



22670 Haggerty Road, Suite 100, Farmington Hills, MI 48335-2611 • (248) 465-7300 • Fax (248) 465-7428 • www.mpro.org

September 22, 2011

Ms. Roberta Wagner  
State of West Virginia  
Department of Administration  
Purchasing Division  
2019 Washington Street East  
Charleston, West Virginia 25311

Dear Ms. Wagner

MPRO is pleased to respond to the State of West Virginia's *Request for Quote (RFQ) for Independent Informal Dispute Review Services* – RFQ # FLC12017.

MPRO has more than decade of experience conducting Independent Informal Dispute Resolution (IIDR) for long-term care (LTC) facilities. Currently, we serve as the IDR independent review organization for the states of Illinois, Indiana, Michigan, and Wisconsin. Our nationally accredited IDR program and experience allows us to realize a multitude of efficiency gains that we can offer our clients. We have efficient tools for conducting reviews, an in-depth understanding of the state and federal regulations, LTC survey process, and vast experience working with LTC stakeholders, which enables us to continually refine our IDR methodology and tools.

We greatly value our client relationships and we are committed to providing the most efficient, affordable, timely, and objective IIDR services for the State of West Virginia's Department of Administration.

We acknowledge receipt of Addendum 1 (dated 9/6/2011) and Addendum 2 (dated 9/12/2011) and have provided a signed copy of each addendum in our proposal package.

I am the authorized representative for MPRO. If you have any questions or need additional information regarding this quote, please contact me at (248) 465-7400 or via e-mail at ryellan@mpro.org.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Yellan", is written over the word "Sincerely,".

Robert J. Yellan, MPH, JD, FACHE  
President & CEO

RECEIVED

2011 SEP 22 A 10: 29

PURCHASING DIVISION  
STATE OF WV

**MISSION:**

Improving quality, safety and efficiency across the healthcare continuum



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 FLC12017

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

RFQ COPY

VENDOR

Michigan Peer Review Organization  
 22670 Haggerty Road, Suite 100  
 Farmington Hills, MI 48335

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
08/09/2011				

BID OPENING DATE: 09/08/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
OPEN-END BLANKET CONTRACT						
0001	19	EA		961-20	570.00	10,830.00
	PER EACH DEFICIENCY, SEVERITY LEVEL I					
	INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AT SEVERITY LEVEL I (POTENTIAL FOR NO MORE THAN MINIMAL HARM), AS DEFINED BY CMS.					
0002	70	EA		961-20	585.00	40,950.00
	PER EACH DEFICIENCY, SEVERITY LEVEL II					
	INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AS SEVERITY LEVEL II (POTENTIAL FOR MORE THAN MINIMUM HARM BUT NO ACTUAL HARM, SUBSTANDARD QUALITY OF CARE, OR IMMEDIATE JEOPARDY), AS DEFINED BY CMS.					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 348-465-7400	DATE 9/22/11
TITLE President's CEO	FEIN 38-2536610	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0003	5	EA		961-20	1330.00	6650.00
PER EACH DEFICIENCY, SEVERITY LEVEL II WITH FINDING						
INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AS SEVERITY LEVEL II WITH A FINDING OF SUBSTANDARD QUALITY OF CARE, AS DEFINED BY CMS.						
0004	13	EA		961-20	720.00	9360.00
PER EACH DEFICIENCY, SEVERITY LEVEL III -						
INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AT SEVERITY LEVEL III (ACTUAL HARM), AS DEFINED BY CMS.						
0005	12	EA		961-20	1525.00	19,825.00
PER EACH DEFICIENCY, SEVERITY LEVEL IV -						
INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AT SEVERITY LEVEL IV (IMMEDIATE JEOPARDY), AS DEFINED BY CMS.						

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0006	60	EA		961-20	150.00	9,000.00
PER EACH DEFICIENCY, ADDITIONAL FEE FOR TELEPHONIC  ADDITIONAL FEE FOR TELEPHONIC REVIEW (VERSUS DESK REVIEW).  THIS WILL BE A MULTIPLE AWARD CONTRACT AND AWARD WILL BE MADE FROM LOW BID TO HIGH. THE PROGRAM WOULD LIKE AT THREE INDEPENDENT REVIEW ORGANIZATIONS TO CONDUCT AN INDEPENDENT FORMAL DISPUTE RESOLUTION PROCESS FOR LICENSED NURSING HOMES AND/OR MEDICARE AND/OR MEDICAID CERTIFIED NURSING FACILITIES THAT CONTEST A CITATION ISSUED BY THE NURSING HOME PROGRAM WITHIN THE OFFICE OF HEALTH FACILITY LICENSURE & CERTIFICATION (OHFLAC) FOR A DEFICIENT PRACTICE, PURSUANT TO CHAPTER 16, ARTICLE 5C OF THE WEST VIRGINIA STATE CODE OR PURSUANT TO FEDERAL LAW AS BEING CONTRARY TO LAW OR UNWARRANTED BY THE FACTS OR BOTH, PER THE ATTACHED SPECIFICATIONS.  TERM OF THE CONTRACT SHALL BE FOR ONE YEAR WITH THE OPTION OF TWO, ONE YEAR RENEWALS.  EXHIBIT 3  LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD..... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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<p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 248-465-7400	DATE 9/22/11
TITLE President & CEO	FEIN 38-2536610	ADDRESS CHANGES TO BE NOTED ABOVE

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 5

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VENDOR

Michigan Peer Review Organization  
 22670 Haggerty Road, Suite 100  
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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 05/26/2009 EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Doyle</i>	TELEPHONE 248-465-7400	DATE 7/22/11
TITLE President/CEO	FEIN 38-2536610	ADDRESS CHANGES TO BE NOTED ABOVE

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BID OPENING DATE: 09/08/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>INQUIRIES:            WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 8/23/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER            DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115            E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>REV 07/16/2007            VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE</p>						

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SIGNATURE <i>[Signature]</i>	TELEPHONE 248-465-7400	DATE 9/22/11
TITLE President & CEO	FEIN 38-2536610	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>VERSION WHICH IS AVAILABLE HERE:  <a href="http://www.state.wv.us/admin/purchase/vrc/venpref.pdf">HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</a></p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION          PURCHASING DIVISION          BUILDING 15          2019 WASHINGTON STREET, EAST          CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: -----RW/FILE 22-----</p> <p>RFQ. NO.: -----FLC12017-----</p> <p>BID OPENING DATE: -----9/8/2011-----</p> <p>BID OPENING TIME: -----1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:          -----248-465-7430-----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 248-465-7400	DATE 9/22/11
TITLE President & CEO	FEIN 38-2536610	ADDRESS CHANGES TO BE NOTED ABOVE

