VENDOR INFORMATION SHEET FOR RFP 3084

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	***INETICO, Inc.***

V2	Street Address	***400 N. Ashley Drive, Suite 1550***

V3	City, State, ZIP	***Tampa, Florida, 33602***

V4	Telephone Number		
	Area Code: ***813***	Number: ***258-2200***	Extension: ***1017***

V5	Facsimile Number		
	Area Code: ***813***	Number: ***902-7287***	Extension: ***na***

V6	Toll Free Number		
	Area Code: ***877***	Number: ***601-2200***	Extension: ***1017***

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: ***Tim Guzinski***
	Title: Executive Account Manager
	Address: 400 N. Ashley Drive, Suite 1550, Tampa, Florida, 33602
	Email Address: ***timguzinski@inetico.com***

V8	Telephone Number for Contact Person		
	Area Code: ***813***	Number: ***258_2200***	Extension: ***1017***

V9	Facsimile Number for Contact Person		
	Area Code: ***813***	Number: ***258-7287***	Extension: ***na***

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: ***Joseph C-W Hodges***	Title: ***President & CEO***

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: 11/21/2013

State of Nevada
Department of Administration
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Greg Smith
Administrator

SUBJECT:	Amendment 1 to Request for Proposal 3084
RFP TITLE:	Utilization Management and Large Case Management Services
DATE OF AMENDMENT:	September 30, 2013
DATE OF RFP RELEASE:	September 25, 2013
OPENING DATE:	December 3, 2013
OPENING TIME:	2:00 PM
CONTACT:	Marcy Troescher, Procurement Staff Member

The following shall be a part of RFP ***3084.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

The following change has been made to the timeline for RFP 3084 *Utilization Management and Large Case Management Services.*

3084 RFP TIMELINE

Task	Date/Time
Deadline for submitting questions	10/15/2013 @ 2:00 PM
Answers posted to website	On or about ~~October 19, 2013~~ 10/22/2013
Deadline for submittal of Reference Questionnaires	No later than 4:30 PM on 12/02/2013
Deadline for submission and opening of proposals	No later than 2:00 PM on 12/03/2013
Evaluation period (approximate time frame)	12/04/2013-01/06/2014
Selection of vendor	On or about 1/09/2014
Anticipated BOE approval	4/08/2013
Contract start date (contingent upon BOE approval)	7/01/2014

ALL ELSE REMAINS THE SAME FOR RFP 3084.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: INETICO, Inc.

Authorized Signature: [signature]

Title: President + CEO Date: 11/22/13

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

See the response to question #21.

95. Does the State have a fixed budget based on last year's volume and current vendor pricing?

The State does not have a fixed budget.

96. Regarding requirement 4.4, Vendor Staff Resumes, a. Please provide examples on who the State considers "key personnel" b. Is it your intention that the "relevant professional experience" represents current clients under service with the vendor? c. Are the references at the bottom of the form the same three from the relevant professional experience section above on the form?

PEBP expects that the vendor will propose qualified staff that can best meet the needs of the State and participants of the plan.

97. With regard to requirement 3.5 VENDOR STAFFING (3.5.3), what are the desired qualifications of staff in the UM decision making process - to meet the needs of PEBP participants, and PEBP providers?

See the response to question #37.

<u>ALL ELSE REMAINS THE SAME FOR RFP 3084.</u>

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: INETICO, INC.

Authorized Signature: [signature]

Title: PRESIDENT/CEO Date: 11/22/13

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III Confidential Financial**".

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in ***Section 2 "ACRONYMS/DEFINITIONS."***

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		NO	X
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
YES	X	NO	

Part III – Confidential Financial Information			
YES	X	NO	
Justification for Confidential Status			

INETICO, Inc
Company Name

Signature

Laura Conte, Esquire, Legal Counsel, INETICO, Inc.
Print Name

11/21/2013
Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

(7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

INETICO, Inc.

Vendor Company Name

Nancy Young

Vendor Signature

Nancy Young, VP of Sales, INETICO, Inc.

Print Name

11/21/2013

Date

This document must be submitted in Tab IV of vendor's technical proposal

November 21, 2013

INETICO utilizes the INETIPASS system which is wholly proprietary to INETICO, Inc.

This IT platform was designed and built by our internal team of IT programmers and developers, and is maintained by that same team.

User licensing is not required for our clients who access the system.

User licensing is not required for our internal users.

ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES X _____ I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

INETICO, Inc.

Company Name

Signature

Joseph C-W Hodges, President & CEO — ***11/21/2014***

Print Name — Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)
1	*4.1.8*	*35*	*$5M Cyber Liability Insurance will be secured upon award of contract*

This document must be submitted in Tab V of vendor's technical proposal

3. SCOPE OF WORK

The Public Employees' Benefits Program (PEBP) is seeking a vendor that will work in partnership with PEBP and other PEBP vendors to assure the continued success of the PEBP CDHP. Vendors are required to duplicate the level of service presently offered to the participants of the PEBP CDHP. This does not, however, preclude proposing vendors from presenting alternative solutions that relate to Utilization Management and Large Case Management services.

UM services shall include, but will not be limited to, the following:

- Utilization management and large case management;
- Pre-certification of specified medical services to determine medical necessity;
- Concurrent and retrospective review; and
- Management reporting.

PEBP oversees the administration of the CDHP medical and dental plans. The medical plan requires the services of a Utilization Management (UM) vendor to provide pre-certification services, utilization management, large case management, and other medical management services for the participants of the PEBP CDHP as described in this RFP.

3.1 CURRENT PLAN CENSUS

The CDHP plan covers all eligible State employees, certain non-state local government agencies, full-time employees of the Nevada System of Higher Education, and members of the Nevada Senate and Assembly. Dependents of the above-mentioned groups may also be covered. Benefits are also extended to retirees who are receiving benefits from specified public retirement systems, their surviving spouses, and/or eligible dependent children.

As of August 1, 2013, PEBP has approximately 42,183 plan participants who include active and retired individuals from the state and from several local government employers. Of those, 19,332 have elected the self-funded medical Consumer Driven Health Plan (CDHP) and dental PPO Plan; 11,146 participants have elected coverage from a Health Maintenance Organization (HMO) for medical benefits; and 9,761 participants are on the Medicare Exchange for medical benefits. Only those participants and their covered dependents enrolled in the CDHP are eligible for utilization management/large case management as defined under this contract.

	Primary	Dependents	Total
State Active			
CDHP	14,754	13,095	27,849
Non-state Active			
CDHP	7	6	13
State Retiree			
CDHP	2,866	1,168	4,034
Non-state Retiree			
CDHP	1,705	244	1,949
Totals	19,332	14,513	33,845

3.2 CURRENT PEBP VENDORS

- HealthSCOPE Benefits - Third Party Claims Administrator, HSA and HRA Administrator (CDHP), FSA Administrator, National Medical PPO Network;
- Catamaran Rx - Pharmacy Benefits Manager (CDHP);
- Walgreens Pharmacy and Walgreens Specialty Pharmacy – Subcontractor of Catamaran Rx for mail order and specialty drug services;
- Extend Health - Medicare Exchange and HRA Administration for participants on the Exchange;
- Sierra Healthcare Options and Hometown Health Providers – Nevada Statewide Medical PPO Network (PPO Plan);
- Diversified Dental Services - Dental PPO Network (HMO and CDHP);
- Health Claim Auditors - Health Plan Auditor services (Excludes HMO vendors);
- Aon Hewitt - Actuary/ Consultants;
- Hometown Health Plans – Northern Nevada HMO;
- Health Plan of Nevada - Southern Nevada HMO; and
- Hometown Health Providers - Utilization Management, Large Case Management.

3.3 UTILIZATION MANAGEMENT, CASE MANAGEMENT, AND PRE-CERTIFICATION

Please refer to PEBP's Master Plan Document (MPD) for a complete list of services that require pre-certification at www.pebp.state.nv.us. Please note that the MPD posted on the PEBP website is indicative of the current plan year only.

