coordination of benefits from 2nd part insurance companies.
- Conducted daily review and contacted physicians, patients and insurance companies to efficiently promote prompt pay, avoiding the initiation of delinquent or non-payment collection proceedings.
- Directed correspondence and follow-up on appeals for claim denials.
- Produced letters of medical necessity for pre-certification to Medical Directors for out of network providers and services.
- Attended medical billing workshops presented by industry-wide insurance companies to maintain current practices and procedures.
- Attended coding seminars to improve processing efficiency of revenue streams.
- Implemented an electronic claim submission program and facilitated the installation of EDEN and Medicaid software in to the office network.
- Coordinated and managed the Y2K transition of hardware, software and data for electronic transmittals.

**Education**

Certificate, Medical Billing and Administration: Medical Terminology, Anatomy and Physiology, Medical Billing, CPT-4, and Medical Office Procedures, Molloy College, Rockville Center, NY (1992-1993)

Thirty credits achieved towards an Associate Degree, Business/Marketing, Queensborough Community College, Bayside, NY (1975-1978)



## **Tara T. Scharf**

### **Professional Profile**

Tara T. Scharf is a health care administrative professional with more than twenty-five years of experience in diverse settings across the continuum of care.

### **Professional Experience and Achievements**

IPRO, Lake Success, NY (November 2005-Present)

#### **Contract Coordinator, Managed Care Department**

- Provides administrative coordination for the Pennsylvania (PA) External Quality Review (EQR) contract and other Managed Care Department contracts.
- Creates and maintains medical record review tracking systems: logs in receipt, tracks incoming and outgoing medical records, copies/files medical record and assures confidentiality of documentation.
- Coordinates monthly PA EQR contract budget activity/invoices, prepares check requests and coordinates invoicing with finance department.
- Proofreads EQR reports and other documentation; assists in editing and formatting.
- Ensures that reports/materials are disseminated on a timely basis.
- Prepares quarterly case management reports (narrative and aggregate data): reviews submissions from managed care organizations (MCOs), data enters and reviews for discrepancies, follows up with state client. Prepares final reports for submission to state.
- Assists in encounter data load process and receipt of encounter data files: tracks and monitors load processes, runs automated SAS programs, checks for discrepancies, updates spreadsheets.
- Coordinates case audit materials for state: works with assistant director on file receipt, checks data for discrepancies, prepares mail-merges, posts files to secure website and follows up with the state contact while adhering to timeline of due dates.
- Facilitates standing and ad hoc conference calls with multiple government clients: takes notes, edits and formats minutes of calls, maintains call documentation, prepares agenda and related documentation.
- Provides other administrative coordination and support: schedules meetings/conference calls, types documents, organizes large mailings, faxes/distributes mail. Maintains active contract contact lists and databases.

SOUTH NASSAU COMMUNITIES HOSPITAL, Oceanside, NY (October 2004-November 2005)

#### **Medical Secretary, Performance Improvement**

- Provided administrative and secretarial support for director.
- Coordinated meetings, in-service training; prepared agendas and materials.
- Designed forms/flowcharts and prepared correspondence and screened director's mail.





- Entered patient occurrence forms timely onto New York (NY) State Department of Health (DOH) website; assisted in preparation of plan of corrections to the DOH.
- Reviewed patient satisfaction surveys.
- Assisted in JCAHO readiness preparation.
- Assisted with hospital policy and procedure process: documentation preparation/proofing, followed up with policy owners, maintained schedule/indexes, published to intranet.
- Disseminated final policies to hospital staff in accordance with monthly schedule of due dates.

HORIZON HEALTHCARE OF NEW YORK, New York, NY (October 2003-October 2004)

**Professional Team Representative, Provider Relations**

- Processed provider profile changes; prepared provider fee schedules.
- Coordinated provider network mailings.
- Mailed appropriate provider contracts and cover letters to providers.
- Handled provider inquiries (35+/day) regarding: health plan policies and procedures, network status, contracts.
- Reviewed and updated provider directory/provider manual/HPN submission within requested time frame.

ROYAL HEALTH CARE/NEIGHBORHOOD HEALTH PROVIDERS (NHP), New York, NY  
(June 1998-October 2003)

**Clinical Services Specialist, Clinical and Provider Services**

- Provided administrative/secretarial support for Vice President and other department staff.
- Analyzed and produced monthly reports of inpatient discharges, maternity/asthma admissions and ancillary usage for multiple MCO clients.
- Arranged with vendors for: client presentations, printed materials, manuals/directories and supplies.
- Coordinated mailings to providers/new clients; prepared specific contract mailings, special announcements and educational flyers.
- Maintained health center contact database.
- Assisted in preparation of various audits (NY State/City, QARR, IPRO, DOH): coordination of data, mail-merge of letters, and extensive follow-up with providers (physicians/hospitals) to ensure compliance.