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BID OPENING DATE: 09/08/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
CONTACT PERSON (PLEASE PRINT CLEARLY):						
----- <i>Robert J. Yellan, President &amp; CEO</i> -----						
***** THIS IS THE END OF RFQ FLC12017 ***** TOTAL:						<u>96,615.00</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 248-465-7400	DATE 9/22/11
TITLE President & CEO	FEIN 38-2536610	ADDRESS CHANGES TO BE NOTED ABOVE

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(Revised 08-09-11)

<p>Purpose</p>	<p>To obtain an open-end contract with at least three independent review organizations to conduct an independent informal dispute resolution process for licensed nursing homes and/or Medicare and/or Medicaid certified nursing facilities that contest a citation issued by the Nursing Home Program within the Office of Health Facility Licensure and Certification (OHFLAC) for a deficient practice, pursuant to chapter 16, article 5C of the West Virginia State Code or pursuant to federal law, as being contrary to law or unwarranted by the facts or both.</p> <p>The term “facility” shall be used to refer to the licensed nursing home and/or Medicare and/or Medicaid certified nursing facility. The term “director” shall refer to the secretary of the department of health and human resources or his or her designee.</p>
<p>Minimum Qualifications</p>	<ol style="list-style-type: none"> <li>(1) The independent review organization shall be accredited by the Utilization Review Accreditation Commission.</li> <li>(2) Reviewers employed by the independent review organization must be either licensed registered professional nurses or other qualified licensed, registered, and/or certified health professionals with previous work experience in long-term care and who have extensive knowledge and understanding of long-term care regulations and current standards of professional practice. All reviewers must possess a current valid, unimpaired license, registration, and/or certification in their field of practice.</li> <li>(3) For a reviewer to demonstrate “extensive knowledge and understanding of long-term care regulations”, the reviewer must, at a minimum, have successfully completed the Basic Long-Term Care Surveyor Course offered by the Centers for Medicare &amp; Medicaid Services (CMS), successfully passed CMS’s Surveyor Minimum Qualification Test (SMQT), and worked as a surveyor of nursing homes for at least five years since 1998.</li> <li>(4) Prior to utilizing as reviewers any persons formerly employed by OHFLAC, the independent review organization must verify with the director that such former OHFLAC employees left in good standing and that the use of them as reviewers in the independent informal dispute resolution process would not present a conflict of interest. OHFLAC will determine whether a conflict of interest exists when an individual reviewer is a former employee of OHFLAC.</li> </ol>



(Revised 08-09-11)

<p>Mandatory Requirements</p>	<p>The independent informal dispute resolution process consists of the following:</p> <ol style="list-style-type: none"> <li>(1) Within ten working days of receipt of the written request for the independent informal dispute resolution process made by a facility, the independent review organization shall hold an independent informal dispute resolution conference unless additional time is requested by the facility. Before the independent informal dispute resolution conference, the facility may submit additional information.</li> <li>(2) The facility may not be accompanied by counsel during the independent informal dispute resolution conference.</li> <li>(3) The manner in which the independent informal dispute resolution conference is held is at the discretion of the facility, but is limited to:             <ol style="list-style-type: none"> <li>a. A desk review of written information submitted by the facility; or</li> <li>b. A telephonic conference; or</li> <li>c. A face-to-face conference held at the facility or a mutually agreed upon location.</li> </ol> </li> <li>(4) If the independent review organization determines the need for additional information, clarification or discussion after conclusion of the independent informal dispute resolution conference, the independent review organization shall request this information of the director and the facility.</li> <li>(5) Within ten calendar days of the independent informal dispute resolution conference, the independent review organization shall provide and make a determination, based upon the facts and findings presented, and shall transmit a written decision containing the rationale for its determination to the facility and the director.</li> <li>(6) Each independent review organization shall provide quarterly reports to the director which shall at a minimum include the number of facilities for which an informal dispute resolution process was requested, the number of state licensure and/or federal Medicare / Medicaid certification deficiencies that were individually reviewed for each facility requesting an informal dispute resolution process, and the results of each review.</li> </ol>

## Specifications for RFQ FLC12017

(Revised 08-09-11)

OHFLAC's Duties and Responsibilities	<p>(1) No later than ten working days following the last day of the survey or inspection, or no later than twenty working days following the last day of a complaint investigation, the director shall transmit to the facility a statement of deficiencies committed by the facility. Notification of the availability of the independent informal dispute resolution process and an explanation of the independent informal dispute resolution process shall be included in the transmittal.</p> <p>(2) When the facility returns its plan to correct the cited deficiencies to the director, the facility may request in writing the independent informal dispute resolution process to refute the cited deficiencies.</p> <p>(3) Within five working days of receipt of the written request for the independent informal dispute resolution process made by a facility, the director shall refer the request to an independent review organization from the list of certified independent review organizations approved by the state.</p> <p>(4) The director shall vary the selection of the independent review organization on a rotating basis. The director shall acknowledge in writing to the facility that the request for independent review has been received and forwarded to an independent review organization for review. The notice shall include the name and address of the independent review organization.</p> <p>(5) Upon receipt of the written decision by the independent review organization, the director shall review the results and their rationale.</p> <p>a. If the director disagrees with the determination, the director may reject the determination made by the independent review organization and shall issue an order setting forth the rationale for the reversal of the independent review organization's decision to the facility within ten calendar days of receiving the independent review organization's determination.</p> <p>b. If the director accepts the determination, the director shall issue an order affirming the independent review organization's determination within ten calendar days of receiving the independent review organization's determination.</p> <p>c. If the independent review organization determines that the original statement of deficiencies should be changed as a result of the independent informal dispute resolution process and the director accepts the determination, the director shall transmit a revised statement of deficiencies to the facility within ten calendar days of the</p>
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## Specifications for RFQ FLC12017

(Revised 08-09-11)

	independent review organization's determination.
Special Terms and Conditions	Standard professional liability insurance
License Requirements	<p>(1) Each successful vendor must show proof that all reviewers used by the independent review organization have previous work experience in long-term care, have extensive knowledge and understanding of long-term care regulations and current standards of professional practice, and possess current valid, unimpaired licenses, registrations, and/or certifications in their fields of practice.</p> <p>(2) For a reviewer to demonstrate “extensive knowledge and understanding of long-term care regulations”, the reviewer must, at a minimum, have successfully completed the Basic Long-Term Care Surveyor Course offered by CMS, successfully passed CMS’s SMQT, and worked as a surveyor of nursing homes for at least five years since 1998.</p>
Life of Contract	Date of coverage: upon award and continue for a period of one (1) year with the option for two (2) one-year renewals.
Rotation of Vendors	Requests for independent informal dispute resolutions shall be assigned to the approved vendors on a rotational basis. The rotation will start with the lowest bidder and will proceed to the next bidder in ascending order based on the bid.