3.3.1 The plan's current utilization management program includes the following services:

3.3.1.1 Case management and large case management;

3.3.1.2 All elective inpatient hospital admissions, including planned use of a hospital for a dental purpose;

Exception: a pregnant mother does not need to notify the UM company about the admission for delivery unless the stay will exceed 48 hours for a vaginal delivery or 96 hours for a C-section.

3.3.1.3 All admissions to a skilled nursing facility or sub-acute facility;

3.3.1.4 All admissions to any hospital or rehab facility for rehabilitation therapy;

3.3.1.5 All organ/tissue pre-transplantation related expenses, including the admission for transplantation services;

3.3.1.6 Foot surgeries such as bunionectomy, correction of hammer toes, or corrective procedures on metatarsals, phalanges (toes), metatarsophalangeal joint, and interphalanageal joint;

3.3.1.7 Carpal tunnel surgery;

3.3.1.8 Genetic testing and/ or counseling for, but not limited to amniocentesis, chorionic villus sampling (CVS), alphafetoprotein (AFP), BRCA1 and BRCA2, and apo E;

3.3.1.9 Weight-loss surgery;

3.3.1.10 All spinal surgeries, inpatient or outpatient, to include but not limited to laminotomy, discectomy, stereotaxis and neurostimulators;

3.3.1.11 Dialysis- Inpatient and Outpatient;

3.3.1.12 Cardiac Pace Makers;

3.3.1.13 Illnesses requiring chemotherapy;

3.3.1.14 Any procedure that might be deemed to be experimental and/or investigational; and

3.3.1.15 Durable medical equipment when the cost is expected to exceed $1,000.00.

3.4 MANAGEMENT REPORTING

3.4.1 The UM vendor must provide management reports in a form and content approved by PEBP. These reports will be provided at PEBP's request in a hard copy and/or electronic media format to PEBP and PEBP's actuary/consultant when requested. PEBP is looking to its vendors to propose reporting that could best meet the needs of the State and the program.

3.4.2 UM vendor must provide access to the UM vendor's web-based reporting tools to assigned PEBP staff.

3.4.3 The UM vendor must also have the capability to provide ad hoc reports at PEBP's request at no additional cost. Proposing vendors should include sample copies of reports as an attachment to their proposals.

3.5 VENDOR STAFFING

The UM vendor must maintain sufficient staff to meet the needs of PEBP and PEBP participants, including but not limited to the following:

3.5.1 An account manager, whose primary responsibility is PEBP;

3.5.2 Registered nurses, whose primary responsibility is PEBP; and

3.5.3 Technicians whose primary responsibility is to assist PEBP staff, PEBP participants, and PEBP providers with answers to questions.

3.5.4 Nursing licensure requirements may be required in all 50 states. Vendors are encouraged to review current licensing capabilities and compare them with the requirements in the State of Nevada www.nursingboard.state.nv.us.

3.6 QUALITY ASSURANCE

The UM vendor is responsible for internal quality control processes to regularly evaluate the performance and accuracy of the services provided. Findings of internal quality control evaluations will be provided to PEBP and will be included in quarterly reports provided to the PEBP Board. ***INETICO, Inc holds quarterly Quality Assurance meetings per URAC standards. Current processes and Quality Improvement Projects (QIP) are reviewed at this time by the committee.***

3.7 UTILIZATION REVIEW AND PRE-CERTIFICATION APPEAL RESOLUTION

The UM vendor is responsible for adhering to an appeal process certified by an accredited organization such as URAC. The current appeal process is outlined in PEBP's Master Plan Document (MPD) found at www.pebp.state.nv.us. ***INETICO, Inc. employs the appeal processes per our URAC accreditation.***

3.8 NOTIFICATION OF SUB-CONTRACTORS

3.8.1 Disclosure of the names of all vendor subcontractors, as well as the physical locations where PEBP data is maintained and/or stored, must be communicated to PEBP at least 60 days prior to contract implementation.

3.8.1.1 Implementation will not be permitted until PEBP has provided written authorization to the vendor.

3.8.1.2 Failure of the vendor to notify PEBP of a change to (or addition of) an authorized subcontractor may result in a financial penalty.

A. The financial penalty is identified in the Performance Standards, Guarantees, and Penalties section of the RFP (Section 3.19.1).

B. Failure to disclose a subcontractor or other entity at least 60 days prior to the subcontractor or other entity having access to PEBP data will result in a penalty of 5% of the vendor's previous year's billed administrative charges per occurrence. Should

subsequent billed charges not be sufficient to cover the penalty in full, the balance will be billed by PEBP and considered due upon receipt. Vendors must indicate their organization's acknowledgement of this requirement.

3.9 COLLABORATION WITH PEBP AND PEBP VENDORS

3.9.1 The UM/CM vendor will be required to allow PEBP's Third Party Administrator, HealthSCOPE Benefits, view-only access to its Utilization Management/Case Management IT system on a real-time basis.

3.9.2 The UM/CM vendor will be required to set up an electronic interface with PEBP's Third Party Administrator, HealthSCOPE Benefits, for daily feeds of pre-certifications and authorizations.

3.9.3 The UM/CM vendor will be required to host bimonthly calls with PEBP and other vendors as identified by PEBP for status reports on participants enrolled in large case management.

3.9.3.1 As the host, the UM/CM vendor agrees to provide a toll-free number and passcodes for PEBP approved vendors to access the bimonthly calls. These calls will allow for PEBP and its vendors to collaborate on the direction of care and provide solutions to any issues that may be identified.

3.9.3.2 Before each call, the UM/CM vendor will send via secure email, a large case management report to PEBP and its participating vendors in a format approved by PEBP. The report will include, but not be limited to, the names of the individual patients who are under large case management, ID number of primary PEBP participant, the diagnosis(es), current treatment, and place of treatment. The discussion will include:

A. The case manager's recommendations (if any) for treatment based on the unique needs of each PEBP participant enrolled in large case management;

B. Any claim payment issues the participant may have experienced to allow PEBP's Third Party Administrator, HealthSCOPE Benefits, the opportunity to resolve; and

C. Any prescription drug issues the participant may have experienced to allow PEBP's pharmacy benefit manager, Catamaran, the opportunity to resolve.

3.9.4 There may be instances where a Letter of Agreement is warranted for services provided, for example, at an out-of-network provider. The UM/CM vendor understands that PEBP and its third party administrator, HealthSCOPE Benefits, will have full discretionary authority to determine the level of benefits that will

be provided. Please indicate your organization's ability to provide these services with these requirements.

3.9.5 PEBP contracts with a health plan auditor to perform routine audits on behalf of PEBP. PEBP and its health plan auditor will comply with all applicable confidentiality laws and will not reveal any confidential information acquired as a result of the audit. PEBP has the right to review/audit records for the entire term of the contract without limitation. Any information, documents, etc., which the UM/CM vendor may deem as containing "trade secrets" or "proprietary information" will not preclude an examination of such items through the audit process. Please indicate that your organization would agree to this condition.

3.10 REVIEWED CASES

For the time period of July 1, 2012, through June 30, 2013, the current UM vendor provided the review services for PEBP as detailed in ***Attachment L – UM-CM Vendor Report Format***.

3.11 CARE COORDINATION

3.11.1 Case Management and Large Case Management

Case management is a collaborative process which assesses plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality and cost-effective outcomes.

3.11.1.1 How long has your organization provided case management services? ***Eight Years (8)***

3.11.1.2 What location will house the staff (including nurses) that will be responsible for PEBP's case management? ***INETICO, Inc. Corporate Offices - Tampa, Florida. This location houses our Care Management Executive & Support Team, as well as Utilization Management. Many of our nurse care managers work remotely from their homes which is made possible by our proprietary web-based INETIPASS Claims & Care Management system. This home-based nursing model gives INETICO the opportunity to hire/place additional staff near plan populations, as well as maintains uniformity in system use, case management styles and client reporting. INETICO, Inc. will place nursing staff locally in Nevada to service this contract.***

3.11.1.3 Does your organization provide telephonic case management services, onsite case management, or a combination of both? ***Both. INETICARE provides a majority of our case management services telephonically, but do provide onsite staffing per client request or as deemed appropriate***.

