



ATTACHMENT 9
MANDATORY REQUIREMENT CERTIFICATIONS

Please initial and provide requested information where indicated for each item.

Certifications:

- _____ 1. The IME Company must be registered with the New York State Workers' Compensation Board (WCB) to manage the performance of independent medical examinations.
- _____ 2. The IME Company must be an independent medical examination management company, with a minimum of three years of New York State Workers' Compensation experience.
- _____ 3. The IME Company must confirm that they are knowledgeable of and will follow all requirements outlined in the WCL, WCB Rules and Regulations, WCB Subjects, WCB forms, IME Vendor User Guide, NYSIF specific policies & protocols, and anything else regarding any legal aspects of IMEs. This includes any future changes to the afore mentioned.
- _____ 4. The IME Company must provide physician coverage, utilizing physicians that will accept the region specialty fee you have proposed as part of this RFP, for all counties within the region on which they are bidding per Section 2.2 of the RFP.
- _____ 5. All physicians provided by the IME Company must be authorized by the Workers' Compensation Board (WCB) to perform independent medical examinations.
- _____ 6. The IME Company must have AT LEAST Orthopedic, Neurological or Neurosurgical, and Psychiatric or Psychological physicians on staff at all times who will be available for examinations in the covered region it bid on.
- _____ 7. All IME physicians must be available to provide testimony at WCB hearings/depositions. An IME physician's availability for testimony at WC court hearings must be indicated on the physician's report. (Availability includes "Day of the Week" and "A.M. and/or P.M.") If availability differs depending on WCB hearing location, information for each location must be provided.
- _____ 8. The IME Company shall provide to NYSIF the following:
 - a) The name or names under which it is registered with the Department of State;

 - b) the name or names under which it conducts business;

 - c) the address or addresses of its administrative office and each of the offices

d) where it conducts any business;

e) the telephone numbers of each business location;

f) the entity's tax identification number;

g) the name, title job responsibilities, email address and telephone number of the contact person for the entity; The entity liaison will be the direct contact for NYSIF.

h) the names, addresses and telephone numbers of each of the entity organization's officers, owners or partners; and

i) a description of the services provided by the entity and its owners, officers, or partners and the independent medical examiners it employs or with whom it contracts to conduct independent medical examinations.

9. An officer of each IME Company shall affirm that the entity is organized under the laws of New York State in a corporate form that is recognized by the laws of the State of New York, is duly registered with the Department of State, and is in full compliance with the laws of the State of New York and the United States, including but not limited to any laws or regulations under the Public Health Law, the Education Law and the Workers' Compensation Law governing the practice of medicine, podiatry, chiropractic and psychology, treatment of injured or ill

workers, solicitation and fee-splitting, and any laws or regulations under the jurisdiction of the State Insurance Department, the Federal Health Care Financing Administration, the State Department of Taxation and Finance or the Federal Internal Revenue Service. The officer shall further affirm that he or she has read or is familiar with the fee-splitting and anti-solicitation provisions of the Workers' Compensation Law under sections 13-d, 13-i, 13-k, 13-l and 13-m, and that the entity is not in violation of any such section.

- _____ 10. The IME Company certifies that prior to the physician's use, the physician, per the Board of Regents, has no proceedings against them nor has been found guilty previously of any infractions.
- _____ 11. The IME Company certifies that they routinely check (at least every 6 months) to ensure the physicians on the IME panel are not under investigation for professional misconduct or physician discipline. The IME Company must describe the process in place to accomplish this review.
- _____ 12. The IME Company certifies that if any significant information that would adversely affect the physician's professional standing and/or credibility as an expert witness, (including but not limited to any criminal or professional misconduct proceedings brought against them), NYSIF will be notified immediately.
- _____ 13. The IME Company certifies that if any owner/partner/officer is convicted, pleads no contest, or enters into a consent agreement, etc. concerning misdemeanor/felony infractions, NYSIF will be notified immediately.
- _____ 14. The IME Company is required to utilize NYSIF's electronic Med-Eval system and any related WCB programs for all reporting and bill submission.
- _____ 15. All alerts made through the NYSIF's electronic Med-Eval system must be acknowledged within 2 business days.
- _____ 16. All Time Sensitive assignments made through the NYSIF's electronic Med-Eval system must be advanced to "Accepted" status within 2 business days. If this cannot be accomplished on an assignment, the NYSIF case manager on the assignment must be contacted and the problem discussed.
- _____ 17. The IME Company agrees to be in compliance with NYS Workers Compensation Law at all times during the duration of this contract. This includes specifically, but is not limited To, Section 137.
- _____ 18. The IME Company certifies, and must provide documentation of same upon NYSIF's request, that it provides ongoing education to it panel of physicians on the medical requirements of the WCL, including, but not limited to, application of the Medical Treatment Guidelines, Current NYS Guidelines for Determining Permanent Impairment and Loss of Wage Earning Capacity and all future modifications.
- _____ 19. WCB Subject No. 046-324, Update on Communications with Independent Medical Examiners, states that if upon receipt of an IME report a clerical or ministerial

error is noticed by the IME entity, the carrier or its authorized IME entity can provide a cover letter indicating the error and submit it along with the report "as is" to the Board and all parties of interest as required by law. In addition, NYSIF requires the bidder to review each report, note clerical or ministerial errors submit a clarification with an IME3 to the WCB. IME vendor can also provide a cover letter indication the error and submit it along with the report as is to the WCB and all parties of interest. IME entities can arrange for blanket permission from NYSIF and can act on the NYSIF's behalf.

_____ 20. Bidder agrees to immediately remove any of its employees and/or subcontractors from assignment with NYSIF, if requested.

_____ 21. The Bidder is willing to enter into a non-disclosure agreement (hereinafter "NDA") with NYSIF. NDA is attached as Attachment 3. The NDA will be required after an award has been issued to the Bidder.

Signature

Date

Typed/Printed Name

Company Name

Title