## FLC12017 Cost Sheet

Item #	Estimated Annual Usage (Per Deficiency)	Description	Unit Cost	Total Cost
1	19	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level I</u> (potential for no more than minimal harm), as defined by CMS.	570.00	10,830.00
2	70	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level II</u> (potential for more than minimal harm but no actual harm, substandard quality of care, or immediate jeopardy), as defined by CMS.	585.00	40,950.00
3	5	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level II</u> with a finding of substandard quality of care, as defined by CMS.	1330.00	6,650.00
4	13	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level III</u> (actual harm), as defined by CMS.	720.00	9,360.00
5	13	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level IV</u> (immediate jeopardy), as defined by CMS.	1525.00	19,825.00
6	60	Additional Fee for Telephonic Review (versus Desk Review)	150.00	9,000.00

MPRO

GRAND TOTAL AMOUNT:

\$ 96,615.00

Vendor Name (Printed)

Vendor Signature and Date


  
 9/21/2011

NOTE: A ward will be made to multiple vendors to provide these services, as specified. The numbers of units, as listed annually, are estimates only. Vendors will provide actual needs, whether they be greater or less than estimates.



RFQ No. ELC 12017

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code* §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

**WITNESS THE FOLLOWING SIGNATURE**

Vendor's Name: Michigan Peer Review Organization (MPRO)

Authorized Signature: [Signature] Date: 9/22/11

State of Michigan

County of Oakland, to-wit:

Taken, subscribed, and sworn to before me this 22 day of September, 20 11.

My Commission expires August 9, 20 17

AFFIX SEAL HERE

NOTARY PUBLIC Susan E. Awek



Note: Not applicable to MPRO (9/22/11)

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application\* is hereby made for Preference in accordance with West Virginia Code, §5A-3-37. (Does not apply to construction contracts). West Virginia Code, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the West Virginia Code. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

- 1. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. Application is made for 5% resident vendor preference for the reason checked: Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: \_\_\_\_\_ Signed: \_\_\_\_\_
Date: \_\_\_\_\_ Title: \_\_\_\_\_

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.





State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 FLC12017

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

RFQ COPY

VENDOR

Michigan Peer Review Organization  
 22670 Haggerty Road, Suite 100  
 Farmington Hills, MI 48335

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/06/2011				

BID OPENING DATE: 09/22/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
<p>1. TO MOVE THE BID OPENING DATE FROM 9/8/2011 TO 9/22/2011 TO ALLOW PLC ADDITIONAL TIME TO RESPOND TO VENDOR QUESTIONS.</p> <p>2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p>EXHIBIT 10</p> <p style="text-align: center;">REQUISITION NO.: FLC12017</p> <p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO.'S:            NO. 1 ..... ✓            NO. 2 .....            NO. 3 .....            NO. 4 .....            NO. 5 .....</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 248-465-7400	DATE 9/22/11
TITLE President & CEO	FEIN 38-2536610	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



## GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.htm](http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

### INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).





State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 FLC12017

PAGE  
 2

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

RFQ COPY

VENDOR

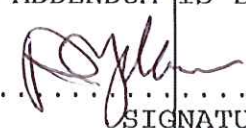
Michigan Peer Review Organization  
 22670 Haggerty Road, Suite 100  
 Farmington Hills, MI 48335

SHIP TO

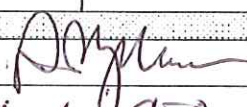
HEALTH AND HUMAN RESOURCES  
 BPH - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

DATE PRINTED 09/06/2011	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 09/22/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: right;">             .....            SIGNATURE            .....            MPRO            COMPANY            .....            9/22/11            DATE            .....</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 248-465-7400	DATE 9/22/11
TITLE President & CEO	FEIN 38-2536610	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

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 CHARLESTON, WV  
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/12/2011				

BID OPENING DATE: 09/22/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
1. QUESTIONS AND ANSWERS ARE ATTACHED.						
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
EXHIBIT 10						
REQUISITION NO.: FLC12017						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
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SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 248-465-7400	DATE 9/22/11
TITLE President & CEO	FEIN 38-2536610	ADDRESS CHANGES TO BE NOTED ABOVE

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  16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.
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State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER
FLC12017

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2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY

VENDOR


Michigan Peer Review Organization  
 22670 Haggerty Road, Suite 100  
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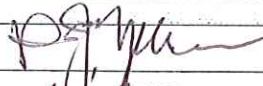
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 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/12/2011				

BID OPENING DATE: 09/22/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;">             .....            SIGNATURE            .....            M.P.R.O.            .....            COMPANY            .....            9/22/11            .....            DATE         </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 2</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
	248-465-7400	9/22/11
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President & CEO	38-2536610	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





Request for Quote for:  
Independent Informal Dispute Review

Submitted to:  
State of West Virginia  
Department of Administration  
Purchasing Division

Presented by MPRO  
September 22, 2011

## Table of Contents

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PURPOSE.....	1
MINIMUM QUALIFICATIONS .....	2
MANDATORY REQUIREMENTS .....	3
IIDR BROCHURE.....	5
IIDR FACT SHEET.....	7
IRO ACCREDITATION.....	9
RESUMES.....	11



## PURPOSE

*To obtain an open-end contract with at least three independent review organizations to conduct an independent informal dispute resolution process for licensed nursing homes and/or Medicare and/or Medicaid certified nursing facilities that contest a citation issued by the Nursing Home Program within the Office of Health Facility Licensure and Certification (OHFLAC) for a deficient practice pursuant, to chapter 16, article 5C of the West Virginia State Code or pursuant to federal law, as being contrary to law or unwarranted by the facts of both.*

*The term "facility" shall be used to refer to the licensed nursing home and/or Medicare and/or Medicaid certified nursing facility. The term "director" shall refer to the secretary of the department of health and human resources of his or her designee.*

MPRO understands the purpose of the State of West Virginia's request for independent review organizations (IROs) to conduct Independent Informal Dispute Resolution (IIDR) and we have the requisite background and experienced staff to accomplish all the mandatory requirements

We provide IIDR assistance to long-term care (LTC) providers who choose to dispute a Federal citation following a LTC survey. We are a respected third-party review option for more than 1,000 nursing homes nationally. In addition, we are fully accredited by URAC as a Health Utilization Management (HUM) and Independent Review Organization (IRO).