3.11.1.4 Please describe in detail your organization's criteria for general case management services. Examples of general case management instances are provided below. The following information should be included as an attachment to your proposal: ***See Attachment 3.11.1.4***

A. Opportunities to transfer patients to facilities offering an appropriate level of care more cost effectively;

B. Meeting durable medical equipment needs;

C. Planning for hospital discharges;

D. Coordinating home health care needs;

E. Coordinating hospice care; and

F. Coordinating community based services.

3.11.1.5 Please describe in detail your organization's criteria for large case management. This information should be included as an attachment to your proposal. Examples of potential large case management instances are provided below: ***See Attachment 3.11.1.5***

A. Repeated in-patient admissions, excessive length of stay, or frequent treatment;

B. Potentially large-dollar claims;

C. Chronic or progressive disease;

D. Lack of qualified care-givers in the home setting;

E. Multiple diagnoses;

F. Acute or subacute rehabilitation of physical, speech, or occupational therapies which exceed three (3) months of treatment;

G. IV therapy or parenteral nutrition;

H. Severe injuries; and

I. Non-compliance with medical treatment plan as prescribed by physician or other health care provider.

3.11.1.6 Does your organization allow self-referrals for large case management? ***Yes.*** Will your organization allow PEBP to refer covered individuals for large case management? ***Yes.*** These services shall be provided at no additional cost. ***Confirmed - no additional cost.***

3.11.1.7 Please describe your organization's philosophy regarding large case management. For example, is the goal of your organization to assist with restoration of the patient health and function, management of outcomes, and prevention of primary and secondary complications?

The following objectives are designed to meet the three main goals of INETICARE's Case Management. These goals are: 1) the assurance of quality of care, 2) the assurance of quality of life, and 3) the promotion of the appropriate use of health care resources.

- ***Early intervention to improve ability to impact course of treatment***
- ***Access to pre-negotiated discounts through previously arranged PPO's***
- ***Aggressive fee negotiation for care not covered through prior financial arrangements to achieve further unit cost control***
- ***Proactive case management yielding improved case results***
- ***Greater continuity and integration of management of cases by eliminating the barriers between utilization management and case management***
- ***Matching of providers with the specific treatment needs of the patient***
- ***Management of treatment within benefit plan limitations, optimizing these benefits***
- ***Appropriate identification of cases***
- ***Timely communication regarding case status***

Implementing INETICARE's Care Management program will assure quality care, maximize recovery, minimize complications, permit informed decision making by the payer and by the plan participant, optimize benefit allocation, minimize future claims, and decrease disability time.

Please describe your organization's philosophy in detail, explaining how your organization maintains its philosophy and achieves maximum outcomes for complicated large cases.

INETICO's Philosophy is "To Improve the Fiscal Health of the Health Plan and the Clinical Health of the Plan Members". By utilizing all the resources made available to them, internally and within the healthcare and patient communities, the nurse care

managers work to find the most appropriate and efficient level of care in order to meet the goals identified in the care plan for that member, as well as the overall financial goal for the plan. The entire INETICARE TEAM is continually working as patient advocates, taking into consideration what is the absolute best solution for the patients individual situation, and then work diligently to achieve those outcomes.

3.11.1.8 Please describe in detail how your organization coordinates transplant cases. This information should be provided as an attachment to your proposal.

All of INETICO, Inc.'s case managers are certified in transplants through the Interlink Health Services, Advanced Achievement in Transplant Management. The nurse care manager will evaluate the transplant to determine if the proposed transplant is the most appropriate and cost effective treatment, comparing all available options against each other to determine the best option for the type of transplant being proposed. All transplant cases will be review by a physician prior to approval. The nurse care manager will evaluate the most cost effective network available to the member to obtain the best pricing possible and present this to the health plan and stop loss carrier as appropriate. Centers of Excellence will be utilized whenever possible. The member will remain in case management throughout the transplant and post-operative phase. The nurse care manager will also work with the family and local resources to provide a comprehensive plan of treatment, support and recovery.

3.11.1.9 PEBP's third party administrator coordinates transplant services with recognized Centers of Excellence. Does your organization work with a Centers of Excellence referral program? ***Yes. INETICARE works with NCE for transplants, cancer, pediatrics and other specialties.*** Will your organization agree to work in cooperation with PEBP's third party administrator assisting the participants who require care at a Center of Excellence? ***Yes. INEICARE will work with PEBP, and the Center of Excellence, on defining the criteria and developing the process for accessing care through this network. That process would then be implemented within our INETICARE staff.***

3.11.1.10 For an account the size of PEBP, how many covered individuals would your organization expect to meet large case management criteria? ***An estimate would be between 0.3% to 1.0%, but depends greatly on the demographics of the plan population.***

3.11.1.11 Please describe in detail how your organization's case managers would interact with patients, patients' families, and PEBP.

***PATIENTS* – Initially, INETICARE would work with PEBP to ensure that appropriate introductions to and information about INETICARE services was jointly distributed to the plan member to build familiarity and begin the process of creating trust and confidence in the services provided. Our care managers would reach out to the members as identified for program involvement in a variety of ways including initial letters of introduction and phone calls and initial letters of introduction to engage the member and acquire consent or program participation agreement, explaining how the care manager can assist with their particular situation and needs. Once engaged, a series of phone calls, mailings, educational materials, coordination of local support services, etc. will be maintained based on the acuity of the patients needs. INETICARE has specific timelines/actions for reaching out and engaging potential program participants and those can be customized to fit the needs of PEBP to help reach the goals of the plan and plan members**.

***PATIENTS FAMILIES* – INETICARE care managers will contact and engage the patient family as deemed necessary for the benefit of the patient, and/or on the patient's request. The family entity can often be a critical support component and driving force behind the management of the patient's health and coaching in the needs of the patient will help the family understand the condition and consequences.**

***PEBP* – PEBP has the final approval of opening all cases in case management. The process for interacting with PEBP would be determined at the onset of the program. The nurse care managers are 100% accessible to PEBP via phone, email and their case activity is instantly available to view through the INETIPASS system. All case notes and nurse activity, including all related claims, medical documents, pharmacy information, etc. are also housed and accessible via INETIPASS.**

3.11.1.12 Please describe in detail how your organization's case managers will interact with PEBP staff. Under what circumstances does your organization expect to interact with PEBP staff? ***INETICARE care managers and their activity are 100% transparent via the case summary, detail pages and case notes contained within INETIPASS. The appropriate PEBP staff will have access to this information 24/7. Our care managers are accessible by phone or email to answer any questions you may have on a case. All reporting is also contained within INETIPASS and fully accessible. As mentioned above, PEBP has final authority on opening cases and would communicate with INETICARE for this activity. Upon the initial discussions to***

set up your programs and preferences, our staff will interact with PEBP daily through the INETIPASS system and via daily email precertification reports. In addition, per program design, contact will be made immediately for notification of items deemed of critical importance. Regularly scheduled case reports will be created and notification sent. Quarterly reports will be generated and scheduled for review with your account manager. A weekly call can also be scheduled.

3.11.1.13 Please describe in detail the qualifications that your organization requires of your case managers.

Case Manager Requirements

- ***Minimum of 3 years nursing experience in an acute care or relevant setting.***
- ***Registered Nurse licensure with active and unrestricted license to practice in the state of primary residence and multistate licensure when applicable***
- ***Additional state licensures may be required***
- ***Certification in appropriate field of expertise (i.e.: Certified Case Manager, Chronic Care Professional), preferred, but required within 4 years of employ per URAC guidelines.***

3.11.1.14 What is your ratio of licensed staff to total covered lives?

8,000 total lives per CMFTE. We strive to maintain case loads of 50-55 per FTE ensuring the time necessary to provide quality, individualized, proactive care to each participant.