HEALTHFIRST, INC., New York, NY (April 1996-June 1998)

**PR Specialist, Provider Services**

- Reviewed provider applications, contracts.
- Educated provider's office staff for adherence to health plan policies and procedures.
- Reviewed credentials, addresses and verified billing information.
- Assisted member services and utilization management departments with inquiries re: referrals to specialists and ancillaries, new providers and current providers' network status.
- Coordinated program-specific mailings to providers in the network.



**QM Support Analyst, Quality Management**

- Prepared member/provider correspondence; coordinated mailings.
- Designed forms and flowcharts.
- Coordinated the medical record review process for state-mandated requests and clinical studies: reviewed criteria, tracked receipt and followed up with hospitals and health care centers.
- Assisted director with various provider and member satisfaction surveys.

CIGNA HEALTHCARE OF NEW YORK, Great Neck, NY/New York, NY (March 1994-March 1996)

**PR Administrator, Provider Relations**

- Designed, edited and proofread articles for monthly provider newsletter to 4,500+ providers.
- Compiled data for monthly, quarterly and year-end reports.
- Prepared tables and spreadsheets.
- Coordinated tracking process for current providers: maintained database and prepared outgoing letters.

**Administrative Secretary, Quality Management**

- Coordinated weekly/quarterly committee meetings, prepared agendas and assembled material.
- Screened manager's mail, supervised temporary staff and maintained departmental files.
- Composed correspondence to members/physicians re: quality complaints and service issues.
- Organized medical case histories for QM Committee approval.
- Compiled and updated quality assurance manuals; coordinated and assembled materials for procedural guidebooks for NCQA Accreditation.

EMPIRE BLUE CROSS AND BLUE SHIELD, New York, NY (November 1978-November 1993)

**Resource Analyst, Managed Care Programs**

- Functioned as primary liaison between department and human resources for staff of 120-145.
- Responsible for entire employee increment process.
- Coordinated personnel forms, arranged interviews.
- Assisted director with staffing allocation/budget reports.
- Assisted with responses to RFPs, audits, etc.

**Lead Word Processor, Utilization Review**

- Provided administrative and typing support for director/department.
- Scheduled and monitored departmental computer use and master document files.
- Arranged appointments, meetings and travel plans.

**Secretary, Professional Standards Review Organization**

- Provided secretarial support to director.





- Updated provider profiles.
- Designed forms; prepared internal/external reports.
- Arranged monthly committee meetings.

#### **General Clerk, Institutional Utilization Review**

- Prepped charts/claims for nurse review.
- Requested medical records from hospitals and maintained statistics.

#### **Education and Certification**

- Continuing on-the-job training (see below) / Ongoing refresh of computer skills through various courses: New York, NY / Long Island, NY (1993 – Present)
- Internship in ICD-9 Coding, Medical Records Department, St. Francis Hospital, Roslyn, NY, 1996
- Certificates in Medical Terminology, Anatomy & Physiology, ICD-9-CM Coding, CPT-4 Coding, Hospital Billing, Physician Billing, Molloy College, Rockville Centre, NY (1994-1996)
- Secretarial Science and Business Courses, excelled in English Studies and Business Law, Massapequa High School, Massapequa, NY (1974)

#### **Technical and Professional Skills**

- Windows XP, Microsoft Office 2007 & 2010 (Word, Excel, PowerPoint, Visio & Publishing).
- On-the-job training with: Microsoft Access, Automated SAS Programs, Credpro (Credentialing), MHS (provider/member profiles) and CareSTEPP (UM software), RoboInfo (publishing software) and NYPORTS (incident reporting website).
- Excellent proof reading skills.
- Experienced in computer functions.
- Presents a pleasant telephone manner.
- Familiar with routine office duties (fax, voicemail, e-mail, internet, scanner, ftp sites, webinar software, etc.).