Our IIDR program offers timely, objective review, consistent with standardized processes. Utilizing a decision making algorithm, MPRO reviewers carefully assess cited deficiencies and facility provided refutation materials against Federal regulations and current clinical practice standards and provide objective independent review. For more information on MPRO's IIDR services, see attached brochure and fact sheet.

## MINIMUM QUALIFICATIONS

*(1) The independent review organization shall be accredited by the Utilization Review Accreditation Commission.*

In 2002, MPRO earned full accreditation from URAC as a Health Utilization Management (HUM) and Independent Review Organization (IRO). URAC standards ensure that only appropriately trained, qualified clinical personnel conduct and oversee the medical record review process; that a reasonable, timely, and efficient process is in place; and that medical decisions are based on valid clinical criteria. Accreditation from URAC is one of the highest levels of accreditation that a medical review organization can attain. To perform independent review, under URAC accreditation, an organization is required to have:

- An internal compliance program;
- Processes to assess conflict of interest;
- Processes to develop networks of clinical peers to participate in the review process;
- Processes to formally credential the peer review network;
- Processes to maintain full documentation on all cases reviewed;
- Established processing times of 20 business days or less;
- Established procedures for expedited review;
- Established internal quality improvement processes as it relates to the independent review process; and
- Strict confidentiality policies and procedures.

A copy of our IRO accreditation/certificate is attached.

*(2) Reviewers employed by the independent review organization must be either licensed registered professional nurses of other qualified licensed, registered, and/or certified health professional with previous work experience in long-term care and who have extensive knowledge and understanding of long-term care regulations and current standards of professional practice. All reviewers must possess a current valid, unimpaired license, registration, and/or certification in their field of practice.*

Each of MPRO's IIDR reviewers is a qualified professional with the expertise to provide objective and thorough independent review. IIDR reviewers are either licensed registered nurses or other LTC professionals with extensive knowledge and understanding of LTC regulations and standards of practice. In addition to various other training opportunities, IIDR reviewers attend a minimum of four quality improvement training sessions annually.



- (3) *For a reviewer to demonstrate “extensive knowledge and understanding of long-term care regulations”, the reviewer must, at a minimum, have successfully completed the Basic Long-Term Care Surveyor Course offered by the Centers for Medicare & Medicaid Service (CMS), successfully passed CMS’s Surveyor Minimum Qualification Test (SMQT), and worked as a surveyor of nursing homes for at least five years since 1998.*

Currently, MPRO employs three reviewers who meet the minimum qualifications specified in the above requirement. Resumes for these individuals have been included with this RFQ response. MPRO reviewers are assigned an identification number prior to reviewing a case.

In the case of a dual review, for all deficiencies cited as Immediate Jeopardy or Sub-standard Quality of Care, one of our reviewers meets the minimum qualification as specified in Addendum 2, #2.

- (4) *Prior to utilizing as reviewers any persons formerly employed by OHFLAC, the independent review organization must verify with the director that such former OHFLAC employees left in good standing and that the use of them as reviewers in the independent informal dispute resolution process would not present a conflict of interest. OHFLAC will determine whether a conflict of interest exists when an individual reviewer is a former employee of OHFLAC.*

MPRO will comply with this requirement, and we verify we will not use any persons formerly employed by OHFLAC as reviewers unless a conflict of interest does not exist as defined in Addendum 2, #3.

## **MANDATORY REQUIREMENTS**

*The independent informal dispute resolution process consists of the following:*

- (1) *Within ten working days of receipt of the written request for the independent informal dispute resolution process made by the facility, the independent review organization shall hold an independent informal dispute resolution conference unless additional time is requested by the facility. Before the independent informal dispute resolution conference, the facility may submit additional information.*

MPRO will comply with this requirement.

- (2) *The facility may not be accompanied by counsel during the independent informal dispute resolution conference.*

MPRO will communicate this to the facilities during the process, and we will not participate in telephonic reviews if we are aware the facility’s counsel is participating in the conference/call.

Request for Quote for Independent Informal Dispute Resolution

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(3) *The manner in which the independent informal dispute resolution conference is held is at the discretion of the facility, but is limited to:*

- a. A desk review of written information submitted by the facility; or*
- b. A telephonic conference; or*
- c. A face-to-face conference held at the facility or mutually agreed upon location.*

MPRO is prepared to perform desk reviews, telephonic conferences, or face-to-face conferences held at the facility or a mutually agreed upon location. For all face-to-face conferences, the facility will be responsible for reimbursing MPRO for all travel costs. This will include, but is not limited to, travel time (charged at an hourly rate per person), airfare, parking, meals, etc.

(4) *If the independent review organization determines the need for additional information, clarification or discussion after the conclusion of the independent informal dispute resolution conference, the independent review organization shall request this information of the director and the facility.*

MPRO will comply with this requirement.

(5) *Within ten calendar days of the independent informal dispute resolution conference, the independent review organization shall provide and make a determination, based on the facts and findings presented, and shall transmit a written decision containing the rationale for its determination to the facility and the director.*

MPRO will comply with this requirement.

(6) *Each independent review organization shall provide quarterly reports to the director which shall at a minimum include the number of facilities for which an informal dispute resolution process was requested, the number of state licensure and/or federal Medicare/Medicaid certification deficiencies that were individually reviewed for each facility requesting an informal dispute resolution process, and the results of each review.*

MPRO will comply with this requirement.



## IIDR BROCHURE

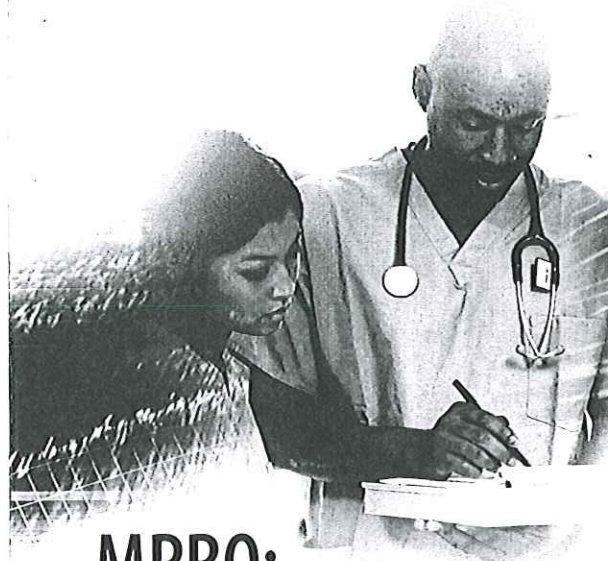
The following page includes MPRO's IIDR brochure, "MPRO: Your Objective & Independent IDR Alternative".

