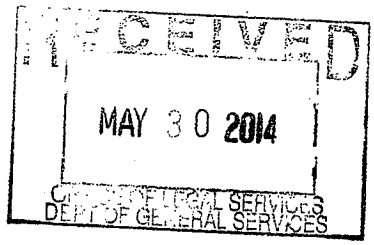
cid management



May 30, 2014

Department of General Services
Office of Legal Services
707 Third Street
7th Floor, Suite 7-330
West Sacramento, CA 95605

Re: DIR/DWC RFP #14-001 – Independent Medical Review

cc: Christine Powlan, Department of Industrial Relations

This protest is on the grounds that the (protesting) proposer, CID Management, would have been awarded the contract had the agency correctly followed the procedures specified in either subdivision (b) or (c) of PCC § 10344.

Sincerely,

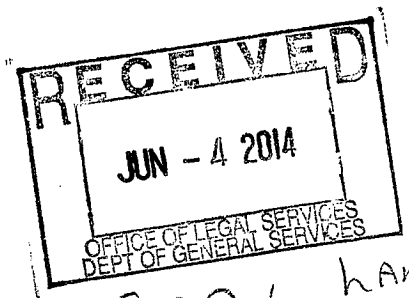
Todd Andrew
Director of Clinical Operations

PO Box 4379 | Westlake Village, CA 91359 | P: 866-301-6568 | F: 877-628-6724
www.cidmcorp.com

cid management

June 4, 2014

To: Beverly W. Brown
Department of General Services
Office of Legal Services
707 Third Street
7th Floor
West Sacramento, CA 95605



copy hand delivered

From: Steven Cardinale, Managing Director
Phone: 925-786-8934

Number of Pages: 101

DETAILED WRITTEN STATEMENT BY CID MANAGEMENT, INC.
PROTEST OF THE AWARD OF RFP NO. 14-001
DEPARTMENT OF INDUSTRIAL RELATIONS, AWARDING AGENCY
BEFORE THE DEPARTMENT OF GENERAL SERVICES
PROTEST NO.: 14-060

PO Box 4379 | Westlake Village, CA 91359 | P: 866-301-6568 | F: 877-628-6724
www.cidmcorp.com

cid management

GROUNDS FOR PROTEST

CID Management's Detailed Statement for Protest No. 14-060 is as follows.

INTRODUCTION

In regard to DIR/DWC RFP No. 14-001 and per the protest acknowledgement letter from the Department of General Services, CID Management, Inc. (CID) points out that the awarding state agency failed to follow the procedures specified in either Public Contracts Code section 10344(b) or (c).

INACCURATE SCORING

Related to 10344(c)(2), the methods specified in the request for proposal were not utilized accurately in evaluating and scoring the proposals. CID Management was incorrectly scored as a result of points deducted for conflict of interest, when freedom from conflict of interest was clearly demonstrated.

Section 2 of RFP 14060 entitled Experience and Expertise, Avoidance of Conflicts of Interest of the Evaluation Process, Phase 1, Reporting/Scoring Criteria provides 14 sections (each bullet point being referred to as a section for this discussion) of evaluation to create a total possible cumulative score of 25 points. At this time, CID believes it was scored incorrectly and that scoring for the 14 sections were not applied correctly on the following two grounds:

1.) Preconceived Determination

2.) Comparable Evaluation Scores

Even though CID meets the requirements of this section, CID's score was 8 points lower than the comparable bid from Maximus for the same category and 4.33 points lower than the comparable bid from ExamWorks. CID's score of 14.67 out of 25 in this section (as evidenced by the scoring sheets in Exhibit C) is inconsistent given our appropriate response on each of the sections. Section weighting is not discussed in the RFP (a specific deficiency of the RFP) and consequently an equal weighting of each section is assumed for each of the 14 main points.

1.) Preconceived Determination

Although CID has clearly demonstrated its freedom from conflicts of interest as shown in Exhibit B, we believe one or more of the evaluators had a preconceived notion of conflict of interest. This notion was made clearly evident when one of the evaluators, Hon. Lach Taylor, raised a conflict of interest issue in the very first part (within the first 30 minutes) of the oral presentation and suggested ending the discussions.

CID has not been identified as a nonresponsive bidder due to conflicts of interest and consequently NO REDUCTION IN SCORING should be applied for this specific topic.

CID completed the presentation and submitted additional supporting documentation regarding freedom from conflict of interest as provided in Exhibit B. CID provided adequate answers through the supplemental material provided and stands behinds its position that conflict of interest is a non-issue. If conflict of interest is a formal issue then that must be expressed as a nonresponsive issue as opposed to a reduction in scoring.

This preconceived conflict of interest determination weighed heavily on the scoring and consequently the scoring should be re-evaluated **WITHOUT THE PRECONCEIVED DETERMINATION**. This inaccurate scoring reduced CID's phase 1 score to 81 vs. the 85 necessary to move to phase 2 which is the pricing calculation in which CID's pricing of close to $200 is almost 50% lower than the current winning bid.

2.) Comparable Evaluation Scores

In reviewing the Evaluation Worksheets and Notes (attached as Exhibit E) from the three committee members at the presentation: Hon. Lach Taylor, Dr. Rupali Das, and Irina Nemirovsky (Destie Overpeck, the acting Administrative Director (AD) was not in attendance. This is a separate discussion due to the AD's oversight function), it is apparent that although the members identified ExamWorks as having potential conflicts of interest, ExamWorks was consistently scored higher in each category than CID.

ExamWorks had an average score of 19 on section 2 Experience, Expertise, Avoidance of Conflicts of Interest vs. CID's score of 14.67.

ExamWorks had an average score of 8.33 on section 4 Oral Presentation sub-section b Experience, Expertise, Avoidance of Conflicts of Interest vs. CID's score of 5.33.

In the Evaluation Worksheets it is noted that ExamWorks' proposal brings up the same conflict of interest questions as presented to CID, as evidenced by the following Evaluation Worksheet notes for ExamWorks:

Evaluator	Notes	ExamWorks Points
Hon. Lach Taylor	"COI – slightly mitigated"	18 points
Dr. Rupali Das	"COI?" (in oral presentation section a)	21 points
Irina Nemirovsky	"Have small conflict of interest"	18 points

Additionally notes from the presentations specify ExamWorks as having a "COI – on recruitment + on each case" (attribution not specified). And that ExamWorks has "three IROs operate independently. Data is one is not acceptable to antoher. That is how EW deas with COI"

(misspellings from original notes as supplied in Exhibit E) (this segmentation of operational independence is the identical format for CID's operational segmentation as evidenced in Exhibit B).

It is clear that although the committee members were dealing with the same conflict of interest questions (whether their understanding was complete or appropriate is a different issue) they consistently provided ExamWorks with higher scores than CID although it is clear that EXAMWORKS AND CID HAVE COMPARABLE RESPONSES.

The inappropriate scoring of comparable responses weighed heavily on the scoring and consequently the scoring should be adjusted to **EQUALLY SCORE THE COMPARABLE RESPONSES.** This inaccurate scoring reduced CID's phase 1 score to 81 vs. the 85 necessary to move to phase 2 which is the pricing calculation in which CID's pricing of close to $200 is almost 50% lower than the current winning bid.

MISALLOCATED SECTION SCORING

The original RFP has 14 bullets regarding scoring criteria on pg. 22 under Experience and Expertise, Avoidance of Conflicts of Interest. There is only one bullet that describes conflicts of interest with the following language:

> "Proposer may describe whether and how it will meet or exceed the Minimum Qualifications for Proposers with regard to freedom from conflicts of interest on the part of the Proposer and with regard to procedures to avoid conflicts of interest of reviewers in individual case assignments."

Although this language is specific to conflicts of interest on "individual case assignments", which CID clearly responded to, the percentage reduction for accurately addressing this point is not in alignment with the quantity of other responses.

Assuming equal weighting (specific weighting was not discussed in the RFP and is a specific deficiency of the RFP), each bullet point has a value of 7.14%. Not adequately addressing the specific concept identified above should have provided CID a point score of 23.2 points for this section vs. the 14.67 points CID was awarded, a difference of 8.53 points.

The average reduction in score due to a conflict of interest penalty (assuming one should have been applied) was 41.3% (see individual evaluation scores below) vs. the 7.14% that should have accurately been applied.

Evaluator	CID Score	% of Total	COI Penalty
Hon. Lach Taylor	15	60%	40%
Dr. Rupali Das	16	64%	36%

Irina Nemirovsky	13	52%	48%

This inappropriate and inaccurate reduction in overall score weighed heavily on the scoring and consequently the scoring should be adjusted to **ACCURATELY SCORE BASED ON CRITERIA SET FORTH IN THE RFP**. This inaccurate scoring reduced CID's phase 1 score to 81 vs. the 85 necessary to move to phase 2 which is the pricing calculation in which CID's pricing of close to $200 is almost 50% lower than the current winning bid.

Below are the line-by-line responses from CID to accurately present where each bullet point had an accurate response.

- License to do business in the State of California and selected company shall obtain at its own expense all the license(s) and permit(s) required by law for accomplishing any work required in connection with this RFP.
  - CID meets this requirement.
- Experience with creating a case flow tracking system for cases being submitted for review.
  - CID provided this on pg. 14 of the RFP response. See Exhibit A for CID's response.
- Experience and familiarity with evidence-based medical treatment and guidelines, and understanding of the workers' compensation Medical Treatment Utilization Schedule (MTUS) in the State of California.
  - CID consulted with the DIR/DWC on evidence-based medical treatment and guidelines and has over 10 years of experience in the area.
- Demonstrated ability to handle high-volume case workload in a medical treatment review setting.
  - CID demonstrated this on pg. 5, 6, and 49 of the RFP response.
- Demonstrated success in handling at least 100,000 reviews per year of the type described in this RFP.
  - CID demonstrated this on pg. 5, 6, and 49 of the RFP response.
- Experience managing electronic submissions of reviews and handling large caseload volume.
  - CID demonstrated this on pg. 5, 6, and 49 of the RFP response.
- Demonstrated breadth of experience conducting independent medical reviews.
  - While CID does not currently perform IMRs, the breadth and depth of UR experience is relevant to conducting IMRs.
- Demonstrated ability to provide data regarding case status and outcomes.
  - CID demonstrated this on pg. 14 of the RFP response.
- Contractor, as well as its reviewers, shall be administratively and professionally capable of providing reviews as set forth in the RFP.
  - CID demonstrated this on pg. 6 and 10 of the RFP response.
- Contractor will have an office in California and demonstrate its ability to recruit California licensed providers to conduct reviews. Contractor shall employ a medical director who shall be a physician and surgeon licensed by the Medical Board of

California or the California Osteopathic Medical Board and who shall be responsible for advising Contractor on clinical issues.
    - CID meets these requirements.
- Contractor shall ensure that at all times it will have sufficient numbers of reviewers available to satisfy the review time frames set forth in this RFP (i.e., if there are changes in workloads)
    - CID demonstrated this both in the oral presentation and written proposal.
- Contractor shall have staff available in sufficient numbers and with sufficient skills to perform the professional and nonprofessional tasks required under this Agreement. Contractor staff responsibilities shall include, but not be limited to: recruiting and verifying credentials of reviewers; performing conflicts of interest checks; managing the processing of reviews; drafting; reviewing and revising written determinations; and maintaining the confidentiality of medical records and other data.
    - CID demonstrated this within the RFP Work Plan response beginning on pg. 32.
- Provision of at least 3 references of services of same or similar size and scope.
    - CID provided 6 relevant references in Attachment 4 beginning on pg. 55 of the RFP response.
- Proposer may describe whether and how it will meet or exceed the Minimum Qualifications for Proposers with regard to freedom from conflicts of interest on the part of the Proposer and with regard to procedures to avoid conflicts of interest of reviewers in individual case assignments.
    - See Exhibit B for demonstration of freedom from conflicts of interest.

MISINTERPRETATION OF SCORING METHODOLOGY

Section 2 of the RFP Rating/Scoring Criteria specifically states in the last bullet:

> "Proposer may **describe whether and how** it will meet or exceed the Minimum Qualifications for Proposers with regard to freedom from conflicts of interest on the part of the Proposer and with regard to **procedures to avoid conflicts of interest of reviewers in individual case assignments**"
>
> (emphasis mine)

This is the section where CID's scores were reduced due to a misunderstanding of the Scoring Criteria as applied by the evaluation committee members. This bullet clearly states two unique scoring methodologies:

1.) "Describe whether and how"
2.) "avoid conflicts of interest of reviewers in individual case assignments"

CID clearly demonstrated "whether and how" we exceed the minimum on "individual case assignments" by not allowing physicians who have any connection with a case other than IMR to

perform clinical analysis. This is clearly spelled out in our written RFP, the oral presentation, as well as the supplemental materials (Exhibits A-B).

The evaluation committee members misunderstood the scoring criteria to completely encompass all potential conflict of interest issues vs. a very specific demonstration application. The committee members do not have the authority nor the expertise to opine on the interpretation of overall conflict of interest, although as seen in the Evaluation Criteria and Notes they obviously overstepped their authority and did make sweeping assumptions and applied those assumptions to point reductions.

This misunderstanding of scope and overstepping of authority to apply discretion on scoring across a regulatory boundary weighed heavily on the scoring and consequently the scoring on specific scoring sections which should be adjusted to **ACCURATELY SCORE BASED ON AUTHORIZED SCOPE OF DISCRETION**. This inaccurate scoring reduced CID's phase 1 score to 81 vs. the 85 necessary to move to phase 2 which is the pricing calculation in which CID's pricing of close to $200 is almost 50% lower than the current winning bid.

INCONSISTENT SCORING APPLICATION

The procedures referenced in 10344(b)(2) were not followed due to the fact that ExamWorks included its detailed cost information in page 61 of its written proposal. The costs were not isolated to a separate, sealed envelope. Yet, ExamWorks was deemed eligible and received cost weighting in its final score. Further, in section (b)(1), all proposals should have been reviewed to determine those that met the format requirements and standards specified in the RFP. ExamWorks stated on pg. 84 of its proposal that it does not meet the DVBE 3% requirement. As a result, ExamWorks should have been deemed a non-responsive bidder.

This inappropriate determination of responsive bidder, although explicit deficiencies are obvious in the ExamWorks bid, clearly identifies inappropriate scoring on behalf of the department. This inaccuracy reduction implies that the scoring was different for certain bidders and weighed heavily on CID's ability to compete on a level playing field in the RFP. Consequently the **APPROPRIATE DETERMINATIONS SHOULD BE APPLIED ACROSS ALL RFP RESPONDENTS.**

CID AS THE LOWEST RESPONSIBLE AND RESPONSIVE BIDDER

CID bid $195 for Completed [Standard] Review, $110 for Withdrawn [Standard] Review, and $215 for Pharmaceutical Review. CID's pricing is clearly the lowest of all bidders. See Exhibit D. CID should have received at least 4 additional points from the conflicts of interest sections, increasing CID's score to 85 for Phase I and advancing CID to Phase II with opening and evaluation of the sealed cost proposal.

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CONCLUSION

It is clear that due to the following:

1.) Preconceived notion of conflict of interest
2.) Inaccurate application of scores across materially similar respondents
3.) Misallocated sectional scoring
4.) Misinterpretation of scoring methodology
5.) Inconsistent scoring application

that CID Management, Inc. is clearly the lowest responsible and responsive bidder and thus should be awarded DIR/DWC RFP #14-001. CID clearly should have made the Phase I scoring threshold of 85 points if the scoring was done accurately and would be allowed to move into Phase II where our pricing differential would provide CID with the winning bid.

I am sure that the DIR and DGS will review the overwhelming evidence, adjust CID's phase I scoring as it accurately reflects the provided documentation and take the appropriate next steps.

Respectfully submitted,

Steven Cardinale
Managing Director

PO Box 4379 | Westlake Village, CA 91359 | P: 866-301-6568 | F: 877-628-6724
www.cidmcorp.com

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EXHIBIT A

See the pages that follow for CID's RFP response.

PO Box 4379 | Westlake Village, CA 91359 | P: 866-301-6568 | F: 877-628-6724
www.cidmcorp.com

State of California
Department of Industrial Relations
Request for Proposal
Independent Medical Review
DIR/DWC RFP #14-001
May 12, 2014

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Table of Contents

Introduction

Demonstrate to the reviewers the bidder's understanding of the context, purpose, objective, and intended products.

Context

The context of the Independent Medical Review RFP originates with SB 863. Governor Jerry Brown called SB 863 an extraordinary bill "to reform a broken system" with the goal of making workers' compensation in California significantly "better for workers and cheaper for business," according to the LA Times.

The DIR website states that SB 863 was the product of months of negotiations between representatives of labor unions and employers who historically came together for a comprehensive workers' compensation reform package. SB 863 was intended to increase permanent disability benefits paid to injured workers and improve the efficiency of the California workers' compensation system. Further, SB 863 established an Independent Medical Review (IMR) process to provide a quick, efficient way to resolve medical treatment disputes. The IMR process was projected to require about 40 days, which was touted as a significant improvement over the existing QME system that was taking up to a year to resolve disputes.

The intention of contracting with an Independent Medical Review Organization (IMRO) is to ensure that disputes regarding the medical necessity of medical care are resolved by highly qualified physicians, who are unaffiliated with the original review and have no conflict of interest.

Purpose

We recognize that the purpose of the RFP is for the DIR DWC to contract with one or more IMR organizations to conduct independent medical reviews submitted to DWC.

Objective

We understand that the objective of this RFP is to select and contract with an IMRO that will conduct independent medical review for cases that are required to go through the DWC IMR process.

Intended Products

This RFP's intended products are the services necessary to complete the entire IMR process, including receipt of IMR applications, data entry, clinical review, peer review, quality assurance and control, determination communication and correspondence, and billing.

General Approach

Provide an overview of the bidder's proposed design for the proposal. The design should be clearly related to the material presented in the Introduction and should contain a focused discussion of the proposed areas specified by DIR/DWC.

In order to support the DIR/DWC's objective to contract with an Independent Medical Review Organization capable of conducting Independent Medical Review on cases that are required to go through the DWC IMR process, CID is proposing a comprehensive IMR program consisting of:

- An IMR specific case workflow system which, among other things:
  - Provides CID and DWC users with optimized and standardized work flow processes
  - Incorporates status specific time frames to ensure timely completion of tasks at every status of the IMR process
  - Allows oversight of all IMR referrals via reporting and dashboards
  - Ensures assignment of IMR reviews to the most appropriate specialist physician reviewer
  - Automates administrative processes such as document generation and distribution
  - Captures all data and documents associated with the IMR process
  - Allows comprehensive reporting on all data elements associated with IMR

- A panel of physician specialists trained in:
  - The independent medical review process
  - Appropriate selection and application of evidence based guidelines
  - Drafting of complete, comprehensive, and concise principal rationale
  - Confidentiality procedures, and conflict of interest recognition

- A Quality Control Quality Assurance team that reviews each determination for:
  - Appropriate guidelines selection
  - Consistency
  - Completeness

- An intake and document management team:
  - Trained to handle large daily numbers of IMR applications
  - Optimized to process large volumes of incoming medical documents
  - Streamlined to accomplish same business day management of referrals and medical records

- A customer service team to:
  - Support status checks
  - Support DIR/DWC personnel
  - Refer non-status check inquiries to the DWC

- An information technology team that:
  - Supports and maintain the IMR workflow system
  - Enhances and expand the CID software
  - Provides technical support to the DWC

- An account management team to:
  - Interact with the DIR/DWC and provide training, reporting and updates regarding the IMR program
  - Ensure that the DIR/DWC's needs are met

Through the following sections of the IMR response, we will furnish further details on the above elements with the intention of providing the DIR/DWC a complete overview of CID's proposed IMR program.

Submit a detailed description of methodologies to accomplish the scope of the services as outlined in pages 3-6. Proposals will be evaluated on how well they would accomplish the scope of the service.

Pages 3-6:

The Contractor shall:
a) Conduct independent medical review for cases that are required to go through the Division of Workers' Compensation (DWC) IMR process. Towards that end the Contractor shall:

1. Establish and provide sufficient administrative facilities and staff, organizational policies and procedures, information technology capacity, and available qualified physician reviewers free from conflicts of interest as set forth in Section (B) "Minimum Qualifications for Proposers" below, and to provide timely, complete, and professional case analyses and determinations as described in Labor Code sections 4610.5 and 4610.6, and 8 C.C.R. sections 9792.10.1 et seq.