#### **Awards and Other Professional Activities**

- IPRO Employee Recognition Awards (various, 2005-2010)
- IPRO Employee of the Month Award, November 2008
- Member, IPRO Distinguished Service Award Committee (2008-present)
- CIGNA Team Award (for effort during NCQA accreditation-1995)



## **Patricia Tam, BA**

### **Professional Experience and Achievements**

IPRO, Lake Success, NY (2007-Present)

#### **Senior Analyst, Managed Care Department (2010-Present)**

#### **Analyst, Managed Care Department, (2007-2010)**

- Participates in all phases of behavioral health EQR activities for the PA contract; assists in reporting phase of physical health activities and other ad hoc requests.
- Responsible for drafting specifications, tools development testing, coordinating source code review and data validation activities with programmer, designing analysis strategy, and writing of final project reports; analyzes qualitative and quantitative data utilizing Excel and SPSS.
- Provides ongoing technical assistance to MCO quality improvement staff on conducting root cause analyses, and evaluating action and monitoring plans.
- Partners with assistant director, project managers and IS programmer to develop and deliver technical assistance presentations, training manuals/toolkits, and Access-based data collection tools; provides internal maintenance and user technical support as needed.
- Served as secondary HEDIS auditor in 2008.

UNIVERSITY OF CHICAGO, Chicago, IL (2004-2007)

#### **Research Assistant, Dept. of Molecular Genetics Cell Biology, Lamppa Laboratory**

- Assisted in sponsor-acquisition process through written proposals and project design.
- Responsible for greenhouse management, genetic crossing, and biochemical analysis of seventeen mutant plant lines.
- Honors thesis pioneered and designed a new technique to distinguish and categorize mutant plant lines.
- Supervised, trained, and coordinated work of new research assistants.

UNIVERSITY OF CHICAGO, Chicago, IL (Summer 2006)

#### **Research Assistant, Graduate School of Business, Surivasan Laboratory**

- Collected corporate financial reports using Bloomberg, Datastream, and WRDS research database.
- Analyzed and presented quantitative corporate governance data.

STATE UNIVERSITY OF NEW YORK AT STONY BROOK, Stony Brook, NY (2002-2003)

#### **Simons Research Fellow, Dept. of Material Sciences and Engineering, Gouma Laboratory**

- Research paper: Characterization of Nano-crystalline Precipitates Used to Strengthen the Aerospace Alloy AF/C458
- 2002 Siemens Westinghouse and Intel STS Science Competition participant; Shipley Ronal finalist





### **Education**

Master of Public Health, Concentration in Health Policy and Management, Columbia University, New York, NY, Expected 2013

Bachelor of Arts with Honors, University of Chicago, Chicago, IL, June 2007

- Completed Premedical Curriculum; Double major in Psychology and Biology with specialization in Neurosciences
- Honors Thesis: A Phenotypic Analysis of the Chloroplast Import Defective Mutant *cid4*

### **Computer Skills**

Proficient in MS Word, Excel, PowerPoint, Publisher, Access, Visio, Adobe Photoshop, Creative Suite, EndNote, and SPSS; intermediate knowledge of SAS; working knowledge of Matlab and ImageJ

### **Training**

SAS® Programming 1: Essentials – SAS Institute, New York, NY

SAS® Programming 2: Data Manipulation Techniques – SAS Institute, New York, NY

### **Language Skills**

Fluent in English, Cantonese, and Mandarin; working knowledge of French



## **Anna Marie Viglietta, MA, PhD**

### **Professional Profile**

Dr. Anna Marie Viglietta holds a PhD in Applied Research and Evaluation and has more than 15 years of experience working in both research and executive administrative capacities within the health care industry. Her extensive experience encompasses project planning, data collection and analysis, health care quality improvement, customer relations, contract management, grant development and administration, and other areas. Dr. Viglietta has worked with numerous local, State and Federal government entities to ensure regulatory compliance.

### **Professional Experience & Achievements**

IPRO, Lake Success, NY (October 2005-Present)

#### **Project Manager, Managed Care Department**

- Manage performance improvement project activities and additional projects as assigned. For each project, responsible for ensuring that all planning, development, project implementation, programming, analysis, and reporting is completed on time and to the satisfaction of the customer. Provide assistance to external customers and clients as required with the completion of these tasks.
- Serve as primary contact for managed care organizations (MCOs) for assigned projects.
- Provide technical assistance to MCOs as needed.
- Communicate regularly with management and customers to ensure that project teams understand all customer needs. For some projects, serve as the primary customer contact, responsible for ensuring customer satisfaction and managing team members.
- Coordinate the work of staff members from a variety of disciplines (e.g., clinicians, analysts and programmers) assigned to a project team.
- Train and monitor various department staff involved in performance improvement project activities and additional projects as assigned.
- Assist in preparation of work plans, staffing assessments, and budgets for various contract tasks/proposals as needed.
- Prepare written reports for contract and ad hoc projects as assigned. Ensure that all written products contain appropriate, clear and well-written text, charts and graphics to ensure that customers understand the key findings and the scope of all analyses.
- Prepare and deliver presentations for contract and ad hoc projects as assigned. Assist project team members with presentations as needed.