3.11.1.15 At what point during a hospital admission is discharge planning initiated? ***Upon Admission.*** Please describe your organization's involvement with hospital discharge planning. ***It is one of the goals to begin analyzing the case immediately and begin discharge planning and/or step-down care options to enhance the patient quality of care and reduce the overall expense to the plan.***

Discharge Planning

- ***UM & CM Nurse Care Managers begin discharge planning prior to admission, continues until a firm discharge plan is in place, and concludes only when the patient's discharge planning needs have been fully addressed.***
- ***The Utilization Review nurse shall work with the provider to ensure that the patient is transitioned to a less acute environment in a safe and timely manner.***
- ***The UR Nurse (care manager) works with case managers, disease case managers, and discharge planners at hospitals to ensure that the patient has his/her care, equipment, supplies, and medication addressed to ensure a successful recovery.***

3.11.1.16 How does your organization calculate return on investment for case management expenses? ***Within INETIPASS, each case will have an ROI (Return on Investment) calculator that rolls up expenses and savings to provide you with a live look at what is happening with the cost ratio for that case. The expenses and "hard-dollar" savings are detailed for your review. Expenses and savings must be justified in order to be included in the ROI calculation, providing you with a realistic number based on actual costs and actual hard-dollars saved***. Please provide a sample copy of your organization's return on investment report as an attachment to your proposal. ***See Attachment 3.11.1.16***

3.11.1.17 Is your organization's case management service for behavioral health and substance abuse managed by a separate subcontracted vendor and/or provided at a different location from the location indicated in ***section 3.10.1.2***? ***No. INETICARE does not subcontract for any of our core Care Management services.*** If yes, is the case management protocol different from other general case management services? Please describe the differences, if any. ***N/A***

3.11.1.18 If your organization does not contract with a separate behavioral health and substance abuse case management vendor, please describe your organization's protocol for managing these cases, or indicate if behavioral health/substance abuse protocol is the same as for other care management services. This information may be provided as an attachment to your proposal. ***The protocol will be the same, however INETICARE will utilize behavioral health specialty match physician reviewers as appropriate.***

3.11.1.19 Many PEBP participants reside outside of the state of Nevada, requiring licensed case management nurses in all states where PEBP participants reside. Please indicate any state(s) in which your organization does **not** currently have a licensed case management nurse. ***When awarded the contract, INETICARE will obtain the appropriate state licensures as identified through the plan member eligibility prior to the start date of the contract if they are not already in place.***

3.11.2 Pre-certification

Pre-certification is the review of "need" for an inpatient hospital admission or other specified medical services before the services are rendered by a healthcare provider. For a list of services that currently require a pre-certification, please refer to PEBP's Master Plan Document located on the PEBP website at www.pebp.state.nv.us.

3.11.2.1 Describe your organization's process for managing inpatient hospital pre-certification requests. ***We are URAC accredited and follow the standards for providing precertification of plan specified requirements. All requests are reviewed utilizing Milliman Care Guidelines. In the event the guidelines are not met, the UM nurse forwards the information to the reviewing physician to determine the medical necessity. If the requested service does not meet the guideline, the reviewing physician will contact the attending physician to discuss the case (peer to peer). If the reviewing physician continues to indicate the guidelines are not being met, we will issue a non-certification letter. The letter will include instructions for initiating an appeal***.

3.11.2.2 What is the average length of time for your organization to pre-certify inpatient hospital admissions? ***24 to 48 hours. Our precertification process is usually the same day and the precert process also takes into consideration the "urgency" of the request and our team responds accordingly***.

3.11.2.3 Describe your organization's process for managing outpatient surgery pre-certification requests. ***We are URAC accredited and follow the standards for providing precertification of plan specified requirements. All requests are reviewed utilizing Milliman Care Guidelines. In the event the guidelines are not met, the UM nurse forwards the information to the reviewing physician to determine the medical necessity. If the requested service does not meet the guideline, the reviewing physician will contact the attending physician to discuss the case (peer to peer). If the reviewing physician continues to indicate the guidelines are not being me, we will issue a non-certification letter. The letter will include instructions for initiating an appeal***.

3.11.2.4 What is the average length of time for your organization to pre-certify outpatient surgical services? ***24 to 48 hours. Our precertification process is usually the same day and the precert process also takes into consideration the "urgency" of the request and our team responds accordingly***.

3.11.2.5 Does your organization refer to established medical necessity guidelines for pre-certification, such as those published by Milliman? ***Yes. INETICARE follows Milliman Care Guidelines.***

3.11.2.6 How are pre-certifications accepted? Please complete the following table by double-clicking the appropriate responses below.

Method	**Accepted**
Telephone	☒Yes ☐ No
E-mail/Internet	☒Yes ☐ No
Facsimile	☒Yes ☐ No
Regular mail	☒Yes ☐ No
Other (please describe)	***Online through our INETIPASS system, secure web entry***

3.11.2.7 Does your organization provide written confirmation when a pre-certification request is approved or denied? ***Yes. Approval letters and Denial letters are always sent.*** Please provide a sample of your pre-certification approval and denial notifications as an attachment to your proposal. ***See Attachments 3.11.2.7 for Approval Inpatient, Approval Outpatient, Denial***.

3.11.2.8 Concerning PPO plans for which your organization provides pre-certification services: During the time periods of July 1, 2011 – June 30, 2012, and July 1, 2012 – June 30, 2013, what percentage of inpatient hospital pre-certification requests were denied by your organization? Please list each time period separately.
7/1/2011 to 6/30/2012: 1%
7/1/2012 to 6/30/2013: less than 1%

3.11.2.9 What are the credentials, qualifications, and experience of staff determining pre-certifications for inpatient and outpatient services?
UM First Level Reviewer requirements

- ***Registered Nurse or Licensed Practical Nurse with at least 3 years of Clinical Nursing experience***
- ***Certification in UM, Case Management, or a related field; or certification in process (preferred)***
- ***Active, Unrestricted License in the State of Florida or state of residence***

3.11.2.10 Please describe in detail your organization's denial process. Describe inpatient and outpatient services separately. ***INETICARE's processes for inpatient and outpatient denials are the same. If the requested service does not meet the guideline, the reviewing physician will contact the attending physician to discuss the case (peer to peer). If the reviewing physician continues to indicate the guidelines are not being met, we will issue a non-certification letter. The letter will include instructions for initiating an appeal***.

3.11.2.11 Please describe your criteria for determining medical necessity for weight loss surgeries such as gastric bypass or lap band surgery. ***The medical necessity review process remains the same. INETICARE shares the required criteria in packet form with the member and the provider to allow them access to the appropriate information when submitting the request. All requests are reviewed per the benefit plan language.***

3.11.2.12 Please confirm that your organization has reviewed PEBP's current pre-certification requirements as described in the PEBP Master Plan Document and your ability to provide this service. ***Yes, we have reviewed and confirmed our ability to provide these services.***

3.11.2.13 If PEBP expands the number of services that require pre-certification, please confirm that your organization will not increase its fees as quoted in your original cost proposal.
We cannot confirm this request, as it depends on the scope of additional services that PEBP would add. INETICARE will provide additional pre-cert services and can evaluate the volume of utilization, then have those discussions with PEBP to determine if an increase in the fee is justified. If the additional services can be absorbed without compromising our profitability, there would be no increase in fees necessary. Conversely, if the precertification requirements were to be "less" than was originally in the plan documents, a discussion related to a possible fee reduction could be appropriate.

3.11.3 Concurrent Review

3.11.3.1 Please describe your organization's process for inpatient hospital concurrent reviews. This information may be provided as an attachment to your proposal in the form of a narrative and/or flow chart. ***See Attachments 3.11.3.1 Flowchart, 3.11.3.1.Narrative***

3.11.3.2 How frequently does your organization re-assess a patient's need for continued hospitalization under the concurrent review process? ***This is dependent upon the situation and discharge planning in process, and whether or not the Milliman criteria continue be met.***

3.11.3.3 Please describe your organization's criteria for determining continued medical necessity. ***The current status is compared to the Milliman optimal recovery guidelines to determine if medical necessity is continuing to be met. In the event it is not, the nurse care manager will forward the case to the reviewing physician to make a final decision***.