   CID has analyzed the requirements outlined by the DIR/DWC and in consideration with the proposed volume of IMR reviews (100,000/year), we have created a staffing model that will allow us to provide timely, complete, and professional case analyses and determinations on IMR

applications. The elements that will allow us to accomplish these tasks, including staffing models, methodologies, workflows, and case tracking software, are described throughout this RFP response.

2. Recruit and verify credentials of physician reviewers.
Over the past 11 years, CID has refined our recruitment process in order to efficiently and successfully increase our reviewer panels to satisfy business needs. We model our clinical staffing at an 80% saturation model, based on specialty, so that once our reviewers are consistently receiving 80% of their self-set workload volume, we add additional reviewers.

In terms of recruitment, CID uses all of the following methods to identify and recruit qualified reviewers:

- Referrals from current reviewers (hub and spoke recruitment model)
- Posting job advertisements on job opportunity websites of applicable professional organizations
- Publishing advertisements in applicable medical journals or professional publications, i.e. Spine Journal, California Orthopaedic Association Quarterly Report, Pain Medicine News
- Exhibiting at professional organization conferences, i.e. WOEMA
- Posting job listings on job search engines including Indeed, HealthECareers.com, etc.
- Reaching out to providers listed in SEAK directory; recruitment on LinkedIn and LinkedIn Groups

Interested candidates are encouraged to apply through a process in which CID performs a high level assessment of their qualifications (i.e. licensure, board certification, knowledge of evidence based medicine). Candidates who appear to possess the appropriate qualifications and who fit identified reviewer panel needs are then contracted after which they are assessed in our credentialing process.

CID's policy is to perform credentialing on all reviewers upon initial hire and to perform recredentialing on a yearly basis. Credentialing includes but is not limited to:

- State healthcare license verification
- Education verification
- Medicare/Medicaid status verification
- Malpractice history verification
- QME status (to be added for IMR reviewer candidates to ensure they are not active QMEs)

In addition, CID performs background checks including:

- Criminal
- DMV
- Employment history

3. Perform conflicts of interest checks for physician reviewers.
   CID's conflict of interest policies and procedures are a mandatory part of initial and ongoing training for all physician reviewers. Reviewers are trained on the elements that constitute a conflict of interest such as, but not limited to:
   - An ownership interest of greater than 5% between affected parties
   - A material professional or business relationship
   - A direct or indirect financial incentive for a particular determination
   - Incentives to promote the use of a certain product or service
   - A known familial relationship
   - Any prior involvement with the specific case under review

   In addition to being trained on conflict of interest, on a case-by-case basis, reviewers are prompted to perform a conflict of interest check. Reviewers have the ability to recuse themselves from a review if there is any conflict of interest or if the requests are outside their scope of practice or for any other valid reason. They can do this directly from within the CID software or via communication with any of CID's IMR-Review Management Coordinators.

4. Disclose financial interests of its employees.
   CID is a privately held company. Currently, Steven Cardinale and Eric Leinwohl each own 44.6% of the company. The remaining 11.8% of the stock is distributed between early investors and stock options. Parties owning stock have no conflicts of interest as outlined in the RFP.

5. Accept IMR applications via mail, fax, or online submission.
   CID will accept applications via mail, fax, or CID's online IMR Submission Portal. Please refer to the description of CID's Intake Process in the workflow on page 21.

6. Conduct the initial review of IMR applications for eligibility under guidelines determined by the DIR/DWC.
   CID will conduct the initial review of the IMR applications for eligibility under guidelines determined by DIR/DWC. Please refer to the description of CID Eligibility Review (CER) on page 22 of the workflow.

7. Notify the parties of IMR assignments and request mandatory information in a timely manner.

CID will communicate IMR assignments and request mandatory information in a timely manner. Please refer to the description of Awaiting Initial Information (AII) on page 26 of the workflow. In addition, please refer to the Review Workplan on page 38.

8. Manage the processing of reviews, drafting of reviews, and revising written determinations.
   CID will manage the processing of reviews, drafting of reviews, and revising written determinations. Please refer to the entire IMR workflow on pages 21 to 31. A special focus on the drafting of the determinations may be found in the Clinical Peer Review (CPR) section of the workflow on page 28.

9. Ensure the confidentiality of medical records and other data.
   CID has policies and procedures in place to address the confidentiality of medical information and records. Every member of the CID team, from data entry to Clinical Peer Reviewer, is trained on CID's confidentiality policies. Access to the CID software is limited to qualified personnel, so that only authorized individuals can access the data.

10. Have in place written policies and procedures to allow timely and effective referral of cases to qualified reviewers.
    CID's process for ensuring that reviews are timely and effectively referred to qualified reviewers is outlined in the Clinical Peer Review section of the workflow on page 28. As this is an issue of primary importance, we will restate the specifics here:

    As a review enters Clinical Peer Review status, CID's software automatically assigns the review to the best-fit reviewer taking into consideration:
    - Disputed services under review
    - Regulatory timeframes for the review, taking into consideration the expedited versus standard status of the review
    - Reviewer's board certifications
    - Reviewer's license(s)
    - Reviewer's available schedule
    - Reviewer's assigned workload
    - Reviewer's known conflicts of interest

    The system monitors all review assignments on an every 15-minute basis and re-assigns reviews as necessary to ensure timely completion. In addition, CID Review Management staff manually track review progress via reports and dashboards and can manually override system assignments as appropriate.

11. Ensure that at all times it will have sufficient numbers of reviewers in a sufficient range of medical specialty available to satisfy the review time frames set forth in this RFP.
    CID models our clinical staffing using an 80% saturation model, based on specialty, so that once our reviewers are consistently receiving 80% of their self-set workload volume, we add additional reviewers. The CID software allows us to view Reviewer's future schedules, as well as review volumes by specialty, to project and proactively plan for future volume mismatches.

12. Assign cases to reviewers who are matched by specialty to the medical issue(s) being considered in IMR applications and are free of conflicting interests in any parties to the case or their agents or representatives.
    As outlined in the answer to Question 10, matching the specialty of the reviewer to the medical issues under consideration is a primary criterion in our assignment process.

13. Have in place protocols for providing appropriate training to reviewers in the proper methods of preparing IMR determinations using evidence-based medicine and according to the requirements of Labor Code section 4610.5(c)(2). Training protocols and documentation of training for reviewers shall be provided to DIR/DWC annually unless there are changes.
    Once hired, reviewers undergo a thorough training process including training in:
    - Workers' Compensation
    - Utilization Review/Independent Medical Review
    - Evidence Based Medicine, including guidelines training to ensure compliance with LC 4610.5(c)(2)
    - CID's UR/IMR philosophy
    - CID's policies and procedures, including:
        - Conflict of Interest
        - Confidentiality
        - Information security
    - CID's workflow
    - CID's software

    The training protocols will be reviewed with the DIR/DWC during the implementation phase. CID will report these training protocols to the DIR/DWC on an annual basis; however, if the training protocols are updated, the updates will be provided to the DIR/DWC as they occur.

14. Provide documentation of Quality Assurance/Quality Control (QA/QC) procedures to ensure that high-quality medical necessity determinations are made by reviewers.

The RFP outlines that the vendor's QAQC plan must comply with the elements outlined in LC 139.5(d)(3). We will address each of these elements individually.
LC 139.5(d)(3): The organization shall demonstrate that it has a quality assurance mechanism in place that does all of the following:

(A) Ensures that any medical professionals retained are appropriately credentialed and privileged.

CID's medical professionals are appropriately credentialed and privileged. CID's credentialing policy has been previously outlined in Question 2 above.

(B) Ensures that the reviews provided by the medical professionals or bill reviewers are timely, clear, and credible and that reviews are monitored for quality on an ongoing basis.

As a component of reviewer training, reviewers are taught how to write rationales to ensure that they are clear, concise, and credible. To ensure that this occurs, every review undergoes a QAQC review prior to release. This QAQC step consists of examining the Clinical Peer Reviewer's determination looking for the following:

- Reviewing the review's internal consistency to ensure that the clinical rationale does not contradict itself
- Reviewing the completeness of the review to ensure that it addresses all disputed medical treatments
- Reviewing the selected guidelines for hierarchy and relevance to the requested care
- Reviewing the selected guidelines for appropriate referencing
- Reviewing the principal reason for grammar, punctuation, and spelling

The objective of this daily QAQC program is to review the critical aspects of all outbound reviews. By performing this QAQC check, CID decreases errors, omissions, internal inconsistencies, inappropriate guideline referencing, etc.

With respect to timeliness, reviewers are taught the workflow of the system so that they understand the expectation for timeliness. The CID software tracks the timeframes of the reviews and helps reviewers prioritize reviews based on urgency. To complement the software's functionality, Review Management personnel oversee the current status of all reviews to identify, re-assign, and manage the review process to ensure overall timeliness.

(C) Ensures that the method of selecting medical professionals for individual cases achieves a fair and impartial panel of medical professionals who are qualified to render recommendations regarding the clinical conditions and the medical necessity of treatments or therapies in question.

As outlined in Questions 10 and 12 above, CID has a standardized assignment process which ensures that the highest qualified reviewer is assigned to the medical services under review.

(D) Ensures the confidentiality of medical records and the review materials, consistent with the requirements of this section and applicable state and federal law.

As outlined in Question 10 above, CID has policies and procedures in place addressing the confidentiality of medical information and records. Every member of the CID team, from data entry to Clinical Peer Reviewer, is trained on CID's confidentiality policies.

Access to the CID software portal is limited to qualified personnel, so that only authorized individuals can access the data.

(E) Ensures the independence of the medical professionals or bill reviewers retained to perform the reviews through conflict-of-interest policies and prohibitions, and ensures adequate screening for conflicts of interest, pursuant to paragraph (5).

As outlined in Question 3 above, CID's conflict of interest policies and procedures are a mandatory part of initial and ongoing training for all physician reviewers. Reviewers are trained on the elements that constitute a conflict of interest such as, but not limited to:

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

In addition to being trained on conflict of interest, on a case-by-case basis, reviewers are prompted to perform a conflict of interest check. Reviewers have the ability to recuse themselves from a review if there is any conflict of interest or if the requests are outside their scope of practice or for any other valid reason. They can

do this directly from within the CID software portal or via communication with any of CID's IMR-review management coordinators.

The page that follows contains an excerpt from CID's QAQC Reviewer Credentialing Policy.

CID Management	
QAQC Reviewer Credentialing	Policy No. 2300 Revision: 3.2 Revision Date: 3/11/2011 Page 1 of 5 Jonathan Rutchik, MD, Medical Director, CID Robert W. Ward, DC, Clinical Director, CID

1.0 Purpose

This policy establishes guidelines by which QAQC reviewers contracted with CID to perform utilization management operations are credentialed.

2.0 Revision History

Revision 1.0	03/15/2006	New Policy/Initial Implementation
Revision 2.0	08/26/2006	Revised
Revision 3.0	06/05/2007	Revised
Revision 3.1	04/20/2008	Revised
Revision 3.1	05/14/2009	Reviewed
Revision 3.1	06/08/2010	Reviewed
Revision 3.1	01/27/2011	Reviewed
Revision 3.2	03/11/2011	Revised
Revision 3.2	04/22/2012	Reviewed
Revision 3.2	01/10/2013	Reviewed
Revision 3.2	02/05/2014	Reviewed

3.0 Persons Affected

This policy affects all QAQC reviewers contracted with CID to perform utilization management operations.

4.0 Policy

The policy of CID Management is to perform credentialing on all QAQC reviewers upon initial contracting. It is further the policy of CID Management to perform re-credentialing on all QAQC reviewers on a yearly basis.

5.0 Definitions

Definitions of terms are set forth in Policy 1000.

6.0 Procedures

b) Have in place a case workflow tracking system that meets the following requirements:

CID has a case workflow tracking system that meets the requirements outlined in this section. For the following points: 1-3, 5, 6, and 9-13, these elements are addressed within the description of the workflow tracking system in the Overview section of this RFP response on pages 20-31. For the sake of brevity, we will not re-state those elements here.

1. The Contractor shall enter all case-related events and milestones into a secure case workflow tracking system which will be built and fully operational by January 1, 2015, and that designated DIR/DWC staff is able to access at all times. The case workflow tracking system must accommodate and display sufficient detail to allow DIR/DWC staff to accurately assess the status of a case and to view and generate reports of the status of all cases at any given time.

2. The case workflow tracking system will allow DIR/DWC staff to update cases with eligibility determinations and other DIR/DWC information as needed.

3. The case workflow tracking system will manage workflow, routing, and assignment of cases throughout the lifecycle of a case as described in items 1-9 below (starting on pg. 6: Preliminary Review of Cases, Assignment of Cases for IMR, Information to Conduct IMR, Timeframes for Completing Reviews, Case Information and Changes in Case Status, Number and Type of Reviewers, Content of Reviews, Distribution of Completed Reviews, Appeal and Review of Remanded Cases).

4. The case workflow tracking system must contain dates and documents that include, but are not limited to the following: receipt of applications; assignment of cases; requests for and receipt of supporting documentation; notices to parties; changes in case status; selection of reviewers; qualifications of reviewers; final determinations; and reviews of cases remanded by the Workers' Compensation Appeals Board (WCAB) with a different reviewer as required under Labor Code section 4610.6(i). DIR/DWC will identify the naming convention.

   The CID software tracks each of the elements listed above. The system is designed to capture each step of the review process, including but not limited to:

   - IMR application
     - Date of receipt
     - Application document
   - Presence of designation of authorized representative

- Date of receipt
- Designation form
- Authorized representative's information

- Assignment of cases, including
  - Selection of reviewers
  - Qualifications of reviewers
- Status change audit log
  - Date of status change
  - Person responsible for initiating the status change
- Generated documents at each stage of the IMR process, including but not limited to: NOARFIs, Requests for information, Determination letters, Notification of withdrawal of IMR, Notice of Termination of IMR, Redacted version of the determination letter, etc.
  - Date of generation
  - Actual PDF of document
- Distributed documents
  - Date of distribution
  - Method of distribution
  - Party responsible for distribution
  - Proof of service, if necessary
- Appeals mandated by the WCAB board
- All IMR review information
  - Stakeholders
  - Disputed medical treatment
  - Etc.

The information is captured in an SQL database in a manner allowing CID to create reporting on any element or combination of elements.

5. The Contractor must provide to DIR/DWC a case workflow tracking system that will produce final determinations in a redacted form suitable for posting on the DIR/DWC website and searchable using terms to be specified by DIR/DWC.

6. Contractor will provide DIR/DWC staff access and other assistance, as necessary, to establish and maintain communications via the case workflow tracking system. DIR/DWC will identify computer hardware and terminals for appropriate staff, as well as establish and maintain appropriately secure lines of transmission between Contractor and DIR/DWC.

7. The case workflow tracking system will allow bulk transmission of all data and documents to DIR/DWC.
   The CID software will allow bulk transmission of all data and documents to the DIR/DWC.

8. The Contractor shall on a weekly, monthly, quarterly and annual basis provide a soft copy-sortable operational report(s) to DIR/DWC. The specific data elements which make up the reports shall be defined by DWC after training on the vendor's case workflow tracking system is complete. At a minimum, these reports will include the following operational report types:

   i. Application Intake – to include all IMR requests and their operational process status.
   ii. In Flight Cases[2] – to include all cases in process.
   iii. Workflow Reporting – to include individual and system process queues.
   iv. Eligibility Decision - to include all cases in which eligibility has been determined.
   v. Rejection Decision - to include all cases in which eligibility has been rejected.
   vi. IMR Decision – to include all cases in which IMR decisions have been made.

   DIR/DWC reserves the right based on the vendor's existing case workflow tracking system's reporting capabilities to modify the above operational report type list as needed.
   The CID software captures all data elements in an SQL database. Using reporting tools, CID will easily be able to provide the DIR/DWC all of the reports listed above. In addition, the reports listed above may be built into the CID software so that any DWC representative with access to the CID software can run the reports in real-time.

   Additional reporting may be built on an ad hoc basis.

9. The case workflow tracking system will be hosted by the vendor but will have dir.ca.gov URL masking to ensure seamless DIR/DWC user experience. The case workflow tracking system must use navigation templates supplied by DIR. Navigation templates consist of HTML, CSS, and JavaScript libraries. Each web page layout must work within the HTML framework defined by the DIR Web templates.

10. The case workflow tracking system will work on the following browsers and versions: Latest versions of Chrome, Firefox, and Safari. Internet Explorer versions 11, 10, 9, 8, and 7*. Android Browser 4.0 and above. Mobile Safari 5.0 and above.

11. Page load time must be no more than 7 seconds. Load time may be adjusted for extraordinarily complex queries, reports and downloads.

12. The case workflow tracking system must meet ca.gov web accessibility standards which can be found at http://webtools.ca.gov/web-content/web-accessibility/

13. The case workflow tracking system will conform to all DIR security and privacy standards.

14. Case workflow tracking system availability:
CID agrees to the elements outlined in points i. to v. below. Further, we understand and agree to the proposed method for calculating system availability.

In terms of monitoring and tracking uptime, CID utilizes the following:

- Pingdom is used to monitor the uptime and performance of CID's websites and servers. Pingdom utilizes multiple monitoring locations around the world to ensure an appropriate representation of system availability. When Pingdom identifies a problem, it initiates an outreach to CID IT staff to notify them that an issue exists. The outreach progresses as follows: 1) If a problem is detected that does not self-resolve within 1 minute, an email is sent to the designated CID IT staff. If a problem is identified that does not self-resolve within 3 minutes, a call is placed. This call is routed through PagerDuty (see below), and continues rolling through a CID IT personnel call tree until it the call is answered. Pingdom maintains logs of outages.
- PagerDuty is the service that CID uses to manage the outreach by Pingdom. PagerDuty includes an escalation policy, provides SaaS IT on-call schedule management, alerting, and incident tracking.

In addition to the external logs that are maintained by Pingdom, CID's IT team maintains internal logs of outages.

i. At a minimum, the case workflow tracking system used by DIR/DWC staff to manage cases must be available from 7AM – 7PM PST Monday

through Saturday, and the IMR application system must be available 24 hours per day, 7 days per week.

ii. The Contractor will notify DIR/DWC of any planned outages at least 3 working days in advance. Planned outages will be excluded in the calculation of the minimum system availability, as illustrated in the example below.

iii. The Contractor will report the case workflow tracking system availability to DIR on a monthly basis including:
   a. Actual case workflow tracking system available time.
   b. Minimum case workflow tracking system available time (based on items i. & ii. above).

iv. Case workflow tracking system availability percentage (Actual case workflow tracking system available time divided by Minimum case workflow tracking system available time).

v. If the case workflow tracking system availability percentage falls below 99% in two consecutive months or falls below 95% in a single month, the Contractor will present DIR with a remediation plan detailing steps it will take to improve case workflow tracking system availability.

c) Technical Support and Administration

CID agrees to the elements listed in points 1 through 4 of this section.

1. The Contractor will provide technical support to DIR/DWC as follows:
   i. Telephone support will be available from Monday through Friday on normal business days (Monday-Friday 8 a.m. - 5 p.m. PT, excluding California state holidays).
   ii. Severity 1 (outage) issues will be handled 24 x 7.
   iii. If the case workflow tracking system does not include a DIR/DWC accessible user administration module, user administration requests (new users, user deactivation, password reset/unlock, etc.) will be completed within 1 business day from the user administration service and/or change request.

2. User Training & Materials
   i. The Contractor will provide "train-the-trainer" case workflow tracking system training in person or via webinar for DIR/DWC users by January 15, 2015.
   ii. The Contractor will provide training materials.
   iii. Case workflow tracking system enhancement training materials will be provided to the DIR/DWC at least two weeks in advance to any enhancements release into production.