UNITED WAY OF LONG ISLAND, Deer Park, NY (May 2003-November 2005)

#### **Senior Vice President, Planning and Grants**

- Oversaw the operation of grant-funded activities, including assuring that United Way of Long Island met or exceeded the requirements of the grants. Grants exceeded \$6 million.
- Developed grant applications for funding.





- Managed the operation of a planning function, including planning for services funded through grant-funded activities.
- Directed the development and implementation of a request for proposal process.
- Managed the development and administration of contracts with providers of service.
- Worked with various and diverse volunteer groups to identify community needs.
- Provided supervision and support to all planning and grants staff, coordinating all work in the administration of grants.
- Prepared and monitored work plans, staffing assessments, and budgets for grants.
- Provided assistance with planning and research activities to other departments.
- Communicated regularly with officials from all levels of government to ensure that grant administration and contracts awarded with grant funds were in compliance with regulations.

IPRO, Lake Success, NY (July 1997-April 2003)

**Assistant Director (May 2001-April 2003)**

**Project Manager (May 2000-May 2001)**

**Sr. Data Analyst (July 1997-May 2000)**

- Managed the External Quality Review (EQR) tasks for the Commonwealth of Pennsylvania Department of Public Welfare contract. These tasks involved physical health, behavioral health, and coordination between physical and behavioral health activities. Responsible for all planning, data collection, analysis, and reporting.
- Served as primary customer contact for the PA EQR tasks. This included regular, extensive communication with individuals at various levels, including liaisons at managed care organizations throughout Pennsylvania, PA Dept. of Public Welfare officials, and health care professionals with different clinical backgrounds.
- Supervised analysts in data validation and analytic activities. Trained, monitored, and supervised other staff as needed. Coordinated the work of staff members from a variety of disciplines assigned to the project teams.
- Initiated and supported efforts to improve the effectiveness of department processes. Worked with nurse reviewer and support staff to develop a streamlined process of collecting and tracking medical records.
- Prepared workplans and staffing assessments for completion of External Quality Review tasks of the PA contract.
- Monitored and assisted in preparation of budget for the External Quality Review tasks under the PA contract.

NASSAU SUFFOLK HEALTH SYSTEMS AGENCY, INC., Plainview, NY (January 1995-June 1997)

**Research Analyst**

- Developed surveys to determine health care needs of a diverse population.



HOFSTRA UNIVERSITY, Hempstead, NY (Fall 1993, 1994)

**Adjunct Professor (September 1994-December 1994)**

**Teaching Assistant (September 1993-December 1993)**

- Taught students basic principles in Industrial Psychology.
- Monitored student progress through class participation and tests.

MULTIDIMENSIONAL RESEARCH AND EVALUATION, Plainview, NY (1992-1993)

**Associate Consultant**

- Collaborated to develop a workshop to train pharmacists how to counsel patients in a smoking cessation plan.

LONG ISLAND JEWISH MEDICAL CENTER, New Hyde Park, NY (February 1991-January 1992)

**Planning Assistant, Planning Department (January 1992)**

**Consultant/Planning Assistant (February 1991 – October 1991)**

### **Education**

PhD, Applied Research and Evaluation, Hofstra University, Hempstead, NY, May 1994

Master of Arts, Psychology, Hofstra University, Hempstead, NY, December 1990

Bachelor of Arts, Liberal Arts, Hofstra University, Hempstead, NY, May 1989





## **Laisha Hashim Washington, MA**

### **Professional Profile**

Laisha Hashim Washington has more than 10 years of experience working in the health care industry. Her extensive experience encompasses project planning, performance measurement, behavioral health service delivery, data collection and analysis, health care quality improvement, customer relations, contract management, and other areas. Ms. Washington holds a Masters Degree in Psychology from the New School for Social Research in New York, NY.