3.11.3.4 If your organization refers to its own medical necessity guidelines, please describe your guidelines in detail. This information should be included as an attachment to your proposal. ***N/A***

3.11.3.5 Please provide examples of all provider and participant communications related to this function and how your organization delivers these communications. ***Please refer to Attachments 3.11.2.7***

3.11.4 Retrospective Review

3.11.4.1 Please describe the process and criteria used for retrospective review. This information may be provided as an attachment to your proposal in the form of a narrative and/or flow chart. ***See Attachments 3.11.4.1 Flowchart, 3.11.4.1 Narrative***

3.11.4.2 Does your organization perform retrospective reviews on-site, telephonically, or a combination of both? ***All reviews are done telephonically.***

3.11.4.3 What are the credentials, qualifications, and experience of staff handling retrospective review?

UM First Level Reviewer requirements

- ***Registered Nurse or Licensed Practical Nurse with at least 3 years of Clinical Nursing experience***
- ***Certification in UM, Case Management, or a related field; or certification in process (preferred)***
- ***Active, Unrestricted License in the State of Florida or state of residence/practice***

3.11.4.4 How is the need for retrospective review determined?

INETICARE may be notified post-discharge by the provider, or the client. The client will make the final decision regarding the review process. The client will determine whether or not the medical necessity review influences any non-precertification penalties.

3.11.4.5 Please provide examples of all participant communications related to this function and how your organization delivers these communications.

If a denial occurs, a letter will be sent to the member and the provider indicating the non-certification. The member and the provider may request a copy of the physician review. Please refer to Attachments 3.11.2.7

3.12 MANAGEMENT REPORTING

3.12.1 Please describe and list your organization's standard reports and provide examples of each. Your standard reports should include but not be limited to case management reports; outcomes; bed days approved, denied, and saved; average length of stay; and large case management status reports.

A. Utilization Management Client Reports – Monthly, Quarterly, Annually
B. Case Management Client Reports – Monthly, Quarterly, Annually
C. ROI (Return on Investment) included in CM Reports listed above
D. Case Management Patient Reports
  1. Opening
  2. Progress
  3. Closure
E. Ad Hoc:
  1. UM/Precertification Daily Reports – Daily Precert with Red Flag Triggers
  2. UM/Precerts by Date Range
  3. UM/Precerts by Case Number
  4. Red Flag Trigger Report*

****Red Flag Report: This report generates a list of all precertification cases identified with a diagnosis and/or procedure code considered to be key factors leading to potentially catastrophic cases by Trigger Category.***

INETICARE's reporting is comprehensive and available to our clients through the INETIPASS system at any time. Monthly, Quarterly and Annual reports are generated based on calendar year activity. Reporting information is standardized for ease of comprehension and information location throughout the documents. Monthly, Quarterly and Annual reports are available for UM, Case Management, Disease Management, Maternity Management, Screening Management and General Education.

Case reports for opening, progress and closing are all in a similar format – Attachment 3.12.1. These are the narrative collection of the nurse case

manager notes and related case activity that can be found within INETIPASS at any given time.

INETIPASS provides you with the ability to review case activity and raw nurse case manager notes that are easily downloaded for printing and ad hoc reporting as you choose.

These reports contain information on case management reports; outcomes; bed days approved, denied, and saved; average length of stay; and large case management status reports, and ROI. See Attachments 3.12.1 Standard Reporting

3.12.2 Are your reports available via the web? ***Yes, All reporting is generated and housed for your immediate access within the INETIPASS system.***

3.12.3 Please describe the process for requesting ad hoc reports and list the average turnaround time for each. Please confirm that ad hoc reports will be provided to PEBP at no additional cost. ***Many reports can be generated by the client 24/7 through the INETIPASS system for UM and CM. Case notes are also immediately available and able to be downloaded for review. Member stop-loss reporting is also available by a variety of search options and will provide you with detailed information. In the event additional reports may be required, the request may be submitted through your account manager who will work with you to identify your needs and time frame to facilitate the process. "Custom" reporting that is specific only to PEBP may require internal programming and thus could result in additional fees. All discussions related to reporting/fees is upfront. Should the request for a special report result in an overall system enhancement that can be beneficial to our other clients, fees may be absorbed as a cost of doing business and ongoing system upgrades.***

3.12.4 Does your organization provide the following standard reports? Double-click each appropriate response.

Report	**Provided**
Outcome Management	☒Yes ☐ No
Patterns of Care	☐Yes ☒ No
Inpatient utilization	☒Yes ☐ No

Utilization by diagnosis	☒Yes ☐ No
Case specific detail	☒Yes ☐ No
Activity and days reduced	☒Yes ☐ No
Savings summary	☒Yes ☐ No

3.13 FACILITY CHANNELING

3.13.1 Please describe the process and criteria used by your organization that will direct PEBP participants to in-network facilities. ***During the precertification process, we identify if the provider/facility is in or out of network. If the providers are out of network, the nurse case manager will work with members to locate in-network providers to utilize. INETICO provides additional services related to Claims Management which can assist with network assignments, out of network negotiations, and other avenues of savings for the plan and plan members. (i.e. Wrap Networks, Supplemental Networks, INETICO Direct Contracts, etc.)***

3.13.2 If a bed is not available at an in-network facility, will your organization negotiate a discount with an out-of-network facility? ***Yes.*** Is there a separate fee for providing this service? ***Yes. The fee is based on a % of savings.***

3.13.3 How are out-of-network negotiated discounts communicated to PEBP and PEBP's third-party administrator? ***Once the agreement with the provider has been signed, a copy is provided to PEBP's TPA.***

3.13.4 Attach a detailed description of the entire discount negotiation process, including communications between all parties involved in the process.

- ***Out of Network Provider is identified***
- ***Nurse Care Manager (NCM) attempts to direct member to an in-network provider***
- ***If unsuccessful, NCM will work with provider to negotiate in-network or better discounts prior to the services being performed.***
- ***NCM forwards letter of agreement to provider for signature***
- ***NCM attaches signed agreement to case file within INETIPASS***
- ***NCM sends copy of letter to TPA.***

3.14 ACCOUNT SERVICE

3.14.1 During what hours (and time zones) will your organization's telephone lines be staffed? ***Based on URAC Guidelines:***

3.14.1.1 For PEBP staff? ***M-F, 9AM to 7PM Eastern Time***
3.14.1.2 For PEBP participants? ***M-F, 9AM to 7PM Eastern Time***
3.14.1.3 For providers? ***M-F, 9AM to 7PM Eastern Time***

3.14.2 PEBP requires vendors to assign a dedicated account manager to meet with PEBP on a regular basis to discuss performance, address administration issues, and review reports. Please confirm that your organization agrees to this requirement. ***Yes. INETICO/INETICARE will provide a dedicated Account Manager to service the PEBP account.***

3.14.3 From what location will the account manager be servicing PEBP? ***INETICO/INETICARE has Account Managers located in their Tampa office as well as working remotely. Once the business has been awarded to INETICO, we will assign the most appropriate individual – or hire accordingly to meet the needs of PEBP.***

3.14.4 Can you receive electronic enrollment and eligibility data? ***Yes.*** Please confirm that your organization will accept electronic enrollment information in a format determined by PEBP. ***Standard EDI eligibility 834 format, as well as various delimited and fixed formats, are accepted and mapped for import into system.***

3.14.5 Do you employ the services of a Medical Director? ***Yes.*** If so, please list the Director's qualifications, credentials, and experience. ***Please see Attachment 3.14.5 Medical Director CV***

3.15 IMPLEMENTATION SERVICES

3.15.1 Describe your implementation plan to meet a start date of July 1, 2014. Include steps required to implement the program such as notification to PEBP participants, providers, and other vendors. ***INETICO will produce a customized, detailed implementation timetable and project task list to fit the needs of the PEBP as related to the scope of work. This outline will have task start and completion dates related to all departments that are involved including the Implementation Team, IT, Account Management, Care Management, Finance as well as a comprehensive process for communicating with plan members and other providers/vendors that PEBP has key arrangements with that will be impacted by this new relationship. It will also involve training for PEBP staff who will be designated to access the INETPASS system. Development of the implementation document will begin upon notification of award of the contract and will be a collaboration of efforts between all parties directly involved. Our list of action steps is over 5 pages with over 200 action steps assigned to the parties involved to insure implementation is smooth.***

3.15.2 Is your organization prepared to assign an exclusive team to assist with the implementation process? How many exclusive service representatives would be assigned for the initial implementation? ***INETICO will assign 2 people***

exclusively to your implementation process. Collectively, the team of two would be coordinating steps amongst a team made up of 8 people plus the TPA staff.