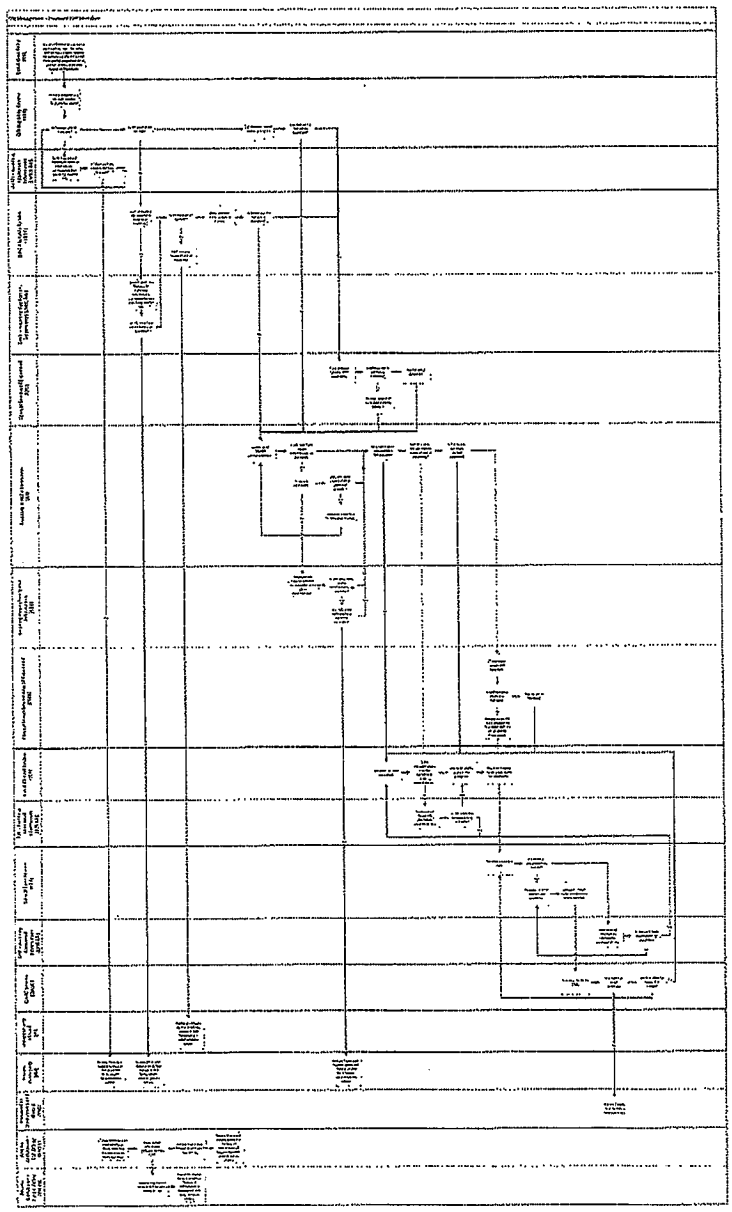
3. Case workflow tracking system Updates and Changes
   i. At least four weeks prior to implementation of case workflow tracking system changes, the Contractor will provide DIR/DWC with a list of major features, changes and improvements of the new release and a target implementation date.
   ii. At least two weeks prior to implementation of case workflow tracking system changes, the Contractor will notify DIR/DWC of any changes in technical support requirements for the modified system including URLs, IP addresses, supported browsers, etc.
   iii. All case workflow tracking system update and change communication to DIR/DWC will be in detailed non-technical terms which clearly identity the impact of said changes to the current case workflow tracking system and/or process workflows.
   iv. Contractor should include in the proposed fees for this RFP any future increase in the contractor's costs to accommodate reasonable future modifications to the case workflow tracking system requirements.

4. The following process will be followed for additional functionality requested by DIR/DWC:
   i. DIR/DWC requests change.
   ii. Contractor will estimate time for implementation and the effect of the implementation on other IMR workflow processes.
   iii. DIR/DWC will decide whether to proceed with the change and inform the Contractor.
   iv. Upon agreement of the change, the Contractor will provide DIR/DWC with an estimated implementation date.

Overview

The methods to be used in conducting the independent medical review, as well as plans for analysis and reporting also should be included.

The full-sized version of this IMR Workflow is located in a folded handout at the end of the proposal packet:



Workflow

Incoming Referrals

CID will establish three separate methods to receive IMR applications: mail, fax, and secure online portal.

CID will designate a specific mailing address to handle all IMR applications being delivered via U.S. Mail, special carrier (i.e. UPS/FedEx), or courier. This receipt center will be integrated with our processing teams so that incoming mail received before 5:30 p.m. will be opened, organized, scanned, and transmitted to the intake teams on the same business day.

CID has established contracts with multiple secure fax vendors, all of which support thousands of incoming fax lines to ensure >99.9% uptime. CID monitors the faxing services on an ongoing basis, and if a problem with uptime is detected, CID can switch to backup vendors within minutes. Incoming faxes are delivered directly to CID via secure email allowing same business day processing of incoming faxed referrals if they are received before 5:30 p.m.

As a component of the implementation, CID will develop an online portal that stakeholders can use to submit IMR applications. It is expected that the online portal will be hosted by CID but provided using a dir.ca.gov URL. The site will comply with all necessary DIR security and privacy standards and ca.gov web accessibility standards. It will use the navigation templates (HTML, CSS, and JavaScript libraries) designated by DIR. We will ensure that the site is accessible using the latest versions of:

Chrome
Firefox
Safari
IE (7, 8, 9, 10, 11)
Android browser 4.0
Mobile Safari 5.0

The requirements for the online portal will be reviewed with the DIR/DWC shortly after award of the contract with the beta version of the system expected to be available for testing no later than October 1, 2014.

All IMR applications received via the online portal before 5:30 p.m. will be processed on the same business day.

Initial Data Entry (IDE)

IMR applications received by mail, fax, or on-line portal before 5:30 p.m. will be forwarded to our Production Team for data entry on the same business day. IMR applications received after 5:30 p.m. will be processed by the Production Team on the next business day.

Upon receipt of an IMR application, the Production Team will create an IMR review in the CID software. This includes the capture of all information from the IMR application form and designation of an authorized representative, if applicable. The Production Team will also upload the IMR application and any other documents received with the application into the CID software.

Once the IMR review has been created, the Production Team will migrate the review to CID Eligibility Review status.

CID Eligibility Review (CER)

In CID Eligibility Review status, CID will assess the IMR review against eligibility criteria established by DIR/DWC. The first step of the eligibility assessment addresses the completeness of the application.

It has been our understanding that upon receipt of an incomplete application, the current vendor has historically initiated outreach to all stakeholders to gather the missing information. We are unclear as to whether this process has continued after the release of the final regulations, as we have received conflicting feedback from employers/insurers.

Upon award of the contract, CID will meet with the DIR/DWC to establish the preferred workflow for addressing incomplete applications. If the DIR/DWC prefers that incomplete applications are dismissed immediately, CID will structure the workflow to accomplish this. If, on the other hand, the DIR/DWC prefers for CID to reach out to stakeholders in an attempt to gather the missing data, we will structure the workflow to accomplish this. In this latter case, we would propose that the requests are mailed to the patient, authorized representative (if any), and applicant attorney (if any). Further, in this case, unsuccessful attempts would result in a dismissed application, whereas successful attempts would then be evaluated for eligibility. Please see the IMRO Awaiting Application Information (IMRO-AAI) status description for further details.

The second step in the eligibility determination is initiated upon receipt of a complete IMR application. The criteria for eligibility outlined in 9792.10.3 include:

(1) The timeliness and completeness of the application.

(2) Any previous application or request for independent medical review of the disputed medical treatment.

(3) Any assertion, other than medical necessity, by the claims administrator that a factual, medical, or legal basis exists that precludes liability on the part of the claims administrator for an occupational injury or a claimed injury to any part or parts of the body.

(4) Any assertion, other than medical necessity, by the claims administrator that a factual, medical, or legal basis exists that precludes liability on the part of the claims administrator for a specific course of treatment requested by the treating physician.

(5) The employee's date of injury.

(6) The failure by the requesting physician to respond to a request by the claims administrator under section 9792.9.1(f) for information reasonably necessary to make a utilization review determination, for additional required examinations or tests, or for a specialized consultation.

As a component of implementation, CID would work with DIR/DWC to create an explicit list of eligibility criteria. The CID reviewer would be able to choose one of two actions:

(1) Mark the review as Eligible. The CID reviewer would indicate that the review was eligible by migrating the review to Awaiting Initial Information (AII) status. This would create and distribute the request for records to the appropriate stakeholders. Please see the Awaiting Initial Information (AII) status description for further details.

(2) Escalate the review to the DWC for eligibility review. If the review did not meet the eligibility criteria, the reviewer would migrate the review to DWC Eligibility Determination status. This would assign the review to a DWC reviewer. If the IMR review met the criteria, CID would migrate the review to Awaiting Initial Information (AII) status.

IMRO – Awaiting Application Information (IMRO-AAI)

If the DWC allows CID to request information from stakeholders in the case of an incomplete application, then the CID reviewer may migrate the review into this status.

As the review enters this status, the CID software creates and distributes the CID reviewer's request for information to the appropriate stakeholders. The review will remain in this status until either the requested information is received, or the regulatory timeframes have passed.

If the requested information is received, CID will load the information into the review and will migrate the review back into CID Eligibility Review status.

If the requested information is not received by the regulatory due date, the CID software will migrate the review to Review Dismissed (RD) status. Please see the Review Dismissed (RD) status description for further details.

DWC Eligibility Review (DER)

In DWC Eligibility Review (DER) status, the DWC staff will assess the IMR review against their established eligibility criteria. In preparation for this, CID creates profiles in the CID software for DWC staff members who perform the eligibility reviews. These users are able to indicate their availability in the CID software, so that as reviews are migrated to the DWC Eligibility Status, they will be assigned to the available DWC staff.

Within the CID software, the DWC reviewers would have access to the IMR review and all associated documentation. Upon completion of their review, the DWC reviewer would be able to choose one of three actions:

(1) Request additional information. The DWC reviewer would migrate the review to the DWC Awaiting Application Information (DWC-AAI) status, an action that would allow the reviewer to specify the information that was required, and which would also create and distribute the request for information to the appropriate stakeholders. Please see the DWC Awaiting Application Information (DWC-AAI) status description for further details.

(2) Mark the review as Eligible. The DWC reviewer would indicate that the IMR review was eligible by migrating the review to Awaiting Initial Information (AII) status. This would create and distribute the request for records to the appropriate stakeholders. Please see the Awaiting Initial Information (AII) status description for further details.

(3) Mark the review as Ineligible. The DWC reviewer would indicate that the IMR review was ineligible by migrating the review to Ineligible and Closed status. As a component of this migration, the DWC reviewer would be prompted to enter the rationale for the ineligibility determination. Migrating the review to

this status creates and distributes the ineligible determination letter for the appropriate stakeholders. Please see the Ineligible and Closed (IC) status description for further details.

DWC – Awaiting Application Information (DWC-AAI)

If the DWC reviewer has requested additional information that they feel is necessary to make a determination of eligibility, the review will be in the DWC – Awaiting Application Information (DWC-AAI) status. As the review enters this status, the CID software creates and distributes the DWC reviewer's request for information to the appropriate stakeholders. The review will remain in this status until either the requested information is received or the regulatory timeframes have passed.

If the requested information is received, CID will load the information to the review and will migrate the review back into DWC Eligibility Review (DER) status.

If the requested information is not received by the regulatory due date, the CID software will migrate the review to Review Dismissed (RD) status. Please see the Review Dismissed (RD) status description for further details.

Clinical Review of Expedited (CRE)

If a review is marked as Expedited, then upon determination of eligibility, it is immediately assigned to the Clinical Review with an Expedited status. In this status, CID's clinical team will review the submitted documentation to determine whether there is a documented need for expedited review. If there is, the review will remain marked as Expedited and will be migrated to the Awaiting Initial Information (AII) status. If the clinical team determines that there is no documented need for expedited review, they will convert the review to a standard review and migrate it to the Awaiting Initial Information (AII) status. Please see the Awaiting Initial Information (AII) status description for further details.

During implementation, CID will review this process with DIR/DWC to confirm the process matches the DIR/DWC's intent. The process is outlined in the IMRO RFP (page 8, section 3(d)); however, it does not seem to be outlined in the final regulations addressing IMRO workflows.

Awaiting Initial Information (AII)

Once an IMR review is deemed to be eligible, it is migrated into the Awaiting Initial Information (AII) status. Upon entry into this status, the CID software creates and distributes the Notice of Assignment and Request for Information (NOARFI) to all appropriate stakeholders. The review will remain in the Awaiting Initial Information (AII) status until the specified regulatory timeframe has been reached.

Any documents received during this time will be loaded into the review. If, within the documents, there is any indication from the provider that the review needs to be escalated from Standard to Expedited, the Production Team will convert the review.

This conversion will trigger a re-sending of the NOARFI with a status update notifying stakeholders that the review has been converted from Standard to Expedited and providing them with an updated timeframe for the NOARFI response (Awaiting Resend for Initial Information (ARII) status).

For expedited reviews, we propose to override stakeholder communication preferences and send the notices via fax to ensure accelerated receipt.

Upon reaching the regulatory timeframe in the case of an expedited review, the next step in the workflow will be determined by the receipt of documents:

(1) If no information has been received from the claims administrator by the regulatory timeframe, but information has been received from the patient, authorized representative, requesting provider, and/or applicant attorney, then CID will migrate the review to the Initial Clinical Review (ICR) status. Please see the Initial Clinical Review (ICR) status description for further details.

(2) If no information has been received from the claims administrator, patient, authorized representative, requesting provider, and/or applicant attorney, it is unclear what the IMRO's process should be. We propose that the review should be re-classified as Standard, and the NOARFIs should be re-sent to all stakeholders. We would appreciate the DIR/DWC's feedback regarding this proposed workflow, and we would be open to revising it per the DIR/DWC's preference.

Upon reaching the regulatory timeframe in the case of a standard review, if no information has been received from the claims administrator by the regulatory timeframe, CID will send a second NOARFI to appropriate stakeholders. The timeframe will be extended by two days.

Upon reaching the regulatory timeframe in the case of a standard review, the next step in the workflow will be determined by the receipt of documents:

(1) If CID has received documents from any stakeholders, then the review will be migrated to the Initial Clinical Review (ICR) status. Please see the Initial Clinical Review (ICR) status description for further details.

(2) If CID has not received documents from any stakeholders, then the review will be migrated to the Review Dismissed (RD) status. Please see the Review Dismissed (RD) status description for further details.

Clinical Secondary Review of Expedited (CSRE)

If a review is marked as Expedited as it migrates into the Initial Clinical Review (ICR) status, then it is immediately assigned to the Clinical Secondary Review of Expedited (CSRE) status. In this status, CID's clinical team will review the submitted documentation to determine whether there is a documented need for expedited review. The clinical team will ensure that the review is correctly marked as Standard or Expedited and will then migrate it to the Initial Clinical Review (ICR) status.

During implementation, CID will review this process with DIR/DWC to confirm this process matches the DIR/DWC's intent. The process is outlined in the IMRO RFP (page 8, section 3(d)); however, it does not seem to be outlined in the final regulations addressing IMRO workflows.

Initial Clinical Review (ICR)

Once a review enters Initial Clinical Review (ICR) status, CID's clinical team reviews the submitted documents to prepare them for the Clinical Peer Reviewer. In this status, the clinical team itemizes the documents received from all stakeholders, creates an initial prioritized list of pertinent evidence-based guidelines per the treatment request and the hierarchy established by the regulations, and performs an initial assessment to determine whether enough information is present to make a decision of medical necessity for the disputed treatment requests.

If the clinical team determines that additional information is needed, they will migrate the review to the Initial Clinical Review – Awaiting Additional Information (ICR-AAI) status, an action that would allow the reviewer to specify the information that was required and would create and distribute the request for information to the appropriate stakeholders. Please see the Initial Clinical Review – Awaiting Additional Information (ICR-AAI) status description for further details.

If the clinical team determines that the appropriate information needed to make a determination is present, they will document their notes and migrate the review to the Clinical Peer Review (CPR) status. Please see the Clinical Peer Review (CPR) status description for further details.

Initial Clinical Review – Awaiting Additional Information (ICR-AAI)

If the clinical team has requested additional information that they feel is necessary to make a determination of medical necessity, the review will be in the Initial Clinical Review – Awaiting Additional Information (ICR-AAI) status. As the review enters this status, the CID software creates and distributes the reviewer's request for information to the appropriate stakeholders. The review will remain in this status until either the requested information is received or the regulatory timeframes have passed.

If the requested information is received, CID will load the information into the review and will migrate the review back into Initial Clinical Review (ICR).

If the requested information is not received by the regulatory due date, the CID software will migrate the review to Initial Clinical Review (ICR) status, and the clinical team will proceed with the review based on the information available to them.

Clinical Peer Review (CPR)

As a review enters Clinical Peer Review (CPR) status, CID's software automatically assigns the review to the best-fit reviewer taking into consideration the following:

- Disputed services under review
- Regulatory timeframes for the review, taking into consideration the expedited versus standard status of the review
- Reviewer's board certifications
- Reviewer's license(s)
- Reviewer's available schedule
- Reviewer's assigned workload
- Reviewer's known conflicts of interest

The system monitors all review assignments on an every 15-minute basis and re-assigns reviews as necessary to ensure timely completion. In addition, CID Review Management staff manually track review progress via reports and dashboards and can manually override system assignments as appropriate.

- Once a reviewer is assigned, the review appears in their inbox. As the reviewer opens the review, they are first displayed the following:

- The patient name
- The requesting provider's name
- The URO's name
- The URO reviewer's name
- The TPA's name
- The disputed medical services

If the reviewer has a conflict of interest, or if they do not feel competent to review the disputed medical services, the reviewer may recuse themselves. This action automatically migrates the review back into the assignment process so that it may be re-assigned to an alternate reviewer.

If the reviewer does not have a conflict of interest, then the reviewer commences the review process by reading through the submitted clinical documentation. If the reviewer determines that additional information is needed, they will migrate the review to the Clinical Peer Review – Awaiting Additional Information (CPR-AAI) status, an action that would allow the reviewer to specify the information that was required and would create and distribute the request for information to the appropriate stakeholders. Please see the Clinical Peer Review – Awaiting Additional Information (CPR-AAI) status description for further details.

If the reviewer determines that the appropriate information needed to make a determination is present, they will read through the submitted clinical information, identify the appropriate evidence-based guidelines, make a determination of medical necessity, and draft a rationale containing the principal reason for their decision. They will then migrate the review to the Quality Assurance Quality Control (QAQC) status. Please see the Quality Assurance Quality Control (QAQC) status description for further details.

Clinical Peer Review – Awaiting Additional Information (CPR-AAI)

If the Clinical Peer Reviewer has requested additional information that they feel is necessary to make a determination of medical necessity, the review will be placed in the Clinical Peer Review – Awaiting Additional Information (CPR-AAI) status. As the review enters this status, the CID software creates and distributes the reviewer's request for information to the appropriate stakeholders. The review will remain in this status until either the requested information is received or the regulatory timeframes have passed.

If the requested information is received, CID will load the information into the review and will migrate the review back to Initial Clinical Review (ICR). Please see the Initial Clinical Review (ICR) status description for further details.

If the requested information is not received by the regulatory due date, the CID software will migrate the review to Clinical Peer Review (CPR) status, and the Clinical Peer Reviewer will proceed with the review based on the information available.

Quality Assurance Quality Control Review (QAQC)

In the QAQC status, a QAQC clinical team member will review the Clinical Peer Reviewer's determination looking for the following:

- Reviewing the review's internal consistency to ensure that the clinical rationale does not contradict itself
- Reviewing the completeness of the review to ensure that it addresses all disputed medical treatments
- Reviewing the selected guidelines for hierarchy and relevance to the requested care
- Reviewing the selected guidelines for appropriate referencing
- Reviewing the principal reason for grammar, punctuation, and spelling

The objective of this daily QAQC program is to review the critical aspects of all outbound reviews. By performing this QAQC check, CID decreases errors, omissions, internal inconsistencies, inappropriate guideline referencing, etc.

If QAQC review identifies an error, the QAQC reviewer may choose to migrate the review back to Initial Clinical Review (ICR) or Clinical Peer Review (CPR). If the review appears to be complete and correct, the QAQC reviewer will migrate the review to the Released to Stakeholders and Closed (RSC) status.