### **Professional Experience and Achievements**

IPRO, Lake Success, New York (March 2000-Present)

#### **Assistant Director (June 2005-Present)**

- Supervise work of team members on all aspects of IPRO's External Quality Review (EQR) contract for the Commonwealth of Pennsylvania (PA) Department of Public Welfare (DPW).
- Supervise and lead all mandatory and voluntary External Quality Review (EQR) project activities, including but not limited to, validation of state-required performance measures, validation of state-required performance improvement projects, review of managed care organization (MCO) compliance with quality standards and focused clinical studies on health care quality.
- For each project, take responsibility for ensuring that all planning, development, implementation, programming, analysis and reporting are done on time and to the satisfaction of relevant customers.
- Provide technical assistance to customers and collaborators as required.
- Assists in running day-to-day operations as well as contract management responsibilities of PA team in the Managed Care Department in concert with the Sr. Director.
- Serve as customer contact for DPW projects as needed.
- Assist in budget preparation and management of expenditures.
- Monitor work plan, timelines and staff assignment for delivery of work products to client.
- Assist with preparation of monthly contract management reports for client and internal key process reports.
- Responsible for staff development, oversight and evaluation; recruitment of new staff and orientation to contract work and activities.

#### **Project Manager (April 2003-June 2005)**

- Managed several projects concurrently, ensuring that all planning, data collection, analysis, and reporting were completed timely and to the satisfaction of the customer.
- Served as primary client contact on behavioral health projects for PA DPW Office of Mental Health and Substance Abuse Services (OMHSAS), including but not limited to, clinical and technical staff from BH MCOs, Counties and multiple State departments.
- Coordinated work for staff members from a variety of disciplines assigned to a project team. Communicated regularly with supervisor and clients to ensure that project teams consistently met or exceeded client requirements.



- Assembled multidisciplinary teams composed of IPRO, client and MCO staff to guide project development and implementation.
- Ensured that written products contained appropriate, clear and well-written text, charts and graphics to facilitate client's understanding of key findings and analyses.
- Conducted oral presentations to IPRO staff and external audiences that are meaningful and clear to both technical and non-technical staff.

**Senior Data Analyst (March 2000-April 2003)**

- Assisted in auditing MCO self-reported HEDIS data, and programs and processes used to generate HEDIS data from administrative and medical records.
- Analyzed managed care encounter data for accuracy, completeness and internal consistency. Worked with programmers and clinical staff to compare encounter data with medical records.
- Participated in workgroups composed of clinical, analytical and administrative staff from IPRO and MCOs to design quality improvement studies. Synthesized input from workgroup members to assist in design of data collection tools, sampling strategies, worksheet instructions and data reports.
- Assisted performance improvement staff in working with MCOs to redesign their health care delivery processes and data systems in response to findings from encounter data validation, self-reported indicator validation and/or quality improvement studies.
- Analyzed quantitative and qualitative data.

MAGELLAN BEHAVIORAL HEALTH, New York, NY (October 1997-March 2000)

**Clinical Care Worker**

- Handled aftercare of patients recently discharged from behavioral health and substance abuse facilities.
- Performed clinical case management of mental health and substance abuse patients with utilization review.
- Maintained data integrity and timeliness of ambulatory case post-discharge in Access database.
- Performed outreach to obtain clinical updates with behavioral health providers and patient crisis intervention.

**Senior Patient Care Coordinator**

- Customer service representative for clients seeking outpatient behavioral health services.
- Worked with account executive to determine how to improve telephone platform.

COMMUNITY MAINSTREAM ASSOCIATES, Great Neck, NY (June 1996-October 1997)

**Senior Counselor**

- Counseled high functioning developmentally delayed adults in group-home settings.
- Performed crisis intervention, behavioral counseling and vocational training.
- Worked as advocate of four clients including administration of medication, coordination of medical care and verification of daily attendance to job or day program.
- Implemented goal setting and treatment plan adherence.
- Kept monthly statistics of goal attainment.





DEVELOPMENTAL DISABILITIES INSTITUTE, Huntington, NY (June-September 1996)

**Assistant Teacher**

- Taught basic foundations in reading, writing and math to profoundly autistic and MR/DD children.
- Performed behavioral modification and treatment plan compliance.

**Computer Skills**

Proficient in MS Office Application (Word, Excel, PowerPoint, Access, Visio), SAS for quantitative analysis

**Education**

Master of Arts, General Psychology, New School for Social Research, New York, NY, 2000

Bachelor of Science, Human Development and Family Studies, Cornell University, College of Human Ecology, Ithaca, NY, 1996

**INSURANCE REQUIREMENTS FOR CONTRACTORS**

The Contractor shall purchase and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, employees or subcontractors.