## Independent IDR

# Independent Informal Dispute Resolution



ACCREDITED  
HEALTH UTILIZATION  
MANAGEMENT  
INDEPENDENT REVIEW



## MPRO: Your Objective & Independent IDR Alternative

MPRO, a leader in health care quality improvement and record review for more than 25 years, is committed to providing the best in Independent Informal Dispute Resolution (IIDR) services for state agencies and health care providers through its nationally accredited IIDR program. Whether you are a state official looking for alternative solutions to your current IIDR process, or a health care provider seeking to have a fast, objective, quality, independent review of your disputed citations, MPRO can provide customized solutions to meet your needs – timely, affordable resolution of disputed citations.

Utilizing its extensive expertise, MPRO can provide complete oversight of

your IIDR process. MPRO is currently managing the overall IIDR process for the state of Wisconsin. In the states of Illinois, Indiana, and Michigan, MPRO is the state-authorized alternative provider of IIDR services on a voluntary, fee-for-service basis as a result of collaborative partnerships with these state governments.

MPRO is the only non-profit organization contracted by state agencies to perform IIDR reviews. We also are the only Independent Review Organization (IRO) offering independent review of IIDR requests by licensed professionals with current experience in long-term care, as well as physician reviews upon request.

[www.mpro.org/informal-dispute-resolution.htm](http://www.mpro.org/informal-dispute-resolution.htm)





## IIDR Solutions

Utilizing its more than 12 years of experience conducting IIDR services, MPRO's highly trained staff and expert professional reviewers provide timely and reliable reviews using an objective decision-making algorithm. In the state of Michigan alone, MPRO has conducted more than 4,000 IIDR reviews. MPRO's review services costs are competitive with other independent review consultants.

Our approach to IIDR is characterized by a rigorous decision-making process, highly qualified professional reviewers, established reviewer selection standards, internal reliability, and on-going staff training to ensure reviewers have current knowledge of Federal and State regulations and practice standards.

MPRO's IIDR services integrate quality improvement principles, including internal auditing of our decisions to ensure consistent reliability and to identify educational opportunities. All MPRO services are supported by stringent confidentiality and security processes. Based upon our platform of extensive record review and quality improvement experience, our valuable

IIDR services include:

- Desk Reviews
- Telephonic Reviews
- State-Approved Provider Education
- Ongoing Quality Monitoring
- Quarterly Reviewer Training
- Expert Professional Review
- Reviews of Federal and State Nursing Home Citations including Life Safety Codes and ICF/MRs

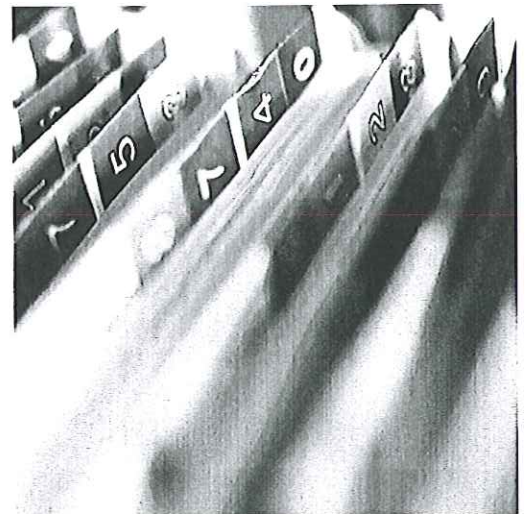
## National Accreditations

MPRO is accredited by URAC as a Health Utilization Management (HUM) and Independent Review Organization (IRO) — a status we have maintained for more than seven years.

URAC standards ensure only appropriately trained, qualified, professional personnel conduct and oversee the review process; that a reasonable, timely and efficient process is in place; and that review decisions are based on current practice standards.



Additionally, MPRO is an active member of the National Association of Independent Review Organizations (NAIRO). NAIRO is dedicated to protecting the integrity of the independent review process.





## The MPRO Difference

In addition to the state support we have received from providing IIDR reviews, MPRO is unique for the following reasons:

### Science-Based Analysis

MPRO's IIDR reviewers are required to use a consistent decision-making process to review the statement of deficiency, as well as all materials submitted by a facility to refute the citation. MPRO provides dual review (two professional reviewers) for all deficiencies cited as Immediate Jeopardy or Sub-standard Quality of Care. In Illinois and Wisconsin, MPRO also provides dual review for Conditions of Participation and Repeat Standards in Intermediate Care Facilities for Persons with Mental Retardation.

### Objective Review

MPRO believes an objective review process is fundamental to reaching a reliable, consistent determination for each cited deficiency. In compliance with URAC guidelines, MPRO ensures all IIDR review determinations are given independent of individuals involved with issuing the statement of deficiency, or providing services to the nursing facility in question. Strict guidelines ensure no organizational or reviewer conflict of interest exists for each requested review, which is documented for each reviewer. Each reviewer conflict of interest profile is examined prior to making a review assignment.

### Highlights of MPRO's IDR Services

- Timely
- Objective
- Efficient
- Quality
- Accredited



### Commitment to Quality Improvement

For all our IIDR programs, MPRO provides quarterly quality improvement training for our reviewers, an innovative reporting and information management system, and an implementation plan that includes conducting IIDR provider conferences.

### Expert Reviewers & Training

Each of MPRO's IIDR reviewers is a qualified professional with the expertise to provide objective and thorough independent review. IIDR reviewers are either licensed registered nurses or other long-term care (LTC) professionals with extensive knowledge and understanding of LTC regulations and standards of practice. In addition to various other training opportunities, IIDR reviewers attend a minimum of four quality improvement training sessions annually.

### Timely, Efficient Evaluations

Because timeliness is important to both facilities and state agencies, MPRO adheres to strict timeliness guidelines to ensure all IIDR determinations are returned on or before the agreed upon deadline. MPRO meets URAC standards for timeliness, as well as contractual timelines agreed to with our clients.