Released to Stakeholders and Closed (RSC)

When a review arrives in the Released to Stakeholders and Closed (RSC) status, the CID software generates and distributes copies of the determination letters to all appropriate stakeholders. As a component of this process, the CID software shall also generate a redacted copy of the determination letter that will be sent to the DIR/DWC so that it may be posted to the DIR/DWC website. If CID is given permission, we could alternatively post the redacted copy of the determination letter to the DIR/DWC website.

Ineligible and Closed (IC)

During the DWC Eligibility Review, the DWC reviewer has determined that the IMR review is non-eligible, the review will be migrated into the Ineligible and Closed (IC) status. As the review enters this status, the CID software creates and distributes the Ineligible and Closed correspondences, including the DWC reviewer's rationale, to the appropriate stakeholders.

Review Dismissed (RD)

If an IMR application does not contain enough information to make a determination of eligibility, the review is migrated to Review Dismissed (RD) status. As the review enters this status, the CID software creates and distributes the Review Dismissed correspondences, including the rationale, if any, to the appropriate stakeholders.

Review Withdrawn – Full Billing (RWFB)

At any point in time, if the claims administrator provides CID with written evidence that the disputed medical treatments have been approved, then the review may be withdrawn. If the review has already progressed to clinical review, it will be migrated to Review Withdrawn – Full Billing (RWFB) status.

As the review enters this status, the CID software creates and distributes the Review Withdrawn correspondences.

Review Withdrawn – Partial Billing (RWPB)

At any point in time, if the claims administrator provides CID with written evidence that the disputed medical treatments have been approved, then the review may be withdrawn. If the review has not yet progressed to clinical review, it will be migrated to Review Withdrawn – Partial Billing (RWPB) status.

As the review enters this status, the CID software creates and distributes the Review Withdrawn correspondences.

Work Plan

Detail workplan, personnel, time, etc., for the review process.

Describe in detail the specific methods, tasks, and activities proposed to be undertaken in order to accomplish the objectives and produce the required deliverables.

Appropriate justifications will be provided for each method selected and included in the plan.

Any anticipated theoretical or practical problems associated with the completion of each task should also be discussed, and solutions, alternatives, or contingency plans related to this problem should be proposed, as appropriate.

Finally, the work plan should include:

(1) Identification of all tasks and work items, with initiation and completion dates.
(2) Responsibility for tasks and work items.
(3) Number of total personnel hours by task. Proposed specific staffing and personnel assignments (not to include medical reviewers) to support proposed staffing,
(4) Identification of the specific elements, response requirements, or portion of deliverable products and services that each task or work item supports.

The proposer shall develop a work plan or schedule for task completion. Identify each major task, necessary subtask, and/or specific milestones by which progress can be measured and payments made.

a) Project Personnel (List all principal and management personnel who will be working on the project and their titles and job descriptions):

Dr. Jonathan Rutchik, Medical Director

Dr. Rutchik's focus is neurological illness, workplace injuries, and environmental exposure. He is in private practice in the San Francisco Bay area and holds a position as an Assistant Clinical Professor in the Division of Occupational Medicine, in the Department of Internal Medicine at the University of California, San Francisco. He is a Board Certified Diplomate of the American Board of Preventative Medicine (Occupational and Environmental Medicine) and Board Certified Diplomate of the American Board of Psychiatry and Neurology. In addition, he is a California Qualified Medical Examiner.

Todd Andrew, Director of Clinical Operations

Dr. Andrew's focus is the overall operations of the CID medical cost containment programs. He oversees CID's national network of physicians and operations staff to provide customized technology and process-driven solutions for the workers' compensation industry.

Robert Ward, Clinical Director

Dr. Ward's focus is the day-to-day operations and quality management of the CID UR program. His secondary focus is the appropriate integration and delivery of complementary and alternative medicine within workers' compensation. He has recently served as a Professor at the Southern California University of Health Sciences where he taught in the departments of Diagnosis and Anatomy. Dr. Ward has served as a Qualified Medical Examiner, as the past editor of The Journal of Chiropractic Education, and as a Clinical Peer Reviewer at CID.

Aaron Mayerson, Director of Technology

Mr. Mayerson serves as CID's Director of Technology with a focus on the application and integration of CID's technology in the utilization management arena. He also supervises CID's technology teams with oversight of integration, security, and software applications.

Ashkan Dorodyan, Director of Account Management

As CID's Director of Account Management, Mr. Dorodyan manages the day-to-day customer service operations supervising the customer service staff, policies, and procedures. He is also responsible for customer training and CID's account management teams.

b) Facilities and Resources (Explain where the services will be provided and what type equipment is needed to perform the services)

The facility will be contained in 8,159 square feet at 2555 Townsgate Road in Westlake Village, CA. Each workstation will be set up with a Dell PC, two monitors, and a telephone. The mailing room will contain five high-speed scanners, five high-capacity printers, and two mail machines.

The following four pages contain the Implementation Work Plan.

IMR RFP Work Plan

ID	Task Name	Duration	Start	Finish	Hours	Responsible Party
1	**DIR DWC IMR Business Milestone**	**1 day**	**Mon 5/12/14**	**Mon 5/12/14**		
2	Project Proposal	1 day	Mon 5/12/14	Mon 5/12/14	8	Lisa Linehan
3	**DIR DWC IMR Project Specification Finalization**	**93 days**	**Wed 6/4/14**	**Fri 10/10/14**		
4	DIR DWC Requirements	13 days	Wed 6/4/14	Fri 6/20/14	40	Todd Andrew
5	DIR DWC Design	9 days	Fri 6/13/14	Wed 6/25/14	80	Aaron Mayerson and Todd Andrew
6	DIR DWC Code and Unit Test	74 days	Fri 6/20/14	Wed 10/1/14	600	Aaron Mayerson and Todd Andrew
7	DIR DWC QA	13 days	Wed 10/1/14	Fri 10/17/14	TBD	DIR DWC
8	DIR DWC UAT	15 days	Mon 10/20/14	Fri 11/7/14	TBD	DIR DWC
9	**DIR DWC Business Preparation**	**93 days**	**Wed 6/4/14**	**Fri 10/10/14**		
10	DIR DWC Workflows	16 days	Wed 6/4/14	Wed 6/25/14	40	Todd Andrew
11	DIR DWC Training Plan	15 days	Wed 6/25/14	Tue 7/15/14	40	Ash Dorodyan
12	DIR DWC Communication Plan	15 days	Wed 6/25/14	Tue 7/15/14	20	Ash Dorodyan
13	Develop Quality Assurance	30 days	Wed 6/4/14	Tue 7/15/14	60	Rob Ward and Todd
14	Develop DIR DWC Preliminary Metrics	78 days	Wed 6/25/14	Fri 10/10/14	100	Aaron Mayerson and Todd Andrew
15	**Implementation of IMR Services**	**129 days**	**Wed 6/4/14**	**Mon 12/1/14**		
16	**Clinical Operations**	**129 days**	**Wed 6/4/14**	**Mon 12/1/14**		
17	Meet with DIR DWC to Review IMR Workflow	16 days	Wed 6/4/14	Wed 6/25/14	10	Todd Andrew
18	Recruit and Train IMR Medical Director	110 days	Tue 7/1/14	Mon 12/1/14	80	Dawn Kaplan and Rob Ward
19	Recruit and Train IMR Clinical Directors	110 days	Tue 7/1/14	Mon 12/1/14	120	Dawn Kaplan and Rob Ward
20	Recruit and Train Initial Clinical Reviewers	110 days	Tue 7/1/14	Mon 12/1/14	1500	Jacquie Casey and Sharon Ayers
21	Recruit and Train Clinical Peer Reviewers	110 days	Tue 7/1/14	Mon 12/1/14	1500	Jacquie Casey and Sharon Ayers
22	**Reviewer Management**	**44 days**	**Fri 8/1/14**	**Wed 10/1/14**		
23	Update Time Log Report	44 days	Fri 8/1/14	Wed 10/1/14	4	Todd Andrew

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IMR RFP Work Plan

ID	Task Name	Duration	Start	Finish	Hours	Responsible Party
24	Update Status Specific Due Dates	44 days	Fri 8/1/14	Wed 10/1/14	40	Aaron Mayerson
25	Update Dashboards for Executives	44 days	Fri 8/1/14	Wed 10/1/14	20	Aaron Mayerson
26	Update Dashboards for Management	44 days	Fri 8/1/14	Wed 10/1/14	20	Aaron Mayerson
27	Update Dashboards for Reviewers	44 days	Fri 8/1/14	Wed 10/1/14	20	Aaron Mayerson
28	**Review Process**	**Ongoing**	**Wed 6/4/14**	**Ongoing**		
29	Examine Methods to Enhance Workflow (e.g. role s	Ongoing	Wed 6/4/14	Ongoing		Todd Andrew
30	**Communications**	**Ongoing**	**Wed 6/4/14**	**Ongoing**		
31	Establish Periodic Communications with Manageme	Ongoing	Wed 6/4/14	Ongoing	8	Ash Dorodyan
32	Update IMR Form and Addresses	24 days	Tue 7/1/14	Fri 8/1/14	TBD	DIR DWC
33	Update Customer Communication Portal for the Ad	9 days	Tue 7/1/14	Fri 7/11/14	40	Jon Schmolke
34	Update Reviewer FAQs with DIR DWC Specific Worl	45 days	Tue 7/1/14	Mon 9/1/14	40	Rob Ward
35	Notify Public of Change in IMR Form	1 day	Fri 8/1/14	Fri 8/1/14	TBD	DIR DWC
36	Notify Payors of CID Contact Information	22 days	Fri 8/1/14	Mon 9/1/14	40	Lisa Linehan
37	**Compliance**	**110 days**	**Tue 7/1/14**	**Mon 12/1/14**		
38	**Compliance-General**	**110 days**	**Tue 7/1/14**	**Mon 12/1/14**		
39	Recruit QAQC Team for DIR DWC Volume	110 days	Tue 7/1/14	Mon 12/1/14	500	Jacquie Casey and Sharon Ayers
40	**Compliance-Training**	**24 days**	**Tue 7/1/14**	**Fri 8/1/14**		
41	Update Clinical QAQC Training Materials	24 days	Tue 7/1/14	Fri 8/1/14	80	Sharon Ayers
42	Update Clinical QAQC Training Cases	24 days	Tue 7/1/14	Fri 8/1/14	80	Sharon Ayers
43	**Compliance-External**	**74 days**	**Fri 6/20/14**	**Wed 10/1/14**		
44	Update Assessment Tools for Evaluating External C	74 days	Fri 6/20/14	Wed 10/1/14	40	Rob Ward
45	Update Audit Materials in CID Software to Evaluate	74 days	Fri 6/20/14	Wed 10/1/14	40	Aaron Mayerson
46	**Technology**	**117 days**	**Fri 6/20/14**	**Mon 12/1/14**		
47	Create Additional Fax Capacity for DIR DWC Workflow	22 days	Fri 8/1/14	Mon 9/1/14	40	Jon Schmolke
48	Build Interface for DIR DWC Personnel to View Status	44 days	Fri 8/1/14	Wed 10/1/14	40	Aaron Mayerson
49	Setup Secure Email with DIR DWC	24 days	Tue 7/1/14	Fri 8/1/14	40	Aaron Mayerson
50	Expand Current Mailing System to Handle Additional	87 days	Fri 8/1/14	Mon 12/1/14	80	Jon Schmolke
51	Build DIR DWC Servers	74 days	Fri 6/20/14	Wed 10/1/14	20	Aaron Mayerson
52	Test DIR DWC Servers	74 days	Fri 6/20/14	Wed 10/1/14	20	Aaron Mayerson

IMR RFP Work Plan

ID	Task Name	Duration	Start	Finish	Hours	Responsible Party
53	Validate DIR DWC Servers	74 days	Fri 6/20/14	Wed 10/1/14	10	Aaron Mayerson
54	Release DIR DWC Servers	74 days	Fri 6/20/14	Wed 10/1/14	10	Aaron Mayerson
55	Request DIR DWC Templates, Letters, and Reports	18 days	Fri 6/20/14	Tue 7/15/14	20	Todd Andrew
56	Program DIR DWC Templates, Letters, and Reports	35 days	Tue 7/15/14	Mon 9/1/14	60	Todd Andrew
57	Test Templates, Letters, and Reports	23 days	Mon 9/1/14	Wed 10/1/14	40	Todd Andrew
58	Validate Templates, Letters, and Reports	23 days	Mon 9/1/14	Wed 10/1/14	10	Todd Andrew
59	Release Templates, Letters, and Reports	23 days	Mon 9/1/14	Wed 10/1/14	10	Todd Andrew
60	**Accounting**	**89 days**	**Tue 7/1/14**	**Sat 11/1/14**		
61	Develop Invoice and Collection Procedures	90 days	Tue 7/1/14	Sat 11/1/14	80	Andy Smith
62	Create Database of Payor Information	90 days	Tue 7/1/14	Sat 11/1/14	200	Ash Dorodyan and Andy Smith
63	**Facilities**	**100 days**	**Tue 7/1/14**	**Sat 11/15/14**		
64	Finalize Space Location and Lease	90 days	Tue 7/1/14	Sat 11/1/14	100	Roland Kratzer
65	Move Into Space	12 days	Sat 11/1/14	Sat 11/15/14	100	Roland Kratzer
66	Communications					
67	**Customer Service (Phone Support)**	**34 days**	**Wed 10/15/14**	**Mon 12/1/14**		
68	Activate and Train Customer Service Specialists	34 days	Wed 10/15/14	Mon 12/1/14	160	Jon Schmolke
69	Setup Call Tree to Handle DIR DWC Workflow	34 days	Wed 10/15/14	Mon 12/1/14	10	Jon Schmolke
70	Requisition IT and Phone Assets	34 days	Wed 10/15/14	Mon 12/1/14	10	Jon Schmolke
71	**Client Services Group**	**ASH**	**Wed 4/30/14**	**Wed 4/30/14**		
72	Activate and Train CSG Specialists	ASH				Ash Dorodyan
73	Requisition IT and Phone Assets	ASH				Ash Dorodyan
74	Train DIR DWC Teams Onsite	34 days	Wed 10/15/14	Mon 12/1/14		Ash Dorodyan
75	**IMR Intake**	**34 days**	**Wed 10/15/14**	**Mon 12/1/14**		
76	Activate and Train Intake Specialists	34 days	Wed 10/15/14	Mon 12/1/14	160	Jon Schmolke
77	Requisition IT and Phone Assets	34 days	Wed 10/15/14	Mon 12/1/14	10	Jon Schmolke
78	**Open Forums**	**76 days**	**Mon 9/1/14**	**Mon 12/15/14**		
79	Northern California	11 days	Mon 9/1/14	Mon 9/15/14	40	Lisa Linehan and Todd Andrew

IMR RFP Work Plan

ID	Task Name	Duration	Start	Finish	Hours	Responsible Party
80	Southern California	11 days	Mon 9/1/14	Mon 9/15/14	40	Lisa Linehan and Todd Andrew
81	Northern California	11 days	Mon 12/1/14	Mon 12/15/14	40	Lisa Linehan and Todd Andrew
82	Southern California	11 days	Mon 12/1/14	Mon 12/15/14	40	Lisa Linehan and Todd Andrew
83	**Distribution Center**	**45 days**	**Mon 9/1/14**	**Sat 11/1/14**		
84	Create Distribution Center If Necessary	23 days	Mon 9/1/14	Wed 10/1/14	TBD	DIR DWC
85	Test Distribution Center If Applicable	24 days	Wed 10/1/14	Sat 11/1/14	TBD	DIR DWC
86	**IMR Data Transfer**	**68 days**	**Tue 9/30/14**	**Thu 1/1/15**		
87	Load First Batch of Historical IMR Data	2 days	Tue 9/30/14	Wed 10/1/14	15	Aaron Mayerson and Todd Andrew
88	Load Second Batch of IMR Data	2 days	Sun 11/30/14	Mon 12/1/14	15	Aaron Mayerson and Todd Andrew
89	Load Final Batch of IMR Data	2 days	Wed 12/31/14	Thu 1/1/15	15	Aaron Mayerson and Todd Andrew
90	DIR DWC Project Closure	1 day	Thu 1/1/15	Thu 1/1/15		

The Review Work Plan is as follows:

Status and Task Name	Regulatory Timeframes		CID Expected Timeframes		Responsible Party	FTE
	Start Date	End Date	Start Date	End Date		
Initial Receipt	Day 0	Day 0	Day 0	Day 0		0.004
Open incoming IMR application					IMR Specialist - Doc Man	0.008
Scan documents					IMR Specialist - Doc Man	0.01
Create review in CID Software					IMR Specialist - Data Entry	0.002
Migrate review to CID Eligibility Review					IMR Specialist - Data Entry	0.008
CID Eligibility Review	Day 0	Day 2	Day 0	Day 3	QA/QC Reviewer	0.002
Evaluation request against eligibility criteria					QA/QC Reviewer	
Migrate review to Awaiting Initial Information					QA/QC Reviewer	
Awaiting Initial Information	N/A	N/A	N/A	N/A		0.004
Awaiting Initial Information	Day 2	Day 02	Day 1	Day 16		0.08
Receive information from stakeholders					IMR Specialist - Doc Man	0.01
Scan documents					IMR Specialist - Data Entry	0.002
Load documents to review					IMR Specialist - Data Entry	0.12
Migrate review to Initial Clinical Review					Initial Clinical Reviewer	
Initial Clinical Review	Day 17	Unspecified	Day 16	Day 16 + 2 BD		0.05
Prioritize documents received						
Review clinical information for completeness						
Research and rank order appropriate guidelines						
Document claim notes						
Migrate review to Clinical Peer Review						
Clinical Peer Review	Unspecified	Unspecified	Day 16 + 2 BD	Day 16 + 4 BD	Clinical Peer Reviewer	0.05
Read through submitted clinical documents						
Final selection of guidelines						
Make determination of medical necessity						
Draft final rationale						
Migrate review to QA/QC						
QA/QC	Unspecified	Unspecified	Day 16 + 4 BD	Day 16 + 5 BD	QA/QC Reviewer	0.015
Evaluate review's internal consistency						
Evaluate completeness of review						
Evaluate selected guidelines for hierarchy and relevance						
Evaluate guidelines for appropriate referencing						
Evaluate grammar, punctuation, spelling						
Migrate review to Released to Stakeholders and Closed						
Released to Stakeholders and Closed	Unspecified	Day 17	Day 16 + 5 BD	Day 16 + 5 BD		0.008
Generate correspondences					CID Software	
Distribute correspondences to stakeholders					IMR Specialist - Doc Man	
Distribute redacted correspondence to DIR/DWC					CID Software	

*Mail will be distributed on next available business day

BD = Business Days

Management and Staffing

Present a plan for the internal management of contract work that will ensure quality, orderly and timely accomplishment of the tasks set forth in the bidder's proposed work plan.

The bidder should also include in this section a staff organization plan which identifies proposed staff positions and provides for each one the percent of full-time equivalency and a brief job description. The plan shall make clear the relationship of each position to the work plan and shall be illustrated with a staff organization chart.

Managing Directors (60% of full-time equivalency):
The **Managing Directors** are co-owners of the business. They oversee the day-to-day management of the company.

Director of Technology – Aaron Mayerson (60% of full-time equivalency):
The Director of Technology establishes, plans, and administers the overall policies and goals for the information technology department. The Director of Technology also analyzes the needs of different departments and determines ways to meet business objectives by modifying existing or developing new information processing systems and is familiar with a variety of the field's concepts, practices, and procedures.

Software Development Team (60% of full-time equivalency):
The Software Development Team, including Software Developers and IT Technicians, enhances CID's existing architecture, investigates system bottlenecks, and solves performance problems. Also, the Software Development Team creates and modifies computer programs by converting project requirements into code; confirms project requirements by reviewing program objective, input data, and output requirements with analyst, supervisor, and client; arranges project requirements in programming sequence by analyzing requirements; encodes project requirements by converting work flow information into computer language; programs the computer by entering coded information; confirms program operation by conducting tests, modifying program sequence, and/or codes; and maintains historical records by documenting program development and revisions.