**A. MINIMUM SCOPE AND LIMITS OF INSURANCE****1. Workers Compensation**

Workers Compensation insurance shall be in compliance with the Workers Compensation law of the State of the Contractor's headquarters. Employers Liability is included with a minimum limit of \$500,000 per accident/per disease/per employee. A.M. Best's insurance company rating requirement may be waived for workers compensation coverage only.

**2. Commercial General Liability**

Commercial General Liability insurance, including Personal and Advertising Injury Liability, shall have a minimum limit per occurrence of \$1,000,000 and a minimum general aggregate of \$2,000,000. The Insurance Services Office (ISO) Commercial General Liability occurrence coverage form CG 00 01 (current form approved for use in Louisiana), or equivalent, is to be used in the policy. Claims-made form is unacceptable.

**3. Automobile Liability**

Automobile Liability Insurance shall have a minimum combined single limit per occurrence of \$1,000,000. ISO form number CA 00 01 (current form approved for use in Louisiana), or equivalent, is to be used in the policy. This insurance shall include third-party bodily injury and property damage liability for owned, hired and non-owned automobiles.

**B. DEDUCTIBLES AND SELF-INSURED RETENTIONS**

Any deductibles or self-insured retentions must be declared to and accepted by the Department. The Contractor shall be responsible for all deductibles and self-insured retentions.

**C. OTHER INSURANCE PROVISIONS**

The policies are to contain, or be endorsed to contain, the following provisions:

**1. General Liability and Automobile Liability Coverages**

- a. The Department, its officers, agents, employees and volunteers shall be named as an additional insured as regards negligence by the contractor. ISO Form CG 20 10 (current form approved for use in Louisiana), or equivalent, is to be used when applicable. The coverage shall contain no special limitations on the scope of protection afforded to the Department.
- b. The Contractor's insurance shall be primary as respects the Department, its officers, agents, employees and volunteers. Any insurance or self-insurance maintained by the Department shall be excess and non-contributory of the Contractor's insurance.
- c. Any failure of the Contractor to comply with reporting provisions of the policy shall not affect coverage provided to the Department, its officers, agents, employees and volunteers.
- d. The Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the policy limits.

**2. Workers Compensation and Employers Liability Coverage**

The insurer shall agree to waive all rights of subrogation against the Department, its officers, agents, employees and volunteers for losses arising from work performed by the Contractor for the Department.

**3. All Coverages**

- a. Coverage shall not be canceled, suspended, or voided by either party (the Contractor or the insurer) or reduced in coverage or in limits except after 30 days written notice has been given to the Department. Ten-day written notice of cancellation is acceptable for non-payment of premium. Notifications shall comply with the standard cancellation provisions in the Contractor's policy.
- b. Neither the acceptance of the completed work nor the payment thereof shall release the Contractor from the obligations of the insurance requirements or indemnification agreement.
- c. The insurance companies issuing the policies shall have no recourse against the Department for payment of premiums or for assessments under any form of the policies.



- d. Any failure of the Contractor to comply with reporting provisions of the policy shall not affect coverage provided to the Department, its officers, agents, employees and volunteers.

**D. ACCEPTABILITY OF INSURERS**

All required insurance shall be provided by a company or companies lawfully authorized to do business in the jurisdiction in which the Project is located. Insurance shall be placed with insurers with a A.M. Best's rating of **A-:VI or higher**. This rating requirement may be waived for workers compensation coverage only.

If at any time an insurer issuing any such policy does not meet the minimum A.M. Best rating, the Contractor shall obtain a policy with an insurer that meets the A.M. Best rating and shall submit another Certificate of Insurance as required in the contract.

**E. VERIFICATION OF COVERAGE**

Contractor shall furnish the Department with Certificates of insurance reflecting proof of required coverage. The Certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The Certificates are to be received and approved by the Department before work commences and upon any contract renewal thereafter.

In addition to the Certificates, Contractor shall submit the declarations page and the cancellation provision endorsement for each insurance policy. The Department reserves the right to request complete certified copies of all required insurance policies at any time.

Upon failure of the Contractor to furnish, deliver and maintain such insurance as above provided, this contract, at the election of the Department, may be suspended, discontinued or terminated. Failure of the Contractor to purchase and/or maintain any required insurance shall not relieve the Contractor from any liability or indemnification under the contract.

**F. SUBCONTRACTORS**

Contractor shall include all subcontractors as insureds under its policies OR shall be responsible for verifying and maintaining the Certificates provided by each subcontractor. Subcontractors shall be subject to all of the requirements stated herein. The Department reserves the right to request copies of subcontractor's Certificates at any time.