3.15.3 Describe the most frequent problems your organization has encountered during previous transitions for plans of this size. How were these resolved? ***Delays in decisions necessary to produce tools can be a concern. For example, the client approval of customized member communication pieces or the approval of identification card wording if not handled on a timely basis and tracked with due dates, can cause delays in communicating the program to participants. The IT team data interface projects are at times a cause of delays. Usually this relates to the need to insure each party understands the format of data and due dates. We work very closely on the front end of the case to identify each step to appropriately address details and roles during the initial implementation meetings. We support the requested regularly scheduled meetings detailed in the RFP to insure the communication is clear and all parties discuss any issues or questions that come up during the course of the relationship.***

3.15.4 Please confirm that your cost proposal includes <u>all</u> costs associated with implementation services. You must provide a detailed description of any implementation service and/or fee charge not specifically included in your cost proposal. ***Yes. The cost proposal includes all costs associate with the implementation of service. Should PEBP desire to add other services that may compliment the UM and CM offered by INETICO, there may be additional fees associated with those programs.***

3.15.5 What is the minimum amount of time recommended to ensure a clean transition into the proposed program? ***Ideally, we would like to have 90 days to coordinate the implementation of this program, which would include working with off-site personnel for secure connectivity, implementing mirrored systems for data separation per contract requirements, securing additional hardware, band width and server space, followed up by thorough testing prior to our go live date. However, we can coordinate more quickly because we are already working with the current TPA HealthScope and delivering UM, CM for other groups. We have a very positive working relationship with HealthScope, have existing data exchanges in place, and their staff is familiar with our system and processes to implement new business. Considering this existing relationship, we can implement using a shorter schedule, however, considering our attention to detail, having additional time serves all parties best.***

3.16 DISASTER RECOVERY PLAN

3.16.1 Your organization is required to submit with the proposal a disaster recovery plan in the event of a major disaster that disables most or all of your processing capabilities for the PEBP. A major disaster includes, but is not limited to:

- 3.16.1.1 A hardware system failure/collapse;
- 3.16.1.2 A software system failure/collapse;
- 3.16.1.3 Any natural disaster or Act of God; and
- 3.16.1.4 Total loss of electrical/backup power.

See attachment 3.16.1

3.16.2 Please explain the anticipated time frames to restore normal operations once the disaster situation has been resolved. ***Systems back online with reduced staff within 24 hours; full staff within 2 to 5 days in worst case scenario***

3.16.3 How often is your disaster recovery plan reviewed and/or updated? ***Reviewed quarterly; updated annually at minimum***

3.16.4 Describe in detail how the plan will be customized to meet the needs of PEBP. ***Based on requirements detailed in RFP, the current plan will accommodate the needs of PEBP. Reasonable accommodations cam be made to address any concern or changes requested***.

3.16.5 Please provide with your proposal your plan for regularly scheduled backups for PEBP data for the day-to-day computer-related processing operations and where the backups will be stored. ***Backups are performed daily of all systems and date. More detail in Attachment 3.16.1.***

3.17 PRIVACY AND SECURITY

3.17.1 Is all data contained in the proposed system (active and "at rest") stored in an encrypted format? ***Yes***

3.17.2 Do all of your organization's current systems, policies and procedures currently comply with the following (including any systems storing or processing PEBP data):

3.17.2.1 Title 45 of the Codified Federal Regulations (CFR) HITECH Breach Rule - 45 CFR §160 and §164; ***Yes***

3.17.2.2 HIPAA Privacy and Security Rules – 45 CFR §160, §162, and §164; and ***Yes***

3.17.2.3 Audited for compliance with the HITECH Breach Rule and HIPAA Privacy and Security Rules. ***HHS audits were scheduled to start in December 2012 based upon risk. INETICO has not been notified of any audit selection at this time. Other internal and 3rd party audits have been performed to ensure best practices are being utilized. Most recently, URAC audit performed did not uncover significant issue.***

3.17.2.4 Are corrective actions implemented by your organization for issues identified in the audit? ***As recommendations are made to enhance security features and data protection, the recommendations are evaluated and reviewed; once identified, appropriate corrective actions are taken***

3.17.3 Vendor and all of the vendor's subcontractors must comply with all PEBP privacy and security policies and procedures. A copy of PEBP's privacy and security policies and procedures is provided under ***Attachment M – Privacy Security Policies and Procedures***. Please indicate that your organization would agree to these conditions. ***Yes, INETICO agrees to these conditions.***

3.17.4 Vendor must sign and agree to the terms of PEBP's Business Associates Agreement (BAA). A copy of PEBP's BAA is provided under ***Attachment N – Business Associate Agreement.*** Please indicate that your organization would agree to this condition. ***Yes, INETICO agrees to this condition.***

3.18 ELECTRONIC DATA INTERCHANGE (EDI)

3.18.1 All exchange of PEBP electronic formatted data, as well as data exchange between PEBP and vendors, shall be approved in advance by PEBP's Information Technology Officer or designated staff. ***Affirmed***

3.18.2 The file format for eligibility data exchange is fixed field, flat file. Exact file specifications will be determined by PEBP. All EDI will require file level encryption. All files exchanged between PEBP and its vendors are accomplished via FTP. Please confirm your ability to comply with this requirement. ***INETICO is fully qualified for exchanges that meet these specifications. Several existing clients already adhere to these guidelines.***

3.18.3 All data is the property of PEBP. Data cannot be shared, distributed, or used outside contract specification without permission from PEBP. All data must be made available upon PEBP's request. ***Affirmed***

3.19 PERFORMANCE STANDARDS, GUARANTEES, PENALTIES

Please confirm that your organization will agree to the following performance standards, guarantees, and financial penalties. Compliance will be determined by PEBP and PEBP's health plan auditor. PEBP reserves the right to revise the performance standards, guarantees, and financial penalties as needed. PEBP's health plan auditor will audit the UM Vendor every odd numbered year of the existing vendor contract. ***Yes, INETICO/INETICARE agrees to section 3.19 Performance Standards, Guarantees, Penalties.***

July 1, 2014- June 30, 2019

Service Performance Standard	Guarantee	Method of Measurement	Performance Guarantee Penalty Amount
I. Quarterly and annual management reports	100.0%	Delivery of Quarterly reports within 45 days of end of reporting period as established by PEBP	1% of annual administration fees per report per day greater than 10 days.
II. Notification of potential high expense cases. High expense case is defined as a single claim or treatment plan expected to exceed $100,000.00.	95.0%	Designated PEBP staff will be notified within 5 business days of the UM vendors initial notification of the requested service	For each percentage point, or a fraction thereof below the annual guarantee, 1% of annual administration fees.
III. Pre-certification information shall be provided to PEBP's third party administrator	98%	Pre-certification requests from healthcare providers shall be communicated to PEBP's Third Party Administrator using an approved method e.g. electronically, within 5 business days of UM completing Precertification determination	For each percentage point, or a fraction thereof below the annual guarantee, 1% of annual administration fees.
IV. Concurrent hospital review	98%	Concurrent hospital reviews shall be completed and communicated using an approved method e.g. electronically within 5 business days of determination decision	For each percentage point, or a fraction thereof below the annual guarantee, 1% of annual administration fees.

Compliance with service category I is determined by PEBP's Executive Officer. Compliance with service categories II, III & IV is determined by audits performed by PEBP's health plan auditor conducted in odd numbered years. Annual is typically defined as the time period starting July 1 and ending June 30 of each year of the contract.

- Public Employees' Benefits Program will collect performance guarantee amount by withholding the appropriate amount from vendor's annual administration fees. If no further administrative fees are due, PEBP will send an invoice for the penalty amount to the vendor. Payment is due within 30 days. Failure to pay within 30 days will result in a penalty of 1.5% of the penalty amount per month, compounded monthly.

- Upon contract termination, PEBP may withhold payment of a portion of the last invoice until after all audits have been accepted by the PEBP Board. The portion of payment withheld will be not more than the lesser of:

1. The last invoice received by PEBP; or
2. An amount equal to 100% of the largest quarterly penalty assessed during the last two years of the contract.