Controller – Andy Smith (60% of full-time equivalency):
Reporting to the Managing Directors, the Controller is responsible for oversight of all finance, accounting, and reporting activities. The Controller leads all day-to-day finance operations and supervises a team of staff members, including functional responsibility over accounting, accounts payable, accounts receivable, and payroll. The Controller

ensures that CID has the systems and procedures in place to support effective program implementation and conduct flawless audits; works closely with department leaders and their staff members; and partners with senior leadership, human resources, and information technology staff to better integrate finance, HR, and IT functions.

Accounting Team (60% of full-time equivalency):
The Accounting Team, including Accounts Payable, conducts billing on a weekly or daily basis; receives a list of accounts and ensures groups are pre-loaded into the system; invoices line items; and charges interest after 30 days.

The Accounting Clerk is responsible for providing financial and administrative support in order to ensure effective, efficient, and accurate financial and administrative operations and is responsible for providing financial, administrative, and clerical services, including processing and monitoring payments and expenditures and preparing and monitoring the payroll system.

The Assistant Controller is responsible for the day-to-day maintenance of the general ledger, including A/R, A/P, and payroll; month-end close procedures including account reconciliations, pre-paids, accruals and adjusting journal entries; research and resolution of accounting variances; and performing monthly budget variance analysis. In addition, the Assistant Controller prepares financial reports and analyzes financial data.

Director of Account Management – Ashkan Dorodyan (60% of full-time equivalency):
The Director of Account Management manages the Client Services Group (CSG); ensures the CSG agents adhere to CID's policies and procedures; works with the Director of Clinical Operations to communicate with the client in regards to the implementation process of a new account; supports the customer service department on issues that escalated from a transactional level; ensures that client SLAs are met; ensures that clients touch points and various KPIs are met or exceeded; provides oversight to client related processes of the production team, communicating any changes or updates to CID processes to the client; creates all manual client stakeholder profiles in the various portals; addresses client needs and concerns on a day-to-day basis via email, telephone, and face to face interactions; is responsible for training clients on how to use the system; facilitates and supports clients for the troubleshooting of the various systems with the support of the CID Tech Team; provides clients with support regarding regulations and labor codes with the support of the Director of Clinical Operations; is responsible for regular on-site visits with clients and other face-to-face opportunities; and provides oversight to the customization and distribution of all reports and analytics to the various clients.

IMR Account Management Team (100% of full-time equivalency):
The Account Management Team is the account level support group that works in conjunction with the Customer Service, Client Services Group, Clinical, and Production departments to ensure client satisfaction and to identify and resolve escalated and wide spread issues. The team works with middle to upper client management to support any questions, needs, or concerns; is responsible for managing client expectations, keeping clients informed of updates to CID technologies or policies and procedures as well as any changes/updates in rules and regulations; and builds relationships with clients to encourage new and repeat business opportunities.

Director of Production and Customer Service – Jon Schmolke (60% of full-time equivalency):
Policy is created by Managing Directors and is funneled down through the Director of Production and Customer Service. The success of the project as a whole depends on the ability to implement these decisions, and the Director of Production and Customer Service oversees the entire process from a ground up, applying concepts and techniques to manage staff hours and responsibilities; ensure that goals are achieved in the most efficient and cost effective way possible; provide constant supervision and interaction with the team leads; and develop ways to improve communication among team members.

IMR Customer Service Team (100% of full-time equivalency):

Customer Service Lead (100% of full-time equivalency):
The Customer Service Lead manages a staff of customer service representatives and ensures that customers are retained, satisfied, and that their needs are fulfilled; recommends changes to products or services to fulfill customer needs; is responsible for training customer service representatives; and develops and implements operations and policies.

Customer Service Representative (100% of full-time equivalency):
The Customer Service Representative processes orders, prepares correspondence, and fulfills customer needs to ensure customer satisfaction.

IMR Production and Document Management Team (100% of full-time equivalency):

Production Lead (100% of full-time equivalency):
The Production Lead ensures that processes are followed and that direct reports have all the tools and support needed to complete their tasks. The Production Lead

develops ways to make operations as efficient as possible while still being able to document the activity and performance of the team. The position also includes quality assurance and control; and serving as the front line for unique situations that may occur as well as a resource for the entire team.

The role of the IMR Specialist on the Data Entry team is to input claim/review/stakeholder information into CID's IMR database as well as guide the application into the review process and to ensure that the correct CID IMR workflow path is utilized and that appropriate correspondence is generated once the process is complete. Mail clerks receive, separate, and convert the document workload into a manageable format for the rest of the Document Management team to address. They are also responsible for sending outgoing CID correspondences, which are expected to be upwards of two million documents per year totaling almost thirteen million pages. The Document Management Team's role is to analyze, decipher, categorize, and QAQC the correspondences CID receives. The goal is to make sure that the specific documents end up in their respective queues for the Data Entry team to address.

The main focus of the Customer Service sub-team is to answer incoming calls to general IMR line and their personal extensions from clients, providers, claimants, attorneys, and providers of goods and services. They are meant to provide status checks and confirm receipt of an application or correspondence but their knowledge and experience will give them the ability to do much more should the need for it arise. Their access to the outside perception and issues will allow them to troubleshoot known issues and manage the expectations of the callers to ensure the correspondence they are sent when the IMR is complete is received well.

Director of Clinical Operations – Todd Andrew (60% of full-time equivalency):
CID's Director of Clinical Operations oversees the general administration and management of the program. He facilitates the integration of the processes and the policies and procedures in the CID program.

Director of Recruitment and Training – Sharon Ayers (60% of full-time equivalency):
The Director of Clinical Personnel Recruitment directs the clinical personnel recruitment program in support of CID operations; coordinates with Clinical Director to determine clinical panel needs; investigates and develops methods for clinical personnel recruitment; coordinates the actions of Clinical Personnel Recruiters; is readily available to answer questions by Clinical Personnel Recruiters and/or interested clinical personnel; coordinates the credentialing and recredentialing of clinical personnel in accordance with CID policies and procedures; sets and

maintains a standard of professionalism in the clinical personnel recruitment process; coordinates the maintenance of credentialing documents for all clinical personnel; and manages the Recruitment and Training Teams.

IMR-Review Management Team (100% of full-time equivalency):

IMR Medical Director (10% of full-time equivalency):
The **IMR Medical Director** is responsible for clinical oversight of CID's clinical program, credentialing, and quality management; functions as "Chief of Staff" of the UR/IMR Program; sets and maintains a standard of professionalism in the UR/IMR Program; maintains and continues to develop personal clinical and administrative expertise; provides input and receives direction from the Managing Directors; works as a peer to CID Clinical Director; provides reports to the Managing Directors and others as requested; coordinates the hiring and credentialing process for new clinical peer reviewers; oversees and participates in the development of evidence-based guidelines and helps determine which guidelines should be used by the CID clinical reviewers; meets with clients and potential clients as necessary to discuss CID's UR/IMR Program; and periodically consults with practitioners in the field.

IMR Clinical Director (100% of full-time equivalency):
The **IMR Clinical Director** facilitates the day-to-day operations, the general administration, and financial management of the UR/IMR-Review Management Program and Team; serves as senior clinical staff member in the UR/IMR Program; is readily available to answer questions asked by the non-clinical staff while providing on-site monitoring of non-clinical staff performing pre-review screening; works as a peer to CID Medical Director; facilitates the Quality Assurance/Quality Control meetings on a regular and timely basis; oversees and participates in the development of evidence-based guidelines; and helps determine which guidelines should be used by the CID clinical reviewers.

IMR Clinical and QAQC Team (100% of full-time equivalency):

Associate Clinical Director (100% of full-time equivalency):
The Associate Clinical Director interacts with the IMR-Review Management Team to fulfill the CID mission statement and facilitates the day-to-day operations and the general administration of the IMR Program.

Clinical Peer Reviewer (100% of full-time equivalency):
The **Clinical Peer Reviewer** is a certified or licensed healthcare professional who performs clinical review on applications for IMR; performs duties daily according to schedule the contractor has provided; reviews the disputed medical treatment

requests and applies clinical review criteria, approved by the Medical Director and Clinical Director, to the request; may request additional clinical information, deemed reasonable and necessary to complete the review from the stakeholders; performs final guidelines selection based upon the hierarchy established in the LC; and processes determinations of medical necessity rendering a decision to approve, modify, or deny the request based on evidence based guidelines and clinical judgment.

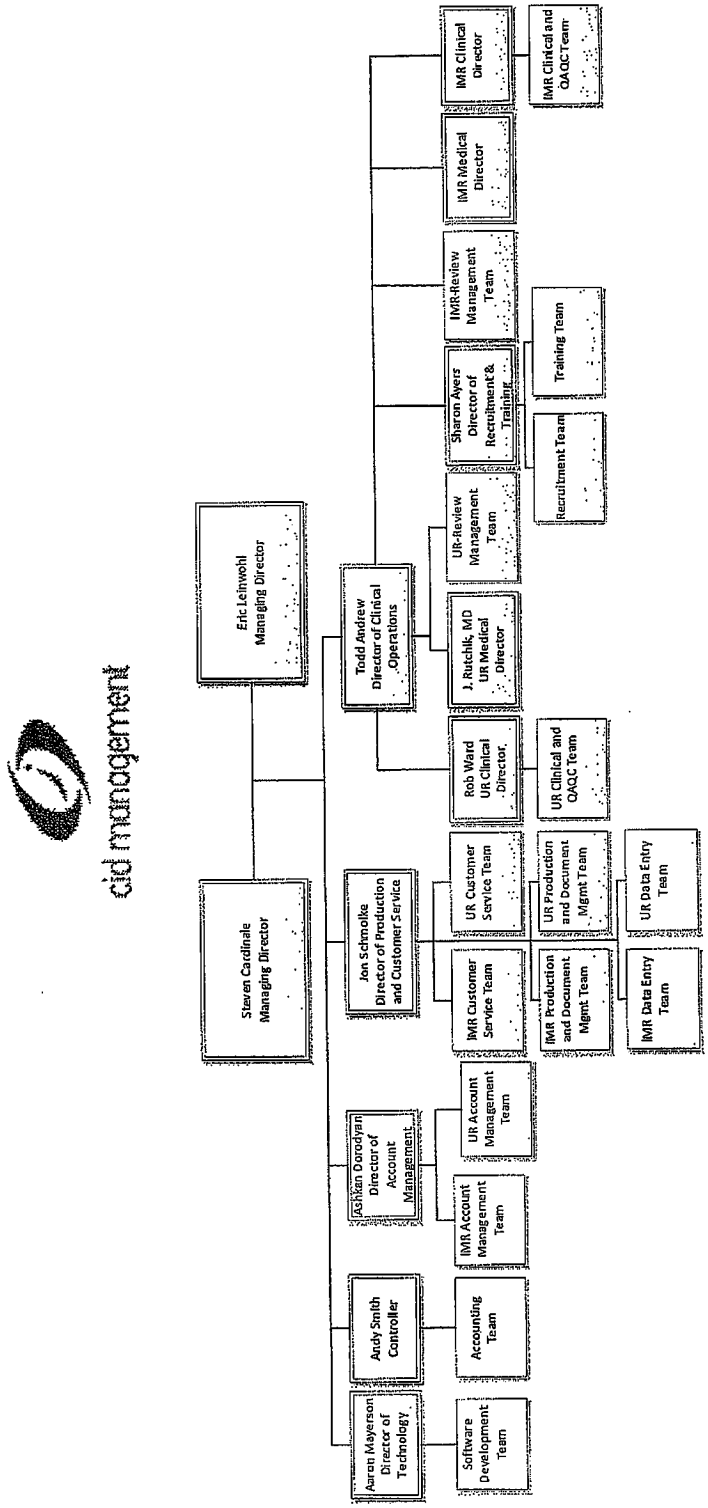
Initial Clinical Reviewer (100% of full-time equivalency):
The Initial Clinical Reviewer is a certified or licensed healthcare professional who performs first level review on disputed medical treatment in order to ensure that all necessary elements are present for the Clinical Peer Reviewer; itemizes documents received; performs initial guidelines identification based upon the hierarchy established by the LC; performs duties daily according to the schedule the contractor has provided; and may request additional clinical information, deemed reasonable and necessary to complete the review.

QAQC Reviewer (100% of full-time equivalency):
The QAQC Reviewer is a certified or licensed healthcare professional who performs quality assurance on reviews migrated to QAQC by Clinical Peer Reviewers; is responsible for duties outlined in the Quality Assurance Reviewer agreement; performs duties daily according to schedule the contractor has provided; reviews the final determinations made by clinical peer reviewers for completeness, consistency, and adherence to CID policies and procedures; returns reviews to the initial clinical reviewer or clinical peer reviewer if quality assurance quality control issues are found; informs Clinical Director of common quality assurance quality control issues; maintains current knowledge and skills relative to procedure changes, software updates, utilization management changes, and related information; and monitors reviews assigned for adherence to timeframes and notifies Clinical Director if timeframes are in jeopardy.

Clinical Personnel Recruiter – Jacquie Casey (60% of full-time equivalency):
The Clinical Personnel Recruiter seeks to expand CID's healthcare provider panel in support of Clinical Operations; coordinates with Director of Clinical Personnel Recruitment to determine clinical panel needs; investigates and develops methods for clinical personnel recruitment in coordination with the Director of Clinical Personnel Recruitment; seeks potential clinical personnel by enacting approved recruitment methods; initiates contact with potential clinical personnel providing them with information regarding the company; performs initial credentialing checks on interested clinical personnel; forwards Director of Clinical Personnel Recruitment the credentialing information as well as a CV for each interested candidate; and contracts with the interested personnel, once approved by the Director of Clinical Personnel Recruitment.

Optional Personnel:
Public Relations/Communications Director (60% of full-time equivalency):
The PR/Communications Director could help mitigate the perception of employers/insurers/applicant attorneys that an IMRO can be unapproachable. The director would focus on open and consistent communications (e.g. quarterly forums, structured round tables, etc.); proactively communicate and write a variety of PR copy such as: news releases, articles, case studies, blogs, and employee profiles; establish and maintain positive relationships with employers, insurers, applicant attorneys, community, government groups, DIR/DWC staff, corporate employees, and other business partners; research and identify blog/article opportunities on relevant websites; research and identify speaking opportunities for company subject matter experts; and identify and maintain editorial calendars.

Please see the page that follows for a staff organization chart.


cid management
Eric Leinwohl
Managing Director
Steven Cardinale
Managing Director
Todd Andrew
Director of Clinical
Operations
Jon Schmolke
Director of Production
and Customer Service
Ashkan Dorodyan
Director of
Account
Management
Andy Smith
Controller
Aaron Mayerson
Director of
Technology
J. Rutchik, MD
UR Medical
Director
Rob Ward
UR Clinical
Director
Sharon Ayers
Director of
Recruitment &
Training
IMR Clinical
Director
IMR Medical
Director
UR-Review
Management
Team
IMR-Review
Management
Team
UR Customer
Service Team
IMR Customer
Service Team
UR Production
and Document
Mgmt Team
IMR Production
and Document
Mgmt Team
UR Account
Management
Team
IMR Account
Management
Team
Accounting
Team
Software
Development
Team
UR Clinical and
QAQC Team
IMR Clinical and
QAQC Team
Recruitment Team
Training Team
UR Data Entry
Team
IMR Data Entry
Team

Related Experience and References

Describe the experience of the bidder in conducting similar or comparable services and identify those members of the proposed staff who have provided these services (including the role and responsibilities of each).

A specific reference to a client's contact person (with current telephone number) for each similar or comparable study shall be included in this section.

CID Management has been in business since late 2001. At that time, Steven Cardinale and Eric Leinwohl merged their talents to rethink the emerging crisis in the workers' compensation industry. With a combined 50 years of experience in the occupational health, financial and technology industries, CID began developing and implementing innovative workers' compensation solutions for concerned employers. The firm was originally conceived as an organization dedicated to reducing overall medical management costs across all areas of the workers compensation value chain. Our focus quickly narrowed to providing the "Best Practice" utilization and peer review services supported by an advanced technology infrastructure and updated management techniques. CID has been providing utilization review services for more than eleven years within California. During that time we have developed several unique processes that support each client's specific requirements. Consequently we have collected an important array of unique knowledge into our clients' processes and day-to-day operating requirements. The institutional learning that has occurred during this timeframe has provided CID the opportunity to develop a unique and value added program.

CID has significant capability in integrating with payors of all sizes. We have worked with some of the largest municipalities and insurance companies, integrating with their applications. CID has built bridges to multiple claims and bill review systems, and our core technology competencies enable us to build EDI bridges with almost any modern application system. CID has previously built interfaces with a number of bill review vendors including: StrataCare, Genex, Mitchell, Ingenix, and ACS/CompIQ. Most recently, CID completed a successful integration with StrataWare at one of the country's largest municipalities. CID has created interfaces with multiple Claims Systems facilitating a two-way flow of information. CID has coordinated UR determinations with vendor groups, including PBMs, at several different levels. We are able to interface with any document management system due to the fact that all of our documents are available as individual PDF files. All related documents are uploaded and imaged into our technology system. We have integrated with multiple document management systems via direct fax number and FTP. CID's technology is completely web-based, and the entire system is based on transactional technology, which ensures data integrity.

At CID Management, we view our clients as partners. In addition to providing best-in-breed utilization and peer review services, we also serve as consultants and advisors to our clients with respect to regulatory, legal, and procedural compliance. Our mission statement is to help clients reduce overall claims costs by identifying and curtailing inappropriate care, while at the same time identifying and enabling appropriate care. Our ability to help clients in these areas is made possible by our technology, processes, and expertise. The power of our technology not only allows us to have quick turnaround times (1.7 business days on average), but also automatically creates and distributes all appropriate notifications to the stakeholders on a review, maximizing regulatory compliance. These notifications include, but are not limited to: requests for additional information, determination letters, IMR forms, etc.

CID Management has always prided itself on regulatory and legal compliance. We believe that our expertise allows us to be a leading source of knowledge and information for our clients. When regulatory changes occur, we provide our clients with the education and training necessary to ensure that they are equipped with the knowledge and tools necessary to succeed. Training can be provided through on-site in-services, webinars, or printed materials. For clients that prefer to train-the-trainer, we provide education to the trainers in addition to materials and presentations that they can use to train their entire teams.

In addition to legal and regulatory training, we also provide training and technical support for our proprietary, enterprise-level software platforms. This support can be delivered via whichever method the client prefers, including: on-site, webinar, written medium, or telephonically.

City of Los Angeles

For the City of Los Angeles, all UR decisions, including adjuster approvals and those escalated for physician review are captured in the CID software. This 100% capture provides the City of LA and CID with a complete claims picture allowing us to fine tune the utilization review program through Prior Authorization Program and UR escalation criteria (a.k.a. the City of LA Trigger List). Our Clinical Director works directly with the City of Los Angeles' Workers' Compensation Administrator to consistently refine the list of what should be authorized in house and what should be sent to UR.

Our close involvement with the City of Los Angeles' program allows us to be very collaborative. We have co-presented at conferences as well as educational seminars on topics ranging from the successes of our combined program to IMR and UR compliance.

We provide the City's adjustors with a Clinical Help Desk – online access for clinical staff to help with the adjusters with clinical questions. We also provide the City with UR audit support – putting together the audit information requested by the DWC Audit team.

All the support mentioned above is provided to the City as well as its three TPAs.

State Farm Insurance
Preferred Management Corporation (PMC)
Contra Costa County
Los Angeles County Metropolitan Transportation Authority (LACMTA)
City of Santa Monica

For the clients listed above, all Utilization Review decisions, including adjuster approvals, and those escalated for physician review are captured in the CID software. This complete claims picture allows us to be hands on with these referenced clients' Prior Authorization Programs. Our Clinical Director works directly with the clients' Workers' Compensation Administrators to consistently refine the list of what should be sent to Utilization Review and what should be authorized in house immediately without the need for Utilization Review.

We provide all of our clients with regulatory, clinical, procedural, technical, judicial, and audit support on a periodic and as needed basis.

Confidential References
In addition to the clients listed, our book of business includes other large carriers that are not allowed to serve as references due to their internal confidentiality policies. These clients include the largest state-run insurance carrier in California and the largest big-box retailer in the world. While we cannot reference these clients by name, it should be noted that we easily handle the Utilization Review volume for these groups as well.