## SUMMARY OF INFORMATION

CONTRACTOR NAME IPRO (Island Peer Review Organization)		Amount \$ 1,551,866.00
CONTRACT DATES Effective Date 08-01-2011 Termination Date 07-31-2014		BA-22 ATTACHED <input checked="" type="checkbox"/>

Certification Requirements: (Check Applicable Items)

- ☒ 1. Either no employee of this agency is both competent and available to perform the services called for by the proposed contract and/or the services called for are not the type readily susceptible of being performed by persons who are employed by the State on a continuing basis.
- ☒ 2. The services are not available as a product of a prior or existing professional, personal contract.
- ☐ 3. When applicable, the requirements for consultant contracts, as provided for under R.S. 39:1503-1507, have been complied with (proper documentation should be provided).
- ☒ 4. The using agency has developed and fully intends to implement a written plan providing for the assignment of specific using personnel to a monitoring and liaison function. Identify name of individual of staff unit responsible for monitoring this contract:

Name Mary Beth F. Scorsone	Phone No. (225)342-1304
Location P.O. Box 91030 Baton Rouge, LA 70821-9030	

**Summary of Monitoring Plan:** (This must include periodic review of specified reports, documents, exception reporting, or other indicia or performance, etc.). Additional pages may be attached if necessary.

The Contractor will provide monthly reports, bi-weekly readiness review tracking reports, and annual reports. The contract monitor will review reports for all required data. Monthly reports, bi-weekly reports, and annual reports as required for State and Federal reports and as described in the contract.

The ultimate use of the final product of the services: (Specify)

Readiness Reviews will be used to determine if a CCN is "ready" to enroll and meets all DHH requirements to begin providing services to the Medicaid population. The EQRO activities will provide valuable information in determining whether CCNs are meeting the requirements of providing quality, timeliness, and access to certain Medicaid covered health care services set forth within the contract. This provides an independent objective analysis of the performance of the CCN.

- ☒ 5. Respond to questions A or B on all contracts except those funded by "Other Charges" (3600 series) of Budget:
- A. What critical services will go unprovided and to whom?
1. A critical assessment of whether a CCN (MCO) has all systems and processes in place to provide the medical services for the Medicaid population. 2. Federally mandated External review activities that could impact FFP.
- B. How many hours will the contractor have to work? N/A
- ☒ 6. Completed monitoring report will be submitted to the Office of Contractual Review within 60 days after termination of contract. (For Personal, Professional, Consulting contracts exceeding \$20,000)
- ☒ 7. The services have not been artificially divided to as to constitute a small purchase (not exceeding \$20,000).
- ☒ 8. A cost-benefit analysis has been conducted which indicates that obtaining such services from the private sector is more cost-effective than providing such services the agency itself or by any agreement with another state agency and includes both a short-term and long-term analysis and is available for review.
- ☒ 9. The cost basis for the proposed contract is justified and reasonable.
- ☒ 10. A description of the specific goals and objectives, deliverables, performance measures and a plan for monitoring the services to be provided are contained in the proposed contract.

PRIOR CONTRACT INFORMATION MUST BE FILLED OUT (IF NO PRIOR CONTRACT PUT N/A) N/A

PRIOR YEAR SERVICES PROVIDED BY (Contractor Name):

CFMS#:	DHH#:	EFF:	TERM:
AMOUNT:			
PREVIOUSLY ISSUED UNDER RFP?			
IF YES, DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:			



YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Contains a date upon which the contract is to begin and upon which the contract will terminate.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contains a description of the work to be performed and objectives to be met.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Contains an amount and time payment to be made.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Contains a description of reports or other deliverables to be received, when applicable.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Contains a date of reports or other deliverables to be received, when applicable.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. When a contract includes travel and/or other reimbursable expenses, it contains language to effect the following:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. Travel and other reimbursable expenses shall constitute part of the total maximum payable under the contract; (or)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. No more than (a certain sum) of the total maximum amount payable under this contract shall be paid or received as reimbursement for travel and other reimbursable expenses; (and)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. Travel expenses shall be reimbursed in accordance with Division of Administration Policy and Procedure memorandum 49 (The State General Travel Regulations).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Contains the responsibility for payment of taxes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Contains the circumstances under which the contract can be terminated either with or without cause and contains the remedies for default.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Contains a statement giving the Legislative Auditor the authority to audit records of the individual(s) or firm(s).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Contains an assignability clause as provided for under LAC-4:4.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Budget Form BA-22, fully completed and attached to back of each contract.

