



5/13/24

The following will serve as Amendment #4 to NYSIF's Request for Proposals (RFP) for Utilization Review Services, bid number 2024-03-INS. Material in this Amendment supersedes any contradictory material in the RFP.

The New York State Workers' Compensation Board (WCB) has added an additional requirement of anyone utilizing the OnBoard platform. The WCB now requires physician reviewers provide testimony at WCB hearings/depositions when directed. Please see the [OnBoard: Health Care Providers \(ny.gov\)](https://www.health.ny.gov/providers/) for more information.

This change has prompted the need for two additional documents from Bidders:

- Attachment 6 - Additional Mandatory Requirement Certification
- Attachment 7 - Appendix Z – Fee Schedule for Physician Testimony

**Attachment 6 & 7 are attached and must be completed and returned by 5/17/24 at 2 P.M. EST**

Sincerely,

A handwritten signature in black ink that reads "Alicia Jemmott".

Alicia Jemmott  
Contract Management Specialist

**ATTACHMENT 6  
UTILIZATION REVIEW SERVICES  
RFP #2024-03-INS**

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**ADDITIONAL MANDATORY REQUIREMENTS CERTIFICATION**

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By submitting a bid, Bidders are certifying they are qualified to perform the proposed work. Bidders shall have the necessary staff, equipment, permits and licensing, and compliance for the schedule set forth in this contract.

*Please initial where indicated for each item. Failure to complete and return this form will result in your bid being deemed non-responsive.*

**Certifications:**

- \_\_\_\_\_1. Bidder must make their physician reviewers available to provide testimony at WCB hearings/depositions, for all PAR types, when directed.

\_\_\_\_\_  
**Signature of Officer**

**Sworn to before me this**

\_\_\_\_\_  
**Typed/Printed Name**

\_\_\_\_\_ **Day of** \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Company Name**

**Registration No:**  
**State:**

\_\_\_\_\_  
**Date Signed**

**ATTACHMENT 7  
FEE SCHEDULE FOR PHYSICIAN TESTIMONY  
UTILIZATION REVIEW  
BID #2024-03-INS**

Bidder	_____	Contact	_____
DBA, if any	_____	Title	_____
Federal ID #	_____	Email Address	_____
Type of Firm	_____	Telephone #	_____
Address	_____	Fax #	_____
	_____	Web Address	_____

Bid prices shall be "all inclusive". All prices shall include all direct and indirect costs, including, but not limited to, direct labor costs, overhead, fee or profit, clerical support, equipment, materials, supplies, managerial (administrative) support, system maintenance, system trouble shooting and modifications, all documents, reports, forms, reproduction and any other costs.

Bidders are not to change, delete, or make any additions to this form, and are to supply only the bid information that is required. If any changes, deletions, or additions are made by the bidder, or if all of the required bid information is not provided, then at NYSIF's discretion, the bid may be disqualified.

Service	Year 1	Year 2	Year 3	Year 4	Year 5
Physician testimony					

\*Cost shall be proposed as a flat-fee dollar amount per completed recommendation returned to the requester.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_