Across CID's entire book of business, our systems handle the processing of approximately 1,250 reviews per day. Our current case workflow software supports clients with billings approaching $53 million per year.

CID has over 11 years of experience in performing utilization review in California's workers' compensation system. We are familiar with the Independent Medical Review requirements and are confident that our IMR designed workflows and technology will allow us to deliver an IMR program that exceeds the DIR/DWCs expectations.

Demonstrate experience with creating a case flow tracking system for cases being submitted for review.

CID's UR services are provided using our proprietary case flow tracking software called RITE, which currently processes approximately 1,250 reviews per day. CID's software facilitates the appropriate assignment of specialist reviewer by assigning reviews to reviewers based on criteria such as treatment request, reviewer specialty, current reviewer workload, and reviewer availability. The CID application automatically assigns the review to the reviewer with the best specialty match, the lowest workload, and the first availability. The resultant assignment results in the best possible medical determination being made, which ensures the best outcome for the injured worker. Also, CID's software contains a highly configurable communications system that handles the generation and distribution of review-related correspondences.

CID's software is built using industry standard Microsoft .NET technologies and the same technology stack used by Amazon, eBay and other technology leaders. From Microsoft Internet Information Server and Windows Server, to SQL Enterprise Server for database support, to advanced encryption and Symantec Endpoint protection, the CID technology is designed from the ground up as an Enterprise Class case workflow system.

Staff Members

Dr. Jonathan Rutchik, Medical Director

Dr. Rutchik's focus is neurological illness, workplace injuries, and environmental exposure. He is in private practice in the San Francisco Bay area and holds a position as an Assistant Clinical Professor in the Division of Occupational Medicine, in the Department of Internal Medicine at the University of California, San Francisco. He is a Board Certified Diplomate of the American Board of Preventative Medicine (Occupational and Environmental Medicine) and Board Certified Diplomate of the American Board of Psychiatry and Neurology. In addition, he is a California Qualified Medical Examiner.

Todd Andrew, Director of Clinical Operations

Dr. Andrew's focus is the overall operations of the CID medical cost containment programs. He oversees CID's national network of physicians and operations staff to provide customized technology and process driven solutions for the workers' compensation industry.

Robert Ward, Clinical Director

Dr. Ward's focus is the day-to-day operations and quality management of the CID UR program. His secondary focus is the appropriate integration and delivery of complementary and alternative medicine within workers' compensation. He has

recently served as a Professor at the Southern California University of Health Sciences where he taught in the departments of Diagnosis and Anatomy. Dr. Ward has served as a Qualified Medical Examiner, as the past editor of The Journal of Chiropractic Education, and as a Clinical Peer Reviewer at CID.

Aaron Mayerson, Director of Technology

Mr. Mayerson serves as CID's Director of Technology with a focus on the application and integration of CID's technology in the utilization management arena. He also supervises CID's technology teams with oversight of integration, security, and software applications.

Ashkan Dorodyan, Director of Account Management

As CID's Director of Account Management, Mr. Dorodyan manages the day-to-day customer service operations supervising the customer service staff, policies, and procedures. He is also responsible for customer training and CID's account management teams.

In regard to the clinical team, the utilization review program is comprised of the following groups:

- Medical Director
- Director of Clinical Operations
- Clinical Director
- Clinical Peer Reviewers
- Initial Clinical Reviewers
- Quality Assurance Quality Control Reviewers
- Senior Utilization Management Supervisors
- Non-Clinical Administrative Staff

Please see Attachment 4 for client references.

ATTACHMENT 1

REQUIRED ATTACHMENTS CHECK LIST

A complete proposal or proposal package will consist of the items identified below. Complete this checklist to confirm the items in your proposal. Place a check mark or "X" next to each item that you are submitting to the State. For your proposal to be responsive, all required attachments must be returned. This checklist should be returned with your proposal package also.

	Attachment	Attachment Name/Description
__X__	**Attachment 1**	Required Attachments Check List
__X__	**Attachment 2**	Proposal/Proposer Certification Sheet
__X__	**Attachment 3**	Cost Sheet
__X__	**Attachment 4**	Proposer References
__X__	**Attachment 5**	Disabled Veteran Business Enterprise Participation Forms and Instructions
_N/A_	**Attachment 6**	Payee Data Record (STD 204) (if currently not on file) ***(Required upon award of contract)***
_N/A_	**Attachment 7**	Contractor Certification Clauses (CCC) 610 ***(Required upon award of contract)***
_N/A_	**Attachment 8**	Darfur Contracting Act Certification
_N/A_	**Attachment 9**	Assignment of Work and Restricted License regarding Deliverable**
_N/A_	**Attachment 10**	Target Area Contract Preference Act (TACPA)*

*If applicable
**Per Irina Nemirovsky at DIR, the bidder can disregard Attachment 9; it should not have been included in the list of attachments on page 27.

ATTACHMENT 2

PROPOSAL/PROPOSER CERTIFICATION SHEET

A. Place all required attachments behind this certification sheet.
B. I have read and understand the DVBE Participation requirements and have included documentation demonstrating that I have met the participation goals or have made a good faith effort.
C. The signature affixed hereon and dated certifies compliance with all the requirements of this proposal document. The signature below authorizes the verification of this certification.

An Unsigned Proposal/Proposer Certification Sheet May Be Cause for Rejection

1. Company Name Comprehensive Industrial Disability Management, Inc.	2. Telephone Number (866) 301-6568	2a. Fax Number (877) 628-6724
3. Address 2555 Townsgate Road, Suite 125 Westlake Village, CA 91361		
Indicate your organization type: 4. ☐ Sole Proprietorship 5. ☐ Partnership 6. ☒ Corporation		
Indicate the applicable employee and/or corporation number: 7. Federal Employee ID No. (FEIN) 37-1453093	8. California Corporation No. C2471696	
9. Indicate applicable license and/or certification information: URAC Certificate Number W100318R-1155		
10. Proposer's Name Steven Cardinale	11. Title Managing Director	
12. Signature Steven Cardinale	13. Date 5/9/14	
14. Are you certified with the Department of General Services, Office of Small Business Certification and Resources (OSBCR) as: a. California Small Business Yes ☒ No ☐ If Yes, enter certification number: #1771191	b. Disabled Veteran Business Enterprise Yes ☐ No ☒ If yes, enter your service code below:	
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes." Date application was submitted to OSBCR, if an application is pending:		

ATTACHMENT 3

COST PROPOSAL WORKSHEET

Please see cost information in the separate sealed envelope, as directed by the RFP instructions.

ATTACHMENT 4

PROPOSER REFERENCES

List below six references for services performed within the last five years, which are similar to the scope of work to be performed in this contract (similar in scope is considered to be actuarial and auditing services including regulatory consulting services provided to self-insured workers' compensation state regulators. Compliance work provided directly to self-insured employers or groups may be substituted in the absence of work performed directly for regulators. California references may be considered more similar than non-California based references). If six references cannot be provided, please explain why on an attached sheet of paper.

REFERENCE 1

Name of Firm: City of Los Angeles
Street Address: 200 N. Spring St. City: Los Angeles State: CA Zip Code: 90012
Contact Person: Dawn Alvarado Telephone Number: (213) 473-3378
Dates of Service: 7/2013 – Present Value or Cost of Service: $1.9 million

Brief Description of Service Provided: Technology Platform for Utilization Management, Utilization Review, Peer Review, Consult

REFERENCE 2

Name of Firm: State Farm Insurance
Street Address: 900 Old River Rd. City: Bakersfield State: CA Zip Code: 93311
Contact Person: Lucy Trakimas Telephone Number: (661) 663-5622
Dates of Service: 8/2007 – Present Value or Cost of Service: $1.8 million

Brief Description of Service Provided: Technology Platform for Utilization Management, Utilization Review, Peer Review, Consult

REFERENCE 3

Name of Firm: Preferred Management Corporation (PMC)
Street Address: 4195 Chino Hills Pkwy. #406 City: Chino Hills State: CA Zip Code: 91709
Contact Person: Candace De Turris Telephone Number: (909) 597-2167
Dates of Service: 4/2007 – Present Value or Cost of Service: $303,000

Brief Description of Service Provided: Technology Platform for Utilization Management, Utilization Review, Peer Review, Consult

REFERENCE 4

Name of Firm: Contra Costa County
Street Address: 651 Pine St. 10th Floor | City: Martinez | State: | Zip Code: 94553
Contact Person: Denise Rojas | Telephone Number: (925) 335-1408
Dates of Service: 8/2004 – Present | Value or Cost of Service: $220,000
Brief Description of Service Provided: Technology Platform for Utilization Management, Utilization Review, Peer Review, Consult

REFERENCE 5

Name of Firm: Los Angeles County Metropolitan Transportation Authority (LACMTA)
Street Address: 1 Gateway Plaza | City: Los Angeles | State: CA | Zip Code: 90012
Contact Person: Greg Kildare | Telephone Number: (213) 922-4971
Dates of Service: 7/2008 – Present | Value or Cost of Service: $96,000
Brief Description of Service Provided: Technology Platform for Utilization Management Utilization Review, Peer Review, Consult

REFERENCE 6

Name of Firm: City of Santa Monica
Street Address: 1717 4th St. #270 | City: Santa Monica | State: CA | Zip Code: 90401
Contact Person: David Bomberger | Telephone Number: (310) 458-8388
Dates of Service: 8/2004 – Present | Value or Cost of Service: $59,000
Brief Description of Service Provided: Technology Platform for Utilization Management, Utilization Review, Peer Review, Consult

ATTACHMENT 5

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PARTICIPATION FORM/BIDDER DECLARATION

On the following page, please see form GSPD-05-105 from the State of California – Department of General Services, Procurement Division.

State of California—Department of General Services, Procurement Division
GSPD-05-1[illegible] (V 08/09)

Solicitation Number RFP #14-001

BIDDER DECLARATION

Comprehensive Industrial Disability Management, Inc.

1. Prime bidder information **(Review attached Bidder Declaration Instructions prior to completion of this form)**:

a. Identify current California certification(s) **(MB, SB, NVSA, DVBE):** SB **or None** ☐ (If "None", go to Item #2)

b. Will subcontractors be used for this contract? **Yes** ☑ **No** ☐ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.
Our firm, Comprehensive Industrial Disability Management, Inc., will perform all duties related to this RFP with the exception of subcontracting for mailing and printing services and mailing supplies.

c. If you are a California certified DVBE: (1) Are you a broker or agent? **Yes** ☐ **No** ☐
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? **Yes** ☐ **No** ☐ **N/A** ☐

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
Brentwood Reprographics, Justin Crum, (925) 516-3344, (925) 516-3345	3361 Walnut Blvd, Suite 130 Brentwood, CA 94513 jcrum@brentwoodrepro.com	MB, DVBE	Mailing and printing services	3%	☑ Yes	☐ N/A
Redi Supply Company, Sydney Drain, (949) 916-8040, (888) 890-7973	220 West Grove Avenue Orange, CA 92856 sdrain@redisupply.com	MB, DVBE	Mailing supplies	1%	☑ Yes	☐ N/A
					☐	☐

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

SC

Department of General Services
BUILDING GREEN · BUYING GREEN · WORKING GREEN

Comprehensive Industrial Disability Management, Inc. - #1771191

SUPPLIER PROFILE			
Legal Business Name	Comprehensive Industrial Disability Management, Inc.		
Doing Business As	Comprehensive Industrial Disability Management, Inc.		
Address	2555 Townsgate Road WESTLAKE VILLAGE, CA 91361	Phone FAX	(866) 301-6568
Email	andy.smith@cidmcorp.com		
Web Page	http://www.cidmcorp.com		
Business Types	Service		
Service Areas	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba,		
Keywords	workers compensation claims utilization review insurance		
Classifications	841316 - Life and health and accident insurance		

Active Certifications

TYPE	STATUS	FROM	TO
SB	Approved	May 8, 2014	May 31, 2016

Certification History

TYPE	STATUS	FROM	TO

cid management

...d: State of CA Notification Letter

Lisa Linehan <lisa.linehan@cidmcorp.com> Fri, May 9, 2014 at 2:00 PM
To: Lisa Linehan <lisa.linehan@cidmcorp.com>

DGS CALIFORNIA DEPARTMENT OF GENERAL SERVICES

Governor Edmund G. Brown Jr.

May 9, 2014 SB APP

Supplier #1771191
Comprehensive Industrial Disability Management, Inc.
2555 Townsgate Road
WESTLAKE VILLAGE CA 91361

Dear Business Person:

Congratulations on your Small Business (SB) certification with the State of California. Your business is now entitled to compete in the State's goal to spend 25 percent of its annual contracting dollars with small businesses. Each certified SB receives a five percent bid preference on applicable solicitations. This certification also guarantees higher interest penalties for late payment of undisputed invoices. You may purchase a rubber stamp by completing the Prompt Payment Rubber Stamp Order form at www.documents.dgs.ca.gov/pd/smallbus/ppstampreq.pdf. For more information or to verify certification status, visit www.eprocure.dgs.ca.gov.

Certification Period
From May 8, 2014 to May 31, 2016
Business Types
Service

Conflict of Interest for Current and Former State Employees
Prior to contract award, agencies will assure the vendor is in compliance with Public Contract Code, Section 10410 et seq. addressing conflict of interest for State employees or former employees.

Annual Submission Requirement
Submit copies of the ENTIRE federal tax return to the Office of Small Business and DVBE Services (OSDS). If you have been granted a tax filing extension with the Internal Revenue Service, submit a copy of the extension form and annual financial statements; then, submit a copy of the tax return once filed. If you have employees, include the California Employment Development Department's "Quarterly Contribution Return and Report of Wages (Continuation)" (Form DE9C). If you have out-of-state employees, submit the employee documentation comparable to Form DE9C. These annual submissions also apply to all affiliated businesses.

Maintaining Your Online Certified Firm Profile
Visit www.eprocure.dgs.ca.gov/default.htm to update your certification profile. You may report changes to the following: mailing and principal office address; contact information; keywords and service areas; United Nations Standard Products and Services Codes, North American Industry Classification System (applicable only to

Manufacturers). This certification may be impacted if you update information beyond the aforementioned. To report changes by mail, complete a "Certification Information Change" form located at www.documents.dgs.ca.gov/pd/smallbus/certchange.pdf.

Certification Renewal
Please complete an online application at www.eprocure.dgs.ca.gov 90 days prior to the expiration date whether or not you receive a renewal notice. If you hold dual certifications, SB and DVBE certifications, you must renew both certifications at the same time. Please contact us at 800.559.5529, 916.375.4940 or by email at OSDSHelp@dgs.ca.gov if you have any questions.

Sincerely,

...ffice of Small Business and DVBE Services

cid management

EXHIBIT B

cid management

IMR RFP Additional requested info

Steven Cardinale <scardinale@cidmcorp.com> Thu, May 22, 2014 at 2:36 AM
To: CPowlan@dir.ca.gov
Cc: Lisa Linehan <lisa.linehan@cidmcorp.com>

Christine,

Lach requested that I forward this email to you as standard protocols in the IMR RFP process. Can you please forward the email in it's entirety, including the attachment to Lach and the IMR RFP team and let me know once it has been distributed?

Thank you

Steven Cardinale

Lach,

As per our discussions at the oral presentation for the IMR RFP I have provided an in-depth analysis of the conflicts questions in the attached document. Please review at your convenience and let me know if you have any questions.

Additionally, I wanted to reiterate our efficiency model within CID. This type of engineered efficiency using process simulations (eg. we simulate every process using software from Simul8) allows CID to support scaled volume without huge overhead. I believe this is the type of governmental efficiency that translates into significant savings to CA business and constituencies. It may be a unique model, but it has driven down costs by 70%+ and allows the CID model to scale.

In terms of structure, over the past couple of years we have proven out the model by growing our reviewer base by 100%+ over a short period of time. The process, the workflows and the technology have all already been stress tested with large growth spikes and have performed well. In terms of existing volume, we already process an equivalent IMR volume on a daily basis and consequently have a superb understanding of the details required to add the appropriate scale.

I look forward to hearing your decision.

Thank you

Steven Cardinale

IMR Conflicts.docx
130K

cid management

Lach & DWC Team,

As per our discussion, I wanted to bring to light a couple of points regarding conflicts of interest on the IMR RFP #14-001.

There are two points of discussion:

1.) Satisfy any requirements set forth in Labor Code.
2.) Satisfy the requirements set forth in the RFP

I will initially detail out the anticipated structure for CID's IMR solution, then I will review the language set forth in in Labor Code (including case examples), and finally address the language set forth in the RFP.

The proposed CID-IMR solution, designed to provide complete isolation of the IMR process from any UR processing that CID performs is as follows:

1.) Separate Technology System for IMR processing: This includes physically separate computer systems running physically distinct technology stacks, from database, through business logic, through web front end. No data will be intermixed from any UR system since a physical separation of systems is in place. Consequently no UR determination can be viewed on the IMR system without the information coming in directly from IMR channels (ie. USPS, fax, web).

2.) Separate Physician Panels: CID will not comingle providers who are performing IMR with any other service. This includes individuals who perform document indexing, clinical decision-making, and quality control experts. Once a physician has been identified as performing tasks for IMR processes, that physician will no longer be eligible to work on any UR process within CID.

3.) Per hour billing model: The CID physician compensation model works on a per hour basis, which provides complete transparency across physician load. The per hour billing model ensures that it is not possible to enact any financial conflict to the experts performing the reviews (the physicians get paid for each and every hour they work, no matter what their final determination). This transparency eliminates any financial incentive conflicts.

4.) Separate Administration Teams: The teams and processing workflows for handling IMR documents and data are physically separated from teams that perform any other function. This ensures that every IMR process (down to IMR document management) is handled in an isolated fashion. This ensures no comingling of data, information or process from IMR to any other process.

5.) Separate Customer Service Teams: The customer service teams will have separate scripts, provide separate responses for inquires, use unique IMR systems, and consequently will be physically isolated customer service teams. Again another firewall to support complete

isolation.

6.) Separate Medical Director: After our discussion, CID anticipates bringing on a separate medical director specifically for the IMR process. This individual will not have any oversight on any project other than IMR clinical effectiveness. This provides a clinical separation at the highest level across all IMR decisions

7.) Physician Recusal Process: Medical reviewers need a standard mechanism for recusing themselves from a review request (ie. a physician in their practice group is part of the IMR request) and this is already in place with technical precision to avoid any potential conflicts.

This complete separation of duties (Technology, Clinical, Administrative) creates a unique segmented portion of the CID competency that completely isolates IMR processing from any UR function, WHILE allowing for some shared services (ie. facilities management, HR screening, technology expertise, process analyst specialists).

Labor code section 139.5 (c) (2) states: *The independent review organization, any experts it designates to conduct a review, or any officer, director, or employee of the independent review organization shall not have any material professional, familial, or financial affiliation, as determined by the administrative director, with any of the following: (A) The employer, insurer or claims administrator, or utilization review organization.*

The important point in that section to review comes under "material … affiliation, as determined by the administrative director".

The carved out component of the CID organization that performs IMR has NO material affiliation with the component of CID that performs other services (eg. the expert reviewers cannot cross firewall lines, the payment mechanism does not provide for financial incentives, etc). Consequently CID-IMR firewalls provide no **MATERIAL** affiliations.

Additionally the determination of what is a MATERIAL financial or professional affiliation has been expressly bestowed upon the DIR (and/or administrative director). This discretion is provided by the administrative director and does not allow for other constituencies to weigh in. Administrative agencies (like DIR/DWC) are given extraordinary deference by the courts when it comes to interpreting the laws that they administer and execute. In the federal courts, this is called "Chevron deference," and there is a similar doctrine in California courts. The doctrine says, in essence, that unless a department or agency interprets the law in a manner that is unavoidably considered to be an abuse of discretion, then the agency interpretation is followed by the courts. A California example case is Divers' Environmental Conservation Org. v. State Water Res. Control Bd. (2006) 51 Cal. Rptr. 3d 497.