## DETERMINATION OF RESPONSIBILITY

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Had adequate financial resources for performance, or has the ability to obtain such resources as required during performance.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Has the necessary experience, organization, technical qualifications, skills and facilities or has the ability to obtain them (including probable subcontractor arrangements).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Is able to comply with the proposed or required time of delivery or performance schedule.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Has a satisfactory record of integrity, judgment and performance (contractors which are seriously delinquent in current contract performance, considering the number of contracts and the extent of delinquencies of each, shall in the absences of evidence to the contrary or compelling circumstances presumed to be unable to fulfill this agreement).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Is otherwise qualified and eligible to receive an award under applicable laws and regulations.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. If a contract for consulting services is for \$50,000 or more: The head of the using agency has prepared, signed and placed in the contract file a statement of the facts on which a determination of responsibility of offer or potential subcontractors have been filed with the statement.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. On subcontracting, it has been established that contractors recent performance history indicates acceptable subcontracting systems; or, major subcontractors have been determined by the heads of the using agency to satisfy this standard

R.F.P. CONSULTING CONTRACTS FOR \$50,000 OR MORE; UNLESS DETERMINED EXEMPT AS PER ACT 673 of 1985, R.S. 39:1494.1 (A).

☐ Contract file attached and this includes:

☐ Criteria for selection ☐ Proposals ☐ Pertinent Documents ☐ Selection Memorandum

PROGRAM / FACILITY SIGNATURE

ASSISTANT SECRETARY OR DESIGNEE SIGNATURE

*Mary Beth J Scorsone*

OFFICE

PHONE NUMBER

225-3421304

OFFICE

STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION  
BA-22 (Revised 10/2005)

Date: 8/31/2011 Dept/Budget Unit/Program #: 09-305 / Prg 200  
Dept/Agency/Program Name: DHH / Medical Vendor Administration / MVA OCR/CFMS Contract #: 706349  
Agency/Program BA-22 #: 70 Agency/Program Contract #: 057624

Fiscal Year for this BA-22: 2011-12 BA-22 Start/End Dates: 08/01/11 06/30/12  
(yyyy-yy) (Start Date) (End Date)

Multi-year Contract (Yes/No): Yes If "Yes", provide contract dates:  
08/01/11 07/31/14  
(Start Date) (End Date)

Island Peer Review Organization, Inc 112662689  
(Contractor/Vendor Name) (Contractor/Vendor No.)

This project will provide External Quality Review and administrative support services for Louisiana Medicaid's statewide managed care program referred to as the Coordinated Care Network (CCN) Program.

Contract Amendment (Yes/No): No Amendment Start/End Dates:  
(Start Date) (End Date)

Contract Cancellation (Yes/No): No Date of Cancellation:

(Provide rationale for amendment or cancellation)

This information is to be provided at the Agency/Program Level				
MEANS OF FINANCING		AMOUNT		
	Current Year	%	Total Contract	%
State General Fund	\$192,324.00	50.00%	\$775,933	50.00%
Interagency Transfers	\$0.00	0.00%	\$0	0.00%
Fees and Self Gen.	\$0.00	0.00%	\$0	0.00%
Statutory Dedication	\$0.00	0.00%	\$0	0.00%
Federal	\$192,323.00	50.00%	\$775,933	50.00%
TOTALS	\$384,647.00	100.00%	\$1,551,866	100.00%

\*Specify Source (i.e., grant name, fund name, IAT sending agency and revenue source, fee type and source, etc.)

Are revenue collections for funds utilized above in line with budgeted amounts? (Yes/No)

If not, explain.

This information is to be provided at the Agency/Program Level	
Name of Object Code/Category:	Other Professional Services
Object Code/Category Number:	3460
Amount Budgeted:	\$135,161,636
Amount Previously Obligated:	\$53,108,859
Amount this BA-22:	\$384,647
Balance:	\$81,668,130

The approval of the aforementioned contract will not cause this agency/program to be placed in an Object Category deficit.

Agy/Prg Contact: Angela G. Hebert  
Name: Angela Hebert  
Title: Medicaid Program Manager 1-A  
Phone: 225-342-9492

Reviewed/Approved By: Darryl Johnson  
Name: Darryl Johnson  
Title: Section Chief  
Phone: 225-342-9480

FOR AGENCY USE ONLY

AGENCY	PROGRAM	ACTIVITY	ORGANIZ.	OBJECT	REPT CAT	AMOUNT
305	200		7113	3460	4436	\$384,647.00