## Our Commitment to You

MPRO is committed to providing the most efficient, affordable, timely and objective IIDR review possible. Our process is customized to the needs of our clients, based on the state's current process. As a result of our vast experience with multi-state quality improvement and health record review and analysis, MPRO has developed a unique understanding of the opportunities and challenges faced by IIDR clients. MPRO brings to all clients:

- An ability to research and apply clinical practice standards in the decision making process;
- Health record review, problem-solving, and communication skills;
- Current knowledge of long-term care and clinical practice standards; and,
- Knowledge of federal OBRA regulations, federal interpretative guidelines and the nursing home survey process.

## MPRO IIDR Clients

As a result of MPRO's national reputation for quality IIDR reviews, MPRO has secured contracts with several state agencies to provide IIDR review services, including alternatives to the IDR reviews conducted by state survey agencies for health care providers. Once selected to conduct independent review of IDR requests, MPRO works with stakeholders in a state to educate providers on the review process and methods for preparing their IDR materials. In addition to numerous health care facilities,



MPRO includes among its valued clients:

- Illinois Department of Public Health
- Indiana State Department of Health
- Michigan Department of Community Health
- Wisconsin Division of Quality Assurance

As a result of working with MPRO to provide IIDR services, many states have experienced improved collaboration between state officials and health care providers. In turn, providers have received the timely, objective determinations they are seeking to resolve survey issues.

## About MPRO

MPRO is a recognized leader in health care quality improvement and independent review services. For more than 25 years, MPRO has demonstrated a commitment to promoting quality health care and protecting and assisting health care consumers, providers, and payers while creating solutions to health care challenges. In 1984, MPRO was designated by the Centers for Medicare & Medicaid Services as the Quality Improvement Organization (QIO) for the Medicare program in Michigan. In addition, MPRO provides services for state agencies in Illinois, Indiana, Michigan, Minnesota, North Carolina, Wisconsin and Virginia.

For additional information, contact:

**Charlene Kawchak-Belitsky, RN, BSN, NHAP**  
Manager, IIDR  
(248) 465-1038  
ckbelitsky@mpro.org

No Obligation Quotes Available

▼ *Questions?*  
▼ *Visit MPRO's Web site today!*  
▼ **[www.mpro.org/informal-dispute-resolution.htm](http://www.mpro.org/informal-dispute-resolution.htm)**

Updated September 2011

## IIDR FACT SHEET

The following fact sheet provides information on MPRO's Independent Informal Dispute Resolution line of business.



## IIDR (Independent Informal Dispute Resolution)

[www.mpro.org/informal-dispute-resolution.htm](http://www.mpro.org/informal-dispute-resolution.htm)



### Overview

MPRO provides Independent Informal Dispute Resolution (IIDR) assistance to long term care providers who choose to dispute a Federal citation following a long term care (LTC) survey. MPRO is a respected third party review option for more than 1,000 nursing homes nationally. MPRO is fully accredited by URAC as a Health Utilization Management (HUM) and Independent Review Organization (IRO). MPRO's IIDR Program offers timely, objective review, consistent with standardized processes. Utilizing a decision making algorithm, MPRO reviewers carefully assess cited deficiencies and facility provided refutation materials against Federal regulations and current clinical practice standards and provide objective independent review. MPRO offers desk reviews, and physician reviews upon request.



### Timeliness Matters

MPRO's clients have come to rely on us for our timeliness in review. Within 20 days, a written recommendation is provided to the State Survey Agency for their review and decision. The Agency, in turn, provides a copy to the Centers for Medicare & Medicaid Services and the requesting nursing home facility of the recommendation and the Agency's decision.

### Nationally Accredited

As a nationally accredited reviewer, URAC standards ensure the use of validated processes and procedures for the review processes and for the appropriate selection of reviewers. MPRO has gained broad recognition as the only accredited independent review organization offering IIDR reviews. MPRO ensures that all IIDR review determinations are given independent of any individual(s) involved in issuing the statement of deficiency or providing services to the nursing facility in question. Deficiencies cited as "Immediate Jeopardy" or "Sub-Standard Quality of Care" are afforded a dual review (two professional reviewers) due to the serious nature of the citation and the impact on the LTC facility which may include Civil Monetary penalties.

*"MPRO has gained broad recognition throughout Michigan as an objective and trusted independent reviewer of IDR requests. We believe that Michigan, through use of an independent reviewer of IDR requests, has fostered an atmosphere that is less adversarial between state surveyors and nursing homes."*

*- David E. Herbel  
President and CEO  
Aging Services of  
Michigan*

*continued on back ►*

## IIDR (Independent Informal Dispute Resolution)



### Experienced Staff

MPRO's IIDR reviewers are registered nurses and other health professionals with extensive knowledge of Federal regulations and current clinical standards of practice, supported by practical LTC experience. Each reviewer receives a thorough orientation on MPRO's IIDR process and industry regulations. Reviewers also are required to attend quarterly educational trainings to remain current with regulatory updates, new surveyor guidance, and Federal directives.

### Customized Solutions

Since 1998, MPRO has been providing IIDR services and we currently perform reviews in Michigan, Illinois, Indiana, and Wisconsin. MPRO's IIDR program is the state authorized alternative provider of IIDR services on a voluntary fee-for-service basis. MPRO provides customized solutions to meet states' needs.

MPRO IIDR							
FY 2009 CASES	Supported Cases		Amended Cases		Deleted Cases		Total Cases
	Number	Percent	Number	Percent	Number	Percent	
State A	44	38.6	28	24.56	42	36.84	114
State B	0	0	0	0	0	0	0
State C	89	69.53	16	12.5	23	17.97	128
State D	137	53.52	82	32.03	37	14.45	256
FY 2010 CASES	Supported Cases		Amended Cases		Deleted Cases		Total Cases
	Number	Percent	Number	Percent	Number	Percent	
State A	109	73.15	11	7.38	29	19.5	149
State B	4	80.00	1	20.00	0	0	5
State C	155	50.65	87	28.43	64	20.92	306
State D	202	54.30	106	28.00	64	17.20	372

**For more information on IIDR contact:**

**Charlene Kawchak-Belitsky, RN, BSN, NHA**

**Manager, IIDR**

**(248) 465-1038 • ckbelitsky@mpro.org**



## **IRO ACCREDITATION**

MPRO's IRO accreditation/certificate follows.