Additional California equivalents of federal "Chevron deference" are as follows:

""The interpretation of a labor statute is a legal question which we review independently from the determination of the [Board]. Nonetheless, we

generally defer to the [Board's] interpretation of labor statutes, unless the interpretation is clearly erroneous.'" Matea v. Workers' Comp. Appeals Bd., 51 Cal. Rptr. 3d 314, 321 (Cal. Ct. App. 2006) (quoting Boehm & Assocs. v. Workers' Comp. Appeals Bd., 90 Cal. Rptr. 2d 486, 488 (Cal. Ct. App. 1999))

"'[W]hile interpretation of a statute or regulation is ultimately a question of law, we must also defer to an administrative agency's interpretation of a statute or regulation involving its area of expertise, unless the interpretation flies in the face of the clear language and purpose of the interpreted provision.'" Divers' Envtl. Conservation Org. v. State Water Res. Control Bd., 51 Cal. Rptr. 3d 497, 501 (Cal. Ct. App. 2006) (quoting Cmtys. For A Better Env't v. State Water Res. Control Bd., 1 Cal. Rptr. 3d 76, 86-87 (Cal. Ct. App. 2003))

This specifically concludes that SO LONG AS the business is structured to avoid MATERIAL conflict of interests as defined by the administrative director, as is done with the above CID-IMR structure, then the statutory prohibition against UROs also being IMR organizations does not apply. Since CID's UR functions are so completely segregated and kept apart from its IMR functions there are no MATERIAL affiliations.

Additionally, 139.5 (c) (2) (a) speaks of conflicts between "*(A) The employer, insurer or claims administrator, or utilization review organization.*" Since CID-IMR expert reviewers DO NOT and WILL NOT perform any utilization reviews for CID they CANNOT have any conflict since their expertise is specifically isolated in one area. This conflict check must be performed on a per review basis (ie. each review has a different employer to identify) and cannot be done across an organization according to the language.

In terms of the RFP language, CID complies with the following:

Objective and Scope of Service: Item (a)(3) "Perform conflicts of interest checks for physician reviewers". This process has been described and is done both technically as well as on an individual basis.

Item (a)(4) has already been disclosed in the RFP and follows all DIR requirements. Additional detail is available upon request.

CID has no conflict as defined in section 17 since we are not an insurer, claims administrator, or trade association (these are the entities specifically called out in the RFP).

The RFP itself does not specify any other conflicts other than those expressly discussed above by referring to Labor Code sections.

I believe this analysis provides complete support for the CID-IMR solution across the authority vested in the DIR/DWC and the administrative director and direct evidence for no material affiliations.

cid management

Please contact me for additional review or if you have any questions.

Thank you

Steven Cardinale

PO Box 4379 | Westlake Village, CA 91359 | P: 866-301-6568 | F: 877-628-6724
www.cidmcorp.com

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Additional Documentation Requests

Steven Cardinale <scardinale@cidmcorp.com> Fri, May 23, 2014 at 5:24 AM
To: CPowlan@dir.ca.gov
Cc: Lisa Linehan <lisa.linehan@cidmcorp.com>

Christine,

As per Lach Taylor's request to provide additional legal analysis for our RFP response to the IMR RFP #14-001, please forward the attached, detailed analysis on to the team and ensure that Lach receives a copy directly since this is an area of most interest to him. Due to timing it is imperative that this additional information be provided early this morning 5/23 as it provides foundational research to support decision making.

Please let me know once you have received and forwarded on this information as requested by the team.

Thank you

Steven Cardinale

Labor Code Section 139.5 discussion.doc
42K

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MEMORANDUM

RE: CID Management – IMR RFP #14-001

Date: May 22, 2014

Labor Code Section 139.5 conflict of interest provisions; scope and applicability

Labor Code § 139.5 generally directs the administrative director (AD) to contract with one or more independent medical review organizations and one or more independent bill review organizations (IROs) to conduct reviews of medical and hospital treatment provided to injured workers in the workers' compensation system.[1]

A. "Material" affiliations specifically defined; no discretion to AD

Among other things, subdivision (d) of Section 139.5 specifies that an IRO cannot be an affiliate or a subsidiary of, nor in any way be owned or controlled by any of the following:

- A workers' compensation insurer
- A claims administrator, or
- A trade association of workers' compensation insurers or claims administrators.[2]

In addition, subdivision (d) of Section 139.5 lists specific conflict of interest provisions applicable to IROs, declaring that neither the expert reviewer nor the IRO shall have any ***material*** *professional, familial or financial affiliation* with any of the following:

- ***The employer, workers' compensation insurer or claims administrator, or a medical provider network (MPN)*** of the insurer or claims administrator, with some exceptions (academic institutions, etc.).

- Any officer, director, or management employee of the employer or workers' compensation insurer or claims administrator.

- The physician, the physician's medical group, or the independent practice association (IPA) proposing the treatment.

- The institution at which the treatment would be provided.

---

[1] Labor Code § 139.5 (a) (1)

[2] Section 139.5(d) also prohibits a board member, director, officer, or employee of the IRO from serving in any of those capacities for a workers' compensation insurer or claims administrator. Similarly, a board member, director, or officer of a workers' compensation insurer or claims administrator, or a trade association of workers' compensation insurers or claims administrators cannot serve as a board member, director, officer, or employee of an IRO.

- The development or manufacture of the treatment proposed for the employee whose condition is under review.

- The employee or the employee's immediate family.[3]

It is worth noting that the conflict of interest provisions in subdivision (d) outlined above do not prohibit *material* financial or professional affiliations between the IRO and a utilization review organization (URO).

It should also be noted that the statute specifically defines what constitutes a prohibited *material* financial, professional or familial affiliation as they may pertain to a relationship between the IRO and an employer, workers' compensation insurer or claims administrator, or a MPN. The statute does NOT authorize the AD to determine whether or not a financial or professional affiliation concerning these entities is material, and therefore unauthorized.

For example, Section 139.5 (d) (F) (6) (B) defines a "*material financial affiliation*" to mean any financial interest of more than 5% of total annual revenue or total annual income of an independent review organization or individual *to which this subdivision applies* [subdivision (d)]. In addition, Section 139.5 (d) (F) (6) (C) defines a "*material professional affiliation*" as any physician-patient relationship, any partnership or employment relationship, a shareholder or similar ownership interest in a professional corporation, or any independent contractor arrangement that constitutes a material financial affiliation with any expert or any officer or director of the independent review organization.

B. The AD determines the materiality of any conflicts of interest in regard to UROs

In contrast, the conflict of interest provisions of Labor Code § 139.5 that are specifically applicable to UROs expressly authorize the AD to determine if there is a material conflict of interest. Labor Code § 139.5(b)(2) provides that the IRO, "any experts it designates to conduct a review, or any officer, director, or employee of the independent review organization shall not have any ***material*** *professional, familial, or financial affiliation,* ***as determined by the administrative director***, with any of the following:

(A) The employer, insurer or claims administrator, or ***utilization review organization***.
(B) Any officer, director, employee of the employer, or insurer or claims administrator.
(C) A physician, the physician's medical group, the physician's independent practice association, or other provider involved in the medical treatment in dispute.
(D) The facility or institution at which either the proposed health care service, or the alternative service, if any, recommended by the employer, would be provided.
(E) The development or manufacture of the principal drug, device, procedure, or other therapy proposed by the employee whose treatment is under review, or the alternative therapy, if any, recommended by the employer.
(F) The employee or the employee's immediate family, or the employee's attorney."

[3] Labor Code § 139.5 (d) (4) (D) (5)

Unlike subdivision (d), subdivision (b) outlined above clearly authorizes the AD to determine whether or not there is a ***material*** *familial, professional or financial affiliation* that would constitute an impermissible conflict of interest. Notably, the statute does NOT define material financial or professional affiliations here, which is distinctly different from the specific definitions that apply in subdivision (d).

Thus, the AD has clear-cut discretion to exercise his or her independent judgment in determining whether a conflict of interest is material or even if one exists. This unfettered discretion is specifically authorized concerning the relationships that may exist between an IRO and a URO.

It would therefore seem clear that if an injured worker's claim is reviewed by a URO, any subsequent IMR that is performed must occur under circumstances that would provide complete isolation of the IMR process from any UR processing. It also seems clear that the strict definitions concerning materiality of financial or professional affiliations that apply in other circumstances do not apply in this instance – simply because the UROs are specifically excluded from the narrow statutory construct set forth in subdivision (d) of Section 139.5.

o0o

Proposed CID-IMR conflict-avoiding solution

As I outlined in an earlier memorandum concerning this RFP, the proposed CID-IMR solution, designed to provide complete isolation of the IMR process from any UR processing that CID performs, is re-stated below:

1) *Separate Technology System for IMR processing*: This includes physically separate computer systems running physically distinct technology stacks, from database, through business logic, through web front end. No data will be intermixed from any UR system since a physical separation of systems is in place. Consequently no UR determination can be viewed on the IMR system without the information coming in directly from IMR channels (ie. USPS, fax, web).

2) *Separate Physician Panels*: CID will not comingle providers who are performing IMR with any other service. This includes individuals who perform document indexing, clinical decision-making, and quality control experts. Once a physician has been identified as performing tasks for IMR processes, that physician will no longer be eligible to work on any UR process within CID.

3) *Per hour billing model*: The CID physician compensation model works on a per hour basis, which provides complete transparency across physician load. The per hour billing model ensures that it is not possible to enact any financial conflict to the experts performing the reviews (the physicians get paid for each and every hour they work, no matter what their final determination). This transparency eliminates any financial incentive conflicts.

4) *Separate Administration Teams*: The teams and processing workflows for handling IMR documents and data are physically separated from teams that perform any other function. This

ensures that every IMR process (down to IMR document management) is handled in an isolated fashion. This ensures no comingling of data, information or process from IMR to any other process.

5) *Separate Customer Service Teams*: The customer service teams will have separate scripts, provide separate responses for inquires, use unique IMR systems, and consequently will be physically isolated customer service teams. Again another firewall to support complete isolation.

6) *Separate Medical Director*: After our discussion, CID anticipates bringing on a separate medical director specifically for the IMR process. This individual will not have any oversight on any project other than IMR clinical effectiveness. This provides a clinical separation at the highest level across all IMR decisions

7) *Physician Recusal Process*: Medical reviewers need a standard mechanism for recusing themselves from a review request (ie. a physician in their practice group is part of the IMR request) and this is already in place with technical precision to avoid any potential conflicts.

This complete separation of duties (Technology, Clinical, Administrative) creates a unique segmented portion of the CID competency that completely isolates IMR processing from any UR function, while allowing for some shared services (ie. facilities management, HR screening, technology expertise, process analyst specialists).

The carved out component of the CID organization that performs IMR has NO material affiliation with the component of CID that performs other services (e.g. the expert reviewers cannot cross firewall lines, the payment mechanism does not provide for financial incentives, etc). Consequently CID-IMR firewalls provide no *material* affiliations.

Please contact me for additional review or if you have any questions.

Steven Cardinale

cid management

EXHIBIT C

Evaluation Summary Worksheet for RFP 14-001
Independent Medical Review

	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
Written Proposal						
1.Response to Requirements a. Understanding of Needs/Work Plan The proposal will be evaluated based upon the respondent's understanding of the needs of DIR as expressed in this RFP and the development and presentation of a work plan to address those needs. (20 points maximum)	18.33	18.0	8.67	17.67	17.33	15.0

Evaluation Summary Worksheet for RFP 14-001
Independent Medical Review

	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
b. Methodology The proposal will be evaluated on the overall approach and the specific methods, tasks and activities to determine the extent to which they are sound, clear, feasible, and responsive to the requirements of this RFP. Special consideration will be given to those proposals demonstrating an awareness of any conceptual and/or methodological problems surrounding the study and the soundness of the ways proposed to address these problems. (30 points maximum)	29.33	21.33	9.33	26.0	27.0	16.67

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Evaluation Summary Worksheet for RFP 14-001
Independent Medical Review

	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
2.Experience and Expertise, Avoidance of Conflicts of Interest Respondent's qualifications must include past experience in understanding California's workers' compensation system and knowledge of independent medical review requirements. The Contractor for this evaluation should have the characteristics listed in Section C5.d2 of the RFP. (25 points maximum)	14.67	17.33	6.0	19.0	22.67	11.33
3.Quality of Proposal Response Respondent's proposal will be evaluated based on the readability, organization, specificity, and ability to communicate clearly and succinctly. (5 points maximum)	3.67	4.33	1.33	5	3.67	2.33

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Evaluation Summary Worksheet for RFP 14-001
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	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
4.Oral Presentation a. Response to Requirements Respondents will be required to do a system demonstration, present a detailed, oral explanation of their proposals, and respond to questions during their proposal. (10 points maximum)	9.33	6.67	5.0	9.67	9.0	8.0
b. Experience and Expertise, Avoidance of Conflicts of Interest Respondents will be required to explain and respond to questions regarding their experience and expertise and that of any participant of the consulting team. Points will be awarded based upon the quality, pertinence and degree of experience and expertise of the team members in relation to their participation	5.33	7.0	6.67	6.33	9.67	6.33

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	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
in the study. Respondents will be given an opportunity to demonstrate that they meet or exceed the Minimum Qualifications for Proposers with regard to freedom from conflicts of interest on part of the contractor with regard to procedures to avoid conflicts of interest of reviewers in individual case assignments. (10 points maximum)						
Total Written and Oral Score (100 points maximum, 85 points to pass)	81	75	35	86	89	60
Check if 85 points or more	☐ PASS	☐ PASS	☐ PASS	☐ PASS	☐ PASS	☐ PASS

Reviewers: Date:

Rupali Das 5/23/14

5/23/14

5/23/2014

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	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
Written Proposal I.Response to Requirements a. Understanding of Needs/Work Plan The proposal will be evaluated based upon the respondent's understanding of the needs of DIR as expressed in this RFP and the development and presentation of a work plan to address those needs. (20 points maximum)	Staffing needs not very clearly presented 17	Work plan not very specific in some areas. 17	Did not fully understand needs. Work plan not very specific. 8	Did not completely understand entire DWC's IMR process 18	Very good understanding of needs, detailed workplan 20	Bidder understood requirements of RFP, but workplan was not very clear 17

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	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
b. Methodology The proposal will be evaluated on the overall approach and the specific methods, tasks and activities to determine the extent to which they are sound, clear, feasible, and responsive to the requirements of this RFP. Special consideration will be given to those proposals demonstrating an awareness of any conceptual and/or methodological problems surrounding the study and the soundness of the ways proposed to address these problems. (30 points maximum)	Good technology approach to case workflow tracking system 30	Did not show how the system would interface with DWC. 22	Vague methods, tasks, and activities to accomplish objective of the RFP. 10	Detailed methodology for majority of deliverables in the RFP. - Not clear whether they would be open to coding based on DWC needs. - Good quality assurance process 26	Detailed methodology presented for each of the components specified in RFP - QA program is very general, not specific 28	Methodology not well thought out - Not enough experience with neutral cases. - Application of attorney case manager system. 20

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	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
2.Experience and Expertise, Avoidance of Conflicts of Interest Respondent's qualifications must include past experience in understanding California's workers' compensation system and knowledge of independent medical review requirements. The Contractor for this evaluation should have the characteristics listed in Section C5.d2 of the RFP. (25 points maximum)	Good experience with technology - Conflict of Interest prominent based on type of business & clients 13	Not clear if they would have the capacity to do IMR Potential Conflict of Interest 15	Did not demonstrate capacity to do IMR in CA o Conflict of Interest 5	- Have high experience with WC. - Have the capacity to handle - Have small conflict of interest 18	Have experience with California IMR process. No conflict of interest - Reference indicated some good experience in working with contractor and a few had instances (busy/fax signal) 20	- Software not applicable - could recruit good physicians - Contractor 12
3.Quality of Proposal Response Respondent's proposal will be evaluated based on the readability, organization, specificity, and ability to communicate clearly and succinctly. (5 points maximum)	Not very clear organization 3	well organized) Some areas could be more specific 4	Not well organized; lacked specificity 1	Good organization and readability of proposal 5	Some typos in the proposal, but overall fine organization. Slightly cluttered with pop-ups 4	Lacked clarity in some areas 3

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Evaluation Worksheet for RFP 14-001
Independent Medical Review

	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
4.Oral Presentation a. Response to Requirements Respondents will be required to do a system demonstration, present a detailed, oral explanation of their proposals, and respond to questions during their proposal. (10 points maximum)	excellent system demonstration; responded to all questions 10	did not respond fully to all questions - System demo did not show interface w/ BIR 7	No system demo 5	Excellent system demo. Responded to all questions 10	Presented a good system demo - A few responses to questions vague 9	Presented an explanation of their proposal - Did not respond fully to all questions 8
b. Experience and Expertise, Avoidance of Conflicts of Interest Respondents will be required to explain and respond to questions regarding their experience and expertise and that of any participant of the consulting team. Points will be awarded based upon the quality, pertinence and degree of experience and expertise of the team members in relation to their participation	Have a conflict of interest 5	Have a conflict of interest 6	current capacity not great 8	Potential conflict of interest, but not of the CO 8	- Demonstrated avoidance of conflicts of interest - Answered well questions 10 ↳ regularly treat experienced	Do not have much experience if at all w/ reviews on neurological cases 6 - Technology - Experience in attorney software not applicable to this project

Evaluation Worksheet for RFP 14-001
Independent Medical Review

	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
in the study. Respondents will be given an opportunity to demonstrate that they meet or exceed the Minimum Qualifications for Proposers with regard to freedom from conflicts of interest on part of the contractor with regard to procedures to avoid conflicts of interest of reviewers in individual case assignments. (10 points maximum)						
Total Written and Oral Score (100 points maximum, 85 points to pass)	78	71	37	85	91	66
Check if 85 points or more	☐ PASS	☐ PASS	☐ PASS	☑ PASS	☑ PASS	☐ PASS

Reviewer: Susan Alexander-Berglund Date: 5/23/14

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Evaluation Worksheet for RFP 14-001
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Written Proposal Criteria	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions
Response to Requirements a. Understanding of Needs/Work Plan The proposal will be evaluated based upon the respondent's understanding of the needs of DIR as expressed in this RFP and the development and presentation of a work plan to address those needs. (20 points maximum)	understanding + work plan + 20	understanding + work plan (workflow) + ~~15~~ 20	understanding 0 work plan 0 10	understanding + work plan + 20	understanding +/0 prioritization (MPR) work plan + 15	understanding 0/+ admin info work plan — 15

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Evaluation Worksheet for RFP 14-001
Independent Medical Review

b. Methodology The proposal will be evaluated on the overall approach and the specific methods, tasks and activities to determine the extent to which they are sound, clear, feasible, and responsive to the requirements of this RFP. Special consideration will be given to those proposals demonstrating an awareness of any conceptual and/or methodological problems surrounding the study and the soundness of the ways proposed to address these problems. (30 points maximum)	management of capacity for workload + Definition of (work) task loads 30	Not clear how tasks will be accomplished 0/+ 20	Role of bidder ? 10	Inadequate SWC 25 30	25 ~~28~~ ~~25~~ 30	No staffing levels for production Who does prelim reviews? No indication how tasks will be accomplished, workloads re Mangement reporting done 15

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Evaluation Worksheet for RFP 14-001
Independent Medical Review

Experience and Expertise, Avoidance of Conflicts of Interest Respondent's qualifications must include past experience in understanding California's workers' compensation system and knowledge of independent medical review requirements. The Contractor for this evaluation should have the characteristics listed in Section C5.d2 of the RFP. (25 points maximum)	Experience with WC + Experience with volume + COI — Direct provider of UR 15 (if not outright disqualified by COI)	Exp- WC + Exp- Product scale + COI Ø 20	Exp - WC DC - SubK - } 0 Exp - scale DC SubK + } 0 COI DC — 8	Experience in WC + Scale + COI — slightly mitigated 15 18	25	+: Recruits physicians offers good comp. —: No description of experience or volume. No identity of qualifications of other key personnel Buildup dates? Software is a law office case product. 12
Quality of Proposal Response Respondent's proposal will be evaluated based on the readability, organization, specificity, and ability to communicate clearly and succinctly. (5 points maximum)	~~5~~ 4 conclusory	4	Minimal 1	~~5~~ 5	cluttered. 3	2

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Evaluation Worksheet for RFP 14-001
Independent Medical Review