3.19.1 Selected vendor will be required to have an independent financial audit performed annually and a copy of the audit shall be provided to the State within 30 days of its completion. The date of the audit shall be mutually agreed upon.

3.19.2 Exceptions to the requirements of this Scope of Work must be clearly stated in ***Attachment B – Technical Proposal Certification of Compliance with Terms and Conditions of RFP***, noting a) the RFP section to which vendor is taking exception, and b) future expectations for meeting the requirement, a projected timetable, and detailed plans for meet the requirement, along with the vendor staff and qualifications assigned.

3.19.3 Vendors are encouraged to include any additional information in their proposals that would be considered useful to PEBP.

4. COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	***INETICO, Inc.***
Ownership (sole proprietor, partnership, etc.):	***S. Corp***
State of incorporation:	***Florida***
Date of incorporation:	***March 2004***
# of years in business:	***10***
List of top officers:	***Joseph C.W. Hodges, Proprietor***
Location of company headquarters:	***Tampa, Florida***
Location(s) of the company offices:	***Tampa, FL; Boston, MA***
Location(s) of the office that will provide the services described in this RFP:	***Tampa, FL***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***35***
Number of employees nationally with the expertise to support the requirements in this RFP:	***47***
Location(s) from which employees will be assigned for this project:	***Directed from the Tampa office, with remote support to be adjusted upon award of this contract.***

4.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS 76. Information regarding the Nevada Business License can be located at http://sos.state.nv.us.

Question	Response
Nevada Business License Number:	***Will be obtained upon award of contract***
Legal Entity Name:	***INETICO, Inc.***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	***X***	No	

If "No", provide explanation.

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	***X***

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	**Response**
Name of State agency:	
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	***X***

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	***X***

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	**Response**	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

4.1.8 Vendors must review the insurance requirements specified in ***Attachment E, Insurance Schedule for RFP 3084.*** Does your organization currently have or will your organization be able to provide the insurance requirements as specified in ***Attachment E.***

Yes	***X***	No	

Any exceptions and/or assumptions to the insurance requirements ***must*** be identified on ***Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP.*** Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor ***must*** provide the Certificate of Insurance identifying the coverages as specified in ***Attachment E, Insurance Schedule for RFP 3084.***

4.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages. ***See Attachment 4.1.9 INETICO History***

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description. ***INETICO was founded in January, 2004, and has been providing services related to this RFP since March, 2006. INETICO qualified for the distinguished URAC Accreditation related to the delivery of Utilization Review, Case Management and Disease Management. Known as innovators that identify solutions to problems we have often developed new programs that achieve unique savings.***

For example, our staff routinely redirects individuals to the primary PPO network without additional charge. During implementation we can confirm if you would like to make plan document edits to allow the nurses to negotiate DME and other services pre-treatment versus attempting to negotiate after the services were rendered which is most commonly done today. We can negotiate with providers in advance if given clearance to do so. There is an additional fee for this added value, however, the savings are exceptional.

4.1.11 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III – Confidential Financial Information.

4.1.11.1 Dun and Bradstreet Number
002704683

4.1.11.2 Federal Tax Identification Number
20-0457663

4.1.11.3 The last two (2) years and current year interim:
See Attachments 4.1.11.3A & B

A. Profit and Loss Statement
B. Balance Statement

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

Yes		No	***X***

If "Yes", vendor must:

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements;

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and

C. Describe your previous experience with subcontractor(s).

4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

B. Ensuring subcontractor compliance with the overall performance objectives for the project;

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in ***Section 4.1, Vendor Information***.

4.2.1.5 Business references as specified in ***Section 4.3, Business References*** must be provided for any proposed subcontractors.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in ***Section 4.2, Subcontractor Information***. The vendor must receive agency approval prior to subcontractor commencing work.

4.3 BUSINESS REFERENCES

4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last ten (10) years.

4.3.2 Vendors must provide the following information for ***every*** business reference provided by the vendor and/or subcontractor:

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Reference #:	***1***		
Company Name:	***INETICO, Inc.***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***	***N/A***	***SUBCONTRACTOR***
Project Name:	*BMA*		
Primary Contact Information			
Name:		***Grace Saenz***	
Street Address:		***11550 IH 10 West, Suite 220***	
City, State, Zip		***San Antonio, TX 78230***	
Phone, including area code:		***210-298-4810***	
Facsimile, including area code:		***210-697-0360***	
Email address:		***gsaenz@bmatpa.com***	
Alternate Contact Information			
Name:		***Jayne Frasure***	
Street Address:		***11550 IH 10 West, Suite 220***	
City, State, Zip		***San Antonio, TX 78230***	
Phone, including area code:		***210-697-9900 x311***	
Facsimile, including area code:		***210-697-0360***	
Email address:		***jfrasure@bmatpa.com***	
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		***Utilization Management & Case Management. INETIPASS proprietary Care & Claims Management System, EDI exchanges for Eligibility and Claims data.***	
Original Project/Contract Start Date:		***9/1/07***	
Original Project/Contract End Date:		***Ongoing***	
Original Project/Contract Value:		***$125,000 +***	
Final Project/Contract Date:		***N/A***	
Was project/contract completed in time originally allotted, and if not, why not?		***Yes, implementation goals were met through close collaboration with Client.***	
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?		***Yes.***	

Reference #:	*2*		
Company Name:	*INETICO, Inc.*		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***	*N/A*	***SUBCONTRACTOR***
Project Name:	***HealthSCOPE***		
Primary Contact Information			
Name:	***Kim Schuster***		
Street Address:	***9045 E. 59th Street***		
City, State, Zip	***Indianapolis, IN 46216***		
Phone, including area code:	***317-554-9000 ext 8369***		
Facsimile, including area code:	***317-554-9022***		
Email address:	***Kim.schuster@healthscopebenefits.com***		
Alternate Contact Information			
Name:	***Paula Thompson***		
Street Address:	***5150 E. Dublin-Granville Rd, Ste 300***		
City, State, Zip	***Columbus, OH 43018***		
Phone, including area code:	***614-979-5270***		
Facsimile, including area code:	***614-797-5269***		
Email address:	***Paula.thompson@healthscopebenefits.com***		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Utilization Management & Case Management. INETIPASS proprietary Care & Claims Management System, EDI exchanges for Eligibility and Claims data.***		
Original Project/Contract Start Date:	***May 2010***		
Original Project/Contract End Date:	***Ongoing***		
Original Project/Contract Value:	***$300,000 +***		
Final Project/Contract Date:	***N/A***		
Was project/contract completed in time originally allotted, and if not, why not?	***Yes, implementation goals were met through close collaboration with Client.***		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes.***		

Reference #:	*3*		
Company Name:	*INETICO, Inc.*		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***	*N/A*	***SUBCONTRACTOR***
Project Name:	*DART*		
Primary Contact Information			
Name:		***Debi Kelbert***	
Street Address:		***PO Box 318***	
City, State, Zip		***Mason, MI 48854***	
Phone, including area code:		***800-545-3278 x2412***	
Facsimile, including area code:		***517-244-2887***	
Email address:		***Debi.kelbert@dart.biz***	
Alternate Contact Information			
Name:		***Dan Ide***	
Street Address:		***PO Box 318***	
City, State, Zip		***Mason, MI 48854***	
Phone, including area code:		***800-545-3278***	
Facsimile, including area code:		***517-244-2887***	
Email address:		***Dan.ide@dart.biz***	
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		***Utilization Management & Case Management. INETIPASS proprietary Care & Claims Management System, EDI exchanges for Eligibility and Claims data.***	
Original Project/Contract Start Date:		***September 2008***	
Original Project/Contract End Date:		***Ongoing***	
Original Project/Contract Value:		***$350,000 +***	
Final Project/Contract Date:		***N/A***	
Was project/contract completed in time originally allotted, and if not, why not?		***Yes, implementation goals were met through close collaboration with Client.***	
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?		***Yes.***	

Reference #:	*4*		
Company Name:	*INETICO, Inc.*		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***	*N/A*	***SUBCONTRACTOR***
Project Name:	*Integra*		
Primary Contact Information			
Name:	*Lydia Trice*		
Street Address:	*110 South Shipley Street*		
City, State, Zip	*Seaford, DE 19973*		
Phone, including area code:	*302-629-3518*		
Facsimile, including area code:	*302-629-2566*		
Email address:	*Lydia@integratpa.com*		
Alternate Contact Information			
Name:	*Kris Smith*		
Street Address:	*110 South Shipley Street*		
City, State, Zip	*Seaford, DE 19973*		
Phone, including area code:	*302-629-3518*		
Facsimile, including area code:	*302-629-2566*		
Email address:	*Kris@integratpa.com*		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	*Utilization Management & Case Management. INETIPASS proprietary Care & Claims Management System, EDI exchanges for Eligibility and Claims data.*		
Original Project/Contract Start Date:	*January 2006*		
Original Project/Contract End Date:	*Ongoing*		
Original Project/Contract Value:	*$175,000 +*		
Final Project/Contract Date:	*N/A*		
Was project/contract completed in time originally allotted, and if not, why not?	*Yes, implementation goals were met through close collaboration with Client.*		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	*Yes.*		

4.3.3 Vendors must also submit ***Attachment F, Reference Questionnaire*** to the business references that are identified in ***Section 4.3.2***.