**CERTIFICATE OF FULL ACCREDITATION**

*is awarded to*

**Michigan Peer Review Organization  
22670 Haggerty Road, Suite 100, Farmington Hills, MI, 48335**

*for compliance with*

**Independent Review Organization Accreditation Program**

*pursuant to the*

**Independent Review Organization, Version 4.0**

**Effective from the 1st of November 2010 through the 1st of November 2013**

*Alan P. Spielman*

Alan P. Spielman  
President & CEO

*Christine St. Leyden*

Christine Leyden, RN, MSN  
Chief Accreditation Officer



**ACCREDITED**

**Independent Review  
Organization**



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

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

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



## RESUMES

Resumes for MPRO's qualified staff are provided on the following pages.

# Jackie (Jack) L. Bornsen

27282 269<sup>th</sup> Ave.

Holcombe, WI 54745-8796

(715) 595-6007

(715) 579-0979 (cell)

jalbornsen@yahoo.com

papajackbornsen@hotmail.com

## EDUCATION:

1974-1975	Madison Area Technical College	Madison, WI
	Associate Degree in Nursing	
1968-1970	Concordia Theological Seminary	Springfield, IL
	Two years post-graduate credits toward Clinical Pastoral education	
1965-1967	Concordia Senior College	Ft. Wayne, IN
	Bachelor's degree in Sociology	
1963-1965	Concordia College	St. Paul, MN
	Associate Degree in Liberal Arts	

## WORK HISTORY:

June 2004 – Present

Employed as an MPRO IIDR Reviewer. Completed reviews for all levels of deficiencies, including Immediate Jeopardy, that were submitted by nursing homes and ICF/MR facilities to MPRO for IDR. Completed in-person reviews with facility staff as requested in Wisconsin. Completed reviews by telephone conference and desk reviews of written materials sent by facilities. Reviews included Federal and State codes for nursing homes and ICF/MR facilities in Wisconsin and Federal codes in Illinois for Nursing Homes and ICF/MR facilities. Reviewed the Life Safety Code tags include in these IDR reviews. Completed and submitted reports to MPRO on each tag reflecting my recommendations and rationale for my decisions.

2003-2004

Employed as a Limited-Term Employee for the State of Wisconsin completing IDR reviews. Received training on the IDR process required by the federal government from the State of Wisconsin Bureau of Quality Assurance. Duties included review of cases submitted by facilities for IDR. Reviews included the Federal regulations for nursing homes, Intermediate Care Facilities for Persons with Mental Retardation, Life Safety Codes, and State of Wisconsin Codes regulating these facilities. Submitted reports of my decisions to the Wisconsin Bureau of Quality Assurance. Employed as a part-time RN at local nursing homes, including the Syverson Home in Eau Claire, WI and Chippewa Manor in Chippewa Falls.



1989-2003

State of Wisconsin

Dept. of Health and Family Services, Bureau of Quality Assurance

**Nurse Consultant I, RN/QMRP**

- Enforced State and Federal regulations for Long-Term Care facilities, Intermediate Care Facilities for Persons with mental retardation, and Institutes for Mental Disease
- Participated as a team member and coordinator of assigned surveys
- Completed forms required by CMS, when completing on-site and complaint surveys
- Prepared statement of deficiencies for Federal and State surveys
- Provided testimony at administrative law hearings for appeals of deficiencies and Medicaid eligibility as assigned

1975-1989

State of Wisconsin

Chippewa Falls, WI

Division of Care and Treatment Facilities

Northern Wisconsin Center for the Developmentally Disabled

**Nursing Supervisor I (1981-1989)**

- Provided direct supervision of RN and LPN staff, including scheduling and performance evaluations on 128-bed unit
- Consulted on client care and monitoring quality of care
- Functioned as surrogate Unit Director supervising all staff in absence of Unit Director (assigned as acting Unit Director for the 128-bed unit 8/1984-9/1985)
- Functioned as Administrative Officer on assigned weekends serving as representative Director of the institution. Member of the Northern Center Agency Committee on Behavior Treatment Techniques (1983-1989) that included developing policy and procedures on client behavior and facility practices, training staff in self-defense, and reviewing behavior programs.

**Nursing Supervisor II/Administrative Officer (1980-1981)**

- Acting representative of the Director of the institution, overseeing second and third shift operations

**Nursing Supervisor I (1978-1980)**

- Supervised staff of the acute care unit (hospital)
- Supervised care and programming of acutely ill individuals
- Case manager for 15-20 individuals for active treatment and acute health needs

**RN/QMRP (1975-1978)**

- Nursing duties for 72-bed unit including assessment, care planning, medications and treatments, and nursing input to the interdisciplinary team
- QMRP for 36-56 individuals residing on the unit
- Community integration for pending placement

1972-1973

State of Wisconsin

Madison, WI

Central Wisconsin Center for the Developmentally Disabled

**Institutional Aide**

- Provision of direct care and programming on 32-bed unit of severe and profound developmentally disabled adults.

1970-1972

State of Wisconsin

Madison, WI

Mendota Mental Health Institute

**Institutional Aide**

- Provision of direct care and training to inpatient adolescents on acute psychiatric unit. Participant of the psychiatric treatment team.

**ADDITIONAL TRAINING:**

- Completion of basic and advanced Federal training as a Long-Term Care surveyor and successful completion of the SMQT test for State and Federal nursing home surveyors
- Completion of basic and advanced ICF/MR certification (Federal and State)

**LICENSURE:**

- Registered Nurse in the State of Wisconsin
- Participate in continuing education in Pain Therapy, Keeping People Safe without Restraints, Depression in Nursing Homes, and Behavioral and Psychological Symptoms of Dementia
- Keep current on policies/procedures, etc. with regular updates from CMS and the state agencies



## Alyson Burtle, RN

### PROFILE

Alyson Burtle has worked as a registered nurse since 1985. She has worked for MPRO in both Medicaid and private-review programs. Currently, she serves as a Nurse Review Coordinator, responsible for processing requests for authorization of elective admissions, transfers, re-admissions within 15 days, rehabilitation stays as well as for medical supplies. She refers cases that cannot be approved to physician advisors and initiates necessary follow-up with the provider about case decisions. She performs Level of Care Determination reviews for nursing facilities and Medicaid beneficiaries. She also assists with the independent reviews for the Informal Deficiency Review Services for nursing facilities.