Oral Presentation a. Response to Requirements Respondents will be required to do a system demonstration, present a detailed, oral explanation of their proposals, and respond to questions during their proposal. (10 points maximum)	9	~~5~~ 6	no demo 5	10	9 10 9	8
b. Experience and Expertise, Avoidance of Conflicts of Interest Respondents will be required to explain and respond to questions regarding their experience and expertise and that of any participant of the consulting team. Points will be awarded based upon the quality, pertinence and						Experience not applicable in either ET or ME

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Evaluation Worksheet for RFP 14-001
Independent Medical Review

degree of experience and expertise of the team members in relation to their participation in the study. Respondents will be given an opportunity to demonstrate that they meet or exceed the Minimum Qualifications for Proposers with regard to freedom from conflicts of interest on part of the contractor with regard to procedures to avoid conflicts of interest of reviewers in individual case assignments. (10 points maximum)	5	7	~~10~~ 10	9	10	7
Total Written and Oral Score (100 points maximum, 85 points to pass)	83	~~76~~ 77	~~36~~ 44	87	87	59
Check if 85 points or more	☐ PASS			✓	✓	

Reviewer: Dr. Lachlan Taylor

Date: 5/23/2014

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Evaluation Worksheet for RFP 14-001
Independent Medical Review

Mon. 9am

Written Proposal Criteria	Bidder's Name: cid management	Bidder's Name: Claims Eval Inc.	Bidder's Name: DC Risk Solutions	Bidder's Name: ExamWorks Group	Bidder's Name Maximus	Bidder's Name: Peer Review Solutions (13)
Response to Requirements a. Understanding of Needs/Work Plan The proposal will be evaluated based upon the respondent's understanding of the needs of DIR as expressed in this RFP and the development and presentation of a work plan to address those needs. (20 points maximum)	Configure not work - will it meet my needs Nice job (18)	Not sure if they understand DWC role -3 (17)	basic understanding but not demons. detailed understanding of specifics does not understand COI exclusion (8)	Understands concepts but DWC role - vague understanding (15)	Good understanding but (17)	does not demonstrate detailed understanding of medical case mgmt, DWC vs IMR role. Work plan lacks suffic. detail
b. Methodology The proposal will be evaluated on the overall approach and the specific methods, tasks and activities to determine the extent to which they are sound, clear, feasible, and responsive to the requirements of this RFP. Special consideration will be given to those proposals demonstrating an awareness of any conceptual and/or methodological problems surrounding the study and the soundness of the ways proposed to address these problems. (30 points maximum)	As good as it gets without actually having done it, but Changes to current process impact unknown (28) Good direct DWC role Good QA [illegible]	Good IT plan [illegible] be scaled up? [illegible] Good plan [illegible] medical experts [illegible] quality of reviews, good QA [illegible] [illegible] (22)	not specific or quantitative & no names of staff (8)	2wk IT cycles Able to make changes Adding resources Good proposal unclear if they understand DWC role/interaction 27	Not process-oriented but overall plan is detailed + well thought out [illegible] QA [illegible] 28 (-2)	Not v. specific on how tasks would get done or who would do that (15)
	46	39	16	42	43	28

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Evaluation Worksheet for RFP 14-001 Independent Medical Review

8 8 **Experience and Expertise, Avoidance of Conflicts of Interest** 9 Respondent's qualifications must include past experience in understanding California's workers' compensation system and knowledge of independent medical review requirements. The Contractor for this evaluation should have the characteristics listed in Section C5.d2 of the RFP. (25 points maximum)	(16) Has good knowledge of WC, UR, case [boxed:] Track rec weak - for COI	Structural COI - affil c CCWC; does not meet min crit. no exp c IMR has UR exp (5)	current volume claims small. COI perception exists (17)	does In-house IT c substantial experience not have exp c A IMR but can buildup scalable. Lack of exp c IMR Jam pace of resources being put in to task (21)	Staff notes ... of RJC Response to vol c ... Slow page - due to ... no COI (23)	Not specific about experience Did not demo / state success c claim vol. of review. No quantification of capacity (10) no demonstrated exp c cws workflow did not demonst.
Quality of Proposal Response Respondent's proposal will be evaluated based on the readability, organization, specificity, and ability to communicate clearly and succinctly. (5 points maximum)	well written (4)	(2)	(5)	(5)	Could be clearer (4)	failed to redact all PII in example ... is not specific (2)
	20 46	(7)	(22)	26	27	(12)

Session (columns switched by mistake as indicated above)

66	22 38 60	7 16 claims ...	42 26 68	45 27 72	10 28 38

AR

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Evaluation Worksheet for RFP 14-001
Independent Medical Review

Oral Presentation a. Response to Requirements Respondents will be required to do a system demonstration, present a detailed, oral explanation of their proposals, and respond to questions during their proposal. (10 points maximum)	Did not demonstrate DWC dashboard or works queues → -2 excellent demo. (9)	Col issues may be present but they are aware -1 (7)	No demo (5)	(9) consistent all Q 7	MaxDat not yet built / found for IMR QA proc. not yet addressed (?) (9) 9.5 IT demo not strong	Did a nice proposal but did not complete (answer all questions) (8)
b. Experience 3 and Expertise, Avoidance of Conflicts of Interest 4 Respondents will be required to explain and respond to questions regarding their experience and expertise and that of any participant of the consulting team. Points will be awarded based upon the quality, pertinence and degree of experience and expertise of the team members in relation to their participation in the study.	(6)	rel'n to Software co. unclear. Current capacity much lower -2 Somewhat disjointed not friendly (8) claims based	Current capacity limited -2 (8)	Good demo good, long study team, (COI)? (8)	Exp c CA no COI (9)	Lack of experience & expertise - did not demo capac. (6)
	(15)	(15)	(13)	(17)	(18)	(14)

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Evaluation Worksheet for RFP 14-001
Independent Medical Review

Respondents will be given an opportunity to demonstrate that they meet or exceed the Minimum Qualifications for Proposers with regard to freedom from conflicts of interest on part of the contractor with regard to procedures to avoid conflicts of interest of reviewers in individual case assignments. (10 points maximum)		09 - 2 10		10		
Total Written and Oral Score (100 points maximum, 85 points to pass)	84	76	36	85	90	54
Check if 85 points or more	☐ PASS 84	76	36	85 ✓	90 ✓	54

Reviewer

Date:

Rupali Das, Executive Medical Director, DWC

Rupali Das

5/23/14

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EXHIBIT D

DIR DWC RFP 14-001
Independent Medical Review

IMR Cost element →			Completed [standard] review	Withdrawn [standard] review	Pharmaceutical Review	Weighted Cost Offer [B*.55+C*.10+D*.35]	Compartive Cost Weight [lowest/vendor]	Final Score [F * G]	Notes on cost elements
Weight factor →			55%	10%	35%	100%			
Bidders	Proposal Evaluation	Passing score?							
CID	81	No	195.00	110.00	215.00	Ineligible	Ineligible	Ineligible	
Claims Eval	75	No	373.00	195.00	434.00	Ineligible	Ineligible	Ineligible	Not considered: fee for duplicates/incompletes and a fee for single-item
DC Risk	39	No	312.50	150.00	312.50	Ineligible	Ineligible	Ineligible	
ExamWorks	85	Yes	540.00	195.00	540.00	505.50	69%	58%	Not considered: pricing for 2 reviewers and for non-MD/DO reviewers
Maximus	89	Yes	390.00	123.00	345.00	347.55	100%	89%	
Peer Review	45	No	500.00	200.00	300.00	Ineligible	Ineligible	Ineligible	Not considered: pricing for 2 reviewers and for non-MD/DO reviewers

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EXHIBIT E

5/21/14 CID — 1 of founders

Steven Cardinelli

Dr. Todd Andrew - Dr. Clin Ops - 11 yrs

Lisa Lenahan - Proj Mngr -

CID created to have to help eliminate error

Focus on med Rx analysis

Customers - 90% CA ; national platform.

Process integrity & worker need.

UR reviews for large payors.

↳ Technology sold for UR — "Rite" Med Rx anal. ~~system~~

SCIF, EIGA

IMR vs UR:

- eligibility Vs
- having to ask for info from CA
- Best medical Rx anal [redacted]

Specialists

Appeal rate 3-5% [industry std 25-30%]

Current - 1250 rev/d. (3x vol DWC specified)

Auto entry into IMR forms 10 d > regs passed.

Urgent

Reviewers: 600 reviewers - 40 specialties

use web based system

few hrs/d / reviewer -> not overtaxed.

"fractionalized specialties

CID - 601

Self - assessed peers.

5% income from SCIF → may be a disqualifying factor.

Domain Experts - Guidelines + takes indiv pt factors into acct.

Specialty match - to request, not requesting provider
- online x15" then pulled for next reviewer avail

Spirit vs. law of guideline

Transparency - DWC can come in + look @ System
- access data via phone, email, client. SVC.
↳ 24/7?

Reviewers

90% sat model -
sign on for # hrs/wk on indiv basis as desired

Able to absorb 200% load for short periods.

Redundant fax lines → no busy signal.

System fault tolerant - backup in Las Vegas

Stringent QA/QC proc for recruitment of reviewers

30 MDs - initial rev or QA/QC or expedited
24 staffs

Read

30% FTE reviewers needed

Sends out reminders when waiting for info from C/A.

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p3 CID Telv – marketg co. takes care of look + feel of web.

Real time data access.

↳ Can run queries

Med Rec indexing

. phone access

CallCtr call volume –

Call Ctr – IVR – interactive voice response.

Call ctr. – all calls recorded

↳ "PR issue"

└ 4 now → 1 call / 8 rev for UR

↳ would need to staff up.

– will ramp up to answer more Qs than status Qs

Jonathan Rutchik Role

Compensation –

based on specialty, per hr basis

$75 → $250

Tracks all dates

20-35" / review once all info avail.

Meds recs – indexed by md, no – BC & summarized

Letter generation

will fax/mail all communications

Need: # calls → 7 staff

15 staff to handle 400 indep.

don't need a lot of staff due to technology

Cut staffing 90%

CID need decision/MC

Has list of contacts for stakeholders.

Capture indiv Rx req

– id'ing categories of stakeholders

Aging of tasks – how long in queue

Projected timelines / specialist req.

Staffing – QA&C plus easy to recruit.

120 add'l staff.

300 staff for whole process → 75% growth if not using current staffing.

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Timeline — goal= 10 business days start to finish incl.

4 folks in IT dept.

will not be doing IT

"customization not configuration"

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5/20/14 | Exam Works

where do you recruit?
IMR submission: DIR portal?
~~How many reviewers in QA~~
David Morrow
Scott Green
Kevin Bird: will be 1° contact
MES prev: [Dr. Chris Bonham - Reviewer panel - QA
Andrea -
John Williams - overall resp for IROs]

95% UR = 50% WC 30% Group Health, 20% PBM ~~Disability~~

Clients - Insurers

Previous entities"

Redding - will be center - will add 45 jobs

Typical: turnaround 24°; EBM; IT
No build-out fees on est. costs.

~~John W~~ - IROs - MES, MLS, NMR > 850-900 reviews/day ≈ 250K reviews/yr
sep. entities.
indep. orgs.
relevant to CA - external + internal reviews
appeals - partic. group health 4-5%
share HR, IT, finance, oversight

~~- Insurers typically will contract c 1 or 2 IROs - the one not assoc c TPA on IMR would get assigned~~
~~- Eval reviews to make sure there is no leaning toward one side or another~~

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p2 ExamWorks

Pain medicine reviewers . reach out to mds re opioids

↑ 60K reviews 2014

IMR team for ea. IRO ?

3 contacts for DWC ? ~~150/230 cases from Sedgwick due same day~~ yesterday

→ Single point of contact (Reading)

45 people Reading - eligibility -

100,000 - 45 RNs → + ~40 add'l staff (RNs etc)

45 customer svcs

385 / 3389 CA licensed reviewers -

Recruitment team

anticipate recruit add'l 300 — Societies; broadcast emails; ads in jnls; conf.

MDs paid Q2wks Compensation - hourly, not flat fee - dep on complexity

Hourly rate ~$125 / rate

$85-90 non MD

Some MD/DO - 150/200 / hr - rare specialties

→ ~~docs putting cases up in portal + emergency cases~~

How with an error — Nurses - pre + post screening -

UR - ~~pt~~ education — QA process - → ~~~40 nurses spread between 3 IROs~~

& need to maintain — Audits -

neutrality?

COI - on recruitment + on ea. case

~~[illegible]~~

[illegible]

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p 3 GrantWorks IT - 16 software developer / programmers (IT) who
Each LO has unique system ≠ 70 folks take care of IT issues (mostly Atlanta)
low turnover rates
Change control boards.
Expand by Eligibility review → do they understand?
asked if applicants should be able to access case statuses
"Virtualized data storage" about.

95 /. cases come thru portals [≥ 96 /. does also use paper]
who enters data
How do clients access/upload?
On-demand reports.
IT Updates - weekly meetings.
bi-weekly updates to system
emergency updates.

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CID

Todd Andrew, Director of Clinical Operations
Steven Cardinale - strategy
Lisa Lenahan – marketing 1.5 yr with CID.

CID does one thing only – medical treatment analysis, not bill review, not medicare set-aside, etc., so get good at it. With this focus, they stay efficient.

90% or more is California. Walmart is national

11 years, working with interest groups, so we undertand their perspectives.

Ur & peer review for large payors

UR/IMR differences
Defined client in exstingign structure – quite a bit easier that working with everybody. IMR requires more flexibility.
Eligibility check is unique to IMR
Request for info is unique to IMR

Reviewers are specialty matched. Appeal rate is low, 3-5%, vs 20-25% industry standard, per URAC
The medical treatment analysis is run

The technologhy is running three times the load that DWC spec requires. That includes CID as well as the two national accounts that are using their platform.

Within 10 days after outset of IMR, the IMR forms were included in the technology. *forms = prefilled app and envelope and mechanical stuffer.

Use outside physicians, fractionally, rather than full-time-employees [Nobody uses employee physicians for reviews!]

CID can segment the business as to who sees what, and what assignments do or don't go to particular reviewers.

It's not clear to me that CID would meet minimum qualtifiation for contractor to be free of a disqualifying COI. One large CA employer provides > 5% of CID's income. They think it will pass. We request that by email by tomorrow morning (9:00 AM)

Reviewer staffing:
CDI undecided whether to create a separate team for IMR, or somehow separate existing pool for COI purposes.

The QA/QC review is done by physician, but not specialty-matched..
A QA/QC physician also sees the case at intake, and classifies the type of specialty that is applicable.

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CID pays hourly, to avoid incentive for shortcuts, and monitors productivity so that physicians are not tempted to pad their hours. The hourly rate is by specialty. $75 for chiro and acupuncture, to $250 for neurologic surgery. Average of 20 to 35 minutes per review by the reviewer, once the records are prepared and indexed.

Indexing is done by physicians, not specialty certified.

Document generation can be from the DWC, such as the final determination on eligibility dispute, and it can be printed and mailed from CID.

Need 9 QA/QC reviewers to handle the projected trhgouthput.
Need __ initial records review
4 to 12 added CSRs, depending on calls
15 Data entry to input 400 per cases per day
Already doing 400 cases per day with existing resources.

Two national clients using their software were able to cut staffing by 70% when switched to their software.

If we have to, we'll reorganize mgmt. so nobody who does UR has any connection with the IMR.
90% of CDI's income is from California UR.

UR is under SLA for 2 business day turnaround on UR., modeled to be 10 business days from receipt of all med records.

4 people in IT. No outsourcing. All built and run by CID.

Outsourced for functions such as security checks.

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Exam works – David Morrow, accr mgmt., Boston
Scott Green, Vp info systems
Kevin Bird, VP biz dev for EW review services - oversees Redding and the 3 IROs. Would be out primary contact
Gus Goham, Sr. VP, qulity and development
Andrea Willikama, Customer service Mgr with one of the IEROs on the east coast
John williams
Overall responsibility for the 3 IROs and for the Redding office,

Model was built arount the former MFS fees, and that affects the bid.

Understand that jpricing is a challenge due to MFS release of reduced rate announced yesterday.

EX –
Peer reviews -240,000 peer reviews = UR, 50% WC, 30% group health,

Clients are major WC payors, (insurers and TPA) Nationally

In CA – the three IROs operating over 25 years. 10% of global workforce reside in CA.
Expect ~45 new jobs to be added in Redding if they get the job

DWC's needs are not uncommon to those of the existing clients.
- Quality of reviews
- Timeliness – EW owperates on hours or days, not on days or weeks
- Case tracking system will be enhanced to meet DWC needs, EW acting as biz ptnr, not just vendor

John:
The IROs prodice 850 to 900 reviews daily
"internal review" means the UR
"external appeal" is 4-5% of output. It is like the IMR in group health [or Cal WC]

The three IROs operate independently. Data is one is not acceptable to antoher. That is how EW deals with COI.
They are combined in HR, IT, while they operate idependently.

The Redding office, EW Review Services would be the IMR hub between the IROs, the DWC, and the parties

Redding office would exclude any IRO that has any relationship with the TPA.

No large clients have buz with all three. So at least one is going to be conflict-free.

They make sure that the work is spread among all the doctor, not having a subset of the doct permforming the majority of reviews. All reviewers are independent contractors. Audit process assures EBM and freedom

The IROs are full service –

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Capacity:
Expect 50k California medical necessity reviews
Comfortably increased by 60k from one year to the next

Gus, Andrea and John worked together for ~17 years at anotherh IRO before MES, and at MES before actquired by EW. They were one of the three beta test sites for the URAC establishemetn of accreditation criteria.

Peer Review Services –
6 tams of nurses , incl WC, Phama, Disability, Group Health...
Nurses get to know the clients they are servicesg
Extrapolate to having the PRS center develop similar relationships with DWC. That team "owns" the quality and "owns" the turnaround time.
Andrea's CS team read out to the doctors to see how they are doing on upcoming deadlines. (Majorigy are 234-48 hrs, and some are same-day)
One client sent 150 cases that were due same day. Only a handful didn't get processed. A lot of the contracts have SLA related to turnaround time.

Appreciate the added challenge of eligibility steps and reciving docs from multiple parties.

The volume increase from 2013 to 2014 is across the pard. There is consolidation of IRO industry due to barriers to entry. Clients now demand information security and IT, and the small outfits can't afford to invest $35MM in that.

The 45 ppl in Redding would be nurses and CSRs for the front-end, and a similar number of additional staff distributed across the three IROs.

Expect to recruit ~300 additional reviewers.

24,500 reviewers in US & CAN. 3389 of them (at last snapshot) are us peer reviewrs The non-peer reviewers and IME/QME/AME. Not much crossover of peer reviewers and examiners.

Currently 385 CA licens peer revewers. Anticiapte another 300 to be recruited

RD: Where do you recruit?
Gus: societies, journals, conferences

Reviewrs are paid on hourly bais, some are 30 min, soe are 4 hrs. The assigners have an estimate, and the reviewer can request adjustmetns

$150 - $200 is the average rate anticipate for IMR. Non-MD/DO rate is lower. Existing work is mostly UR, at a lower rate.

Team of 16 software developers who maintain 3 proporietary CFTSs, including the orginal authors of all three programs. Own 100% of their code.
And about 70 IT folks who maintain the hardware and helpdesk, mostly locate in Atlanta

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Anticipate adding by ab out about 6 indluceing software developers and business analysts.

Nothing is stored locally. It is totally a virtual desktop. E.g., adding a new data elembent would be within the scop.

The buile cost and maintenance cost is built into bid.

Unique to have clinical person (nurse) touch the review both before it goes to phys and after.
Not another IRO in the industry that has a dozen ppl dedicated to recruietmetn
Not another IRO that has 35$ $ MM invested in software and secure network.

My questions:

1. EW is formed ~2007 and grown by M&A of IROs.
2. Workflow – p. 38 – any provision for handling objection to IMR
3. # Facility – p. 39 – throughput of scanners? Image only, not OCR.
4. Workflow – p. 41 – ex parte?
5. Workflow – p. 43, who sends notice to parties?
6. # Software – management reporting will be "entirely new" per page 45.
7. # Management analytics – ability to query ad hoc for procedures, guidelines, claims administrators, due dates and aging,

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