### PROFESSIONAL EXPERIENCE

#### **Nurse Review Coordinator, 2008 – Present** **MPRO, Farmington Hills, MI**

- Uses criteria and clinical nursing experience to professionally assess and evaluate incoming telephone requests and retrospective requests for authorization of elective admissions, readmissions within 15 days, transfers, rehabilitation and continued stays as well as medical supplies for the Medicaid Review Program; refers cases that cannot be approved to physician advisors; and initiates necessary follow-up with the provider regarding case decisions
- Performs Level of Care Determination reviews for nursing facilities and Medicaid beneficiaries.
- Supports independent Informal Deficiency Review Services for nursing facilities in 4 states. Directed day-to-day operations for nursing facilities in Michigan; monitored reports, documentation, staff assignments and communications.
- Maintains current knowledge of contractual and regulatory requirements
- Acts as a liaison between MPRO and providers for education and/or problem solving
- Supports the Director for Medical Review in all medical review activities as necessary to effectively manage Medicaid and private review contracts

#### **Charge Nurse, Nurse Manager, 2007 – 2008** **Henry Ford Macomb Hospital, Warren, MI**

- Assessed patients' conditions; communicated with health care providers, patients, and families
- Implemented plans of care to improve patients' health and provide positive health care experiences; evaluated progress toward health care goals
- Planned and organized the opening of a medical/surgical/telemetry unit

#### **Health Care Coordinator, 2006 – 2007** **Clare Bridge, Utica, MI**

- Coordinated health care services for residents and families
- Organized the department and implemented a proactive assessment process
- Shared supervision of patient care assistants; increased the census
- Developed a plan to schedule staff to meet the needs of the residents

#### **Health Care Surveyor, 2001 – 2006** **Michigan Department of Community Health, Detroit, MI**

- Evaluated compliance of state rules and federal regulations that pertain to nursing homes, both as a team member and an independent reviewer
- Investigated complaints, wrote reports, met deadlines, and monitored facilities
- Observed, interviewed, and reviewed records; reviewed plans of correction
- Improved federal oversight support survey scores

## Alyson Burtle, RN

### **Staff Nurse, Charge Nurse, 2001, 1991 – 1997**

#### **Mount Clemens General Hospital, Mount Clemens, MI**

- Opened a new telemetry unit
- Utilized the nursing process in addition to critical pathways in providing patient care
- Assisted in bed management

### **Charge Nurse, 1999 – 2000**

#### **Otsego Memorial Hospital-McReynolds Hall, Gaylord, MI**

- Supervised and directed nursing assistants; advocated for residents
- Utilized the nursing process to provide quality of life and quality of care for residents
- Supported the Minimum Data Set reporting requirements through education and documentation

### **Charge Nurse, 1998 – 1999**

#### **Tendercare, Gaylord, MI**

- Supervised and directed nursing assistants; advocated for residents
- Utilized the nursing process to provide quality of life and quality of care for residents

### **Nurse Case Manager, 1997 - 1998**

#### **Saint Joseph Mercy Hospital, Mount Clemens, MI**

- Coordinated care and resources with patients, families, social workers, and liaisons in home care, home infusion, acute long-term care hospitals, subacute facilities, and inpatient rehabilitation for both inpatients and discharge-planning services
- Managed the utilization of services in conjunction with the Utilization Review department

## EDUCATION

Bachelor of Science in Nursing

Wayne State University, Detroit, MI

Associate Degree in Applied Science, Nursing

Macomb Community College, Clinton Township, MI

Additional coursework: Masters in Nursing and Business Administration

Madonna University, Livonia, MI

## CURRENT LICENSURE

Michigan Nursing License

## TECHNICAL TRAINING

MS Office, Excel, Access

Successfully completed Basic Long Term Care Facility Surveyor Training and

Successfully passed the Surveyor Minimum Qualification Test (SMQT) provided by the

U.S. Department of Health and Human Services, Health Care Financing Administration,

Division of Quality Improvement and Training, 4/22-4/26/2002



# **Sandra Kae Bornsen**

27282 269<sup>th</sup> Avenue  
Holcombe, WI 54745  
(715) 579-0505 (cell)  
skdowdbornsen@hotmail.com

## **EDUCATION:**

1989-1990 Cardinal Stritch College Milwaukee, WI  
Thirty (30) Graduate Credits in Management

1978-1980 Metropolitan State College Denver, CO  
Bachelor of Science in Human Services

1976-1978 Community State College Denver, CO  
Associate of Arts Degree in Community and Social Services

## **WORK EXPERIENCE:**

2007-2011  
State of Wisconsin  
Division of Quality Assurance Rhinelander, WI

### **Health Services Specialist I**

- Enforce State and Federal regulations for LTC facilities
- Participate as team member and coordinator of assigned surveys
- Prepare statement of deficiencies for Federal and State surveys

2003-2004  
State of Wisconsin  
Northern Wisconsin Center for the Developmentally Disabled  
Chippewa Falls, WI

### **Interim Unit Director**

- Responsible for the overall management of a 56 bed unit on the grounds of Northern Center
- Ensure compliance with state and federal regulations
- Provide in-service training
- Supervise professional staff and ensure that active treatment is provided to the clients served
- Complete investigations of injuries and complaints

1991-2003

State of Wisconsin Eau Claire, WI  
Department of Health and Family Services

**Health Services Specialist I/QMRP**

- Enforced State and Federal regulations for LTC facilities and intermediate care facilities for the mentally retarded
- Participated as team member and coordinator of assigned surveys
- Prepared statement of deficiencies for Federal and State surveys
- Testified at administrative law hearings for appeals of deficiencies

1990-1991

Northwest Supportive HomeCare Eau Claire, WI

**Program Coordinator**

- Coordinated supportive in-home services for elderly/handicapped

1984-1989

Grace Lutheran Foundation Eau Claire, WI

**Program Coordinator**

- Developed and directed adult daycare program serving elderly/handicapped individuals. Provided social services.
- Developed and directed 48-bed, Class C Community Based Residential Facility (CBRF). Provided social services.
- Developed and directed licensed childcare program designed as an intergenerational day care program. All positions were held concurrently as they were developed.

1981-1984

Luther Hospital Eau Claire, WI

**Medical Social Worker**

1980-1981

Adult Development Services Greenwood, WI

**Case Manager**

1973-1980

Adams County Community Center for the Mentally Retarded and Seriously Handicapped, Inc.

Westminster, WI

**Case Aide/Case Manager**

**ADDITIONAL TRAINING:**

Successful completion of:  
SMQT test for Federal and State nursing home surveyors and basic and advanced ICF/MR certification (Federal and State)

**CERTIFICATION:**

Certified Social Worker for State of Wisconsin