4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in ***Section 8, RFP***

Timeline, for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

4.4 VENDOR STAFF RESUMES

A resume must be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP per ***Attachment G, Proposed Staff Resume.*** ***See Attachments 4.4 Resumes***

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	INETICO		
☐ **Contractor**		☐ **Subcontractor**	
Name:	Joseph Hodges	■ **Key Personnel**	
Classification:	President & CEO	**# of Years in Classification:**	20
Brief Summary: of Experience:	Extensive experience in medical management, network management, negotiations, analytics as well as Medicare based financial arrangements.		
# of Years with Firm:	9		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	January 2004 to Present INETICO, Inc Joseph Hodges 400 N Ashley Drive, Ste 1550, Tampa, FL 33602 813-258-2200 Jhodges@inetico.com President/CEO
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	January 2002- January 2004 Humana Business Development Manager Aaron Kessinger 502-649-4379
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	August 1998 – June 2011 Americlaim Solutions President/Owner Sold to Plan Vista

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	Florida State University Tallahassee Florida Bachelor of Science (B.S.), Health Education and Public Health 1992 – 1994

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	1) Aaron Kessinger, Human, 502-649-4379 2) Wit Ostrenko, The Museum Of Science and Industry, 813-987-6304 3) Debi Kelbert, Dart Container Corporation, 800-545-3278 x2412

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	INETICO, INC.		
☐ **Contractor**		☐ **Subcontractor**	
Name:	Laura A. Conte	■ **Key Personnel**	
Classification:	Chief General Counsel	**# of Years in Classification:**	2
Brief Summary: of Experience:	26 yrs in Stop Loss/Insurance Market-VP of Claims, Legal Counsel		
# of Years with Firm:	1		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	04/2012 INETICO, Inc Maria King – HR 400 N. Ashley Drive, 1550 Tampa, FL 33602 Chief General Counsel 813-258-2200 ext1029 lauraconte@inetico.com Serves as CGC
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	07/1996-04/2012 TRU Services, LLC 200 Cummings Center Beverly, MA 01915 978-564-0200 Vice President of Claims Oversight of Claims Operations
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	1988-1996 RE Moulton 20 Doaks Lane Marblehead, MA Claims Auditor/Supervisor Stop Loss claims review

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	Massachusetts School of Law North Andover, MA Juris Doctor Licensed to practice law in Massachusetts both State and Federal

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	(1) David Young, Young Consulting, CEO, 770-321-9818 ext140, dyoung@youngconsulting.com (2) Cindy Rottman, Outsource Marketing, CEO, 480-390-1278, cindyr@oms-inc.net (3) Chuck Agrusa, JMS, CEO, 877-489-8881, agrusa@jmsassoc.com

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	INETICO, Inc.		
☐ **Contractor**		☐ **Subcontractor**	
Name:	Nancy Young	■ **Key Personnel**	
Classification:	VP of Sales	**# of Years in Classification:**	
Brief Summary: of Experience:	Nancy has more than 20 years of experience working with self funded health plans. Expert in stop loss reinsurance, medical management and TPA services.		
# of Years with Firm:	< 1		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	October 2013 to present INETICO, Inc. Maria King, HR Director 400 N. Ashley Drive, Suite 1550, Tampa, FL 33602 951-403-2491/Vice President Sales&Acct Mgmt nancyyoung@inetico.com
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	August 2010 to October 2013 American Health Holding, Inc. C/O Aetna HR 1-866-614-4244 7400 W. Campus Rd, F-510 New Albany, OH 43054 Vice President, Sales
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	The American College Bryn Mawr, PA Registered Health Underwriter Health Care Administrators Association Minneapolis, MN Certified Self Funding Specialist UNLV, Golden West College, Orange Coast Community College

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Linda Ludwick, COO, Capitol Administrators 916-669-2513, lludwick@captioladm.com Debi Hardwick, President, Coastal TPA 831-754-3800, dhardwick@coastalmgmt.com Cindy Rottman, President, Outsource Marketing 480-858-0056, cindyr@oms-inc.net

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	INETICO, Inc		
☐ **Contractor**		☐ **Subcontractor**	
Name:	Steven W. Aspinall	■ **Key Personnel**	
Classification:	CIO	**# of Years in Classification:**	
Brief Summary: of Experience:	Accomplished technology leader with substantial knowledge in the ecommerce, insurance, mortgage, financial, retail and wholesale markets. Focusing on bridging the gap between the business and technology to move initiatives forward, lower costs and provide competitive advantages.		
# of Years with Firm:	1		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	112012 to Present Inetico, Inc. Joseph Hodges 400 N Ashley Dr, Tampa, FL, 813.258.2200, JHodges@Inetico.com CIO - Lead technology innovation by building string team, selection of best in breed partnerships and implementation industry leading features - Disaster Recovery planning to maximize availability and recovery time to prevent impact to customers and business operations - Budgeting, staff and resource planning
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	012077 to 112012 HSN Edward Deutscher 1 HSN DR, St Petersburg, FL, 727-872.1000, EDeutscher@hsn.com Advanced Services Technology Manager - Lead the Advanced Services Team in researching and delivering new innovative solutions that directly contribute to revenue - Managed team of 9 members including Software Developers, System Engineers and Quality Assurance - Prepare and manage project financials ranging between $15,000 and $800,000 - Communicate victories and issues to various levels of management and organization - Subject matter expert on software development, database design, video distribution and system engineering - Storage management including selection of vendors, storage allocation and growth - Identification, selection, evaluation and integration of vendor services for content delivery, text messaging, and other products - Using C#, MS SQL Server, MSMQ, MQ Series, ASP.NET, IIS7. WCF, SOAP, HTML5

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	012005 to 012007 AAA Auto Club South John Barthelemy 1515 N West Shore Blvd, Tampa, FL, (813) 289-5800, JBarthelemy@AAAACS.com Lead Software Engineer - Provided mentoring and training to other members on team to increase their knowledge and expertise in .NET. The development team was new to the .NET development environment and object-oriented design. Utilizing collaborative design meetings, it was possible to gather input and achieve buy-in to the various design techniques being introduced. - Consult with senior management on tools, software and system architecture to achieve corporate goals. - Using C#, IBM DB2, MSMQ, ASP.NET, IIS6

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	University of Phoenix Tampa FL Masters in Business Administration and Technology Management University of South Florida Tampa FL Bachelor of Arts - History

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Ed Deutscher, OVP of IT 727-642-6820 Edward.Deutscher@HSN.net John Lauser, Lead Software Architect 727-432-0318 John@Lauser.net Carol Schiffler, Manager of .COM QA 727-430-6593 floridahiker777@gmail.com

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	INETICO		
☐ **Contractor**		☐ **Subcontractor**	
Name:	Janet L. Koch	■ **Key Personnel**	
Classification:	RN, BSN, CCM	**# of Years in Classification:**	17
Brief Summary: of Experience:	Extensive experience in Dialysis, Geriatrics, MedSurg, and Medical Management.		
# of Years with Firm:	2		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	7/2013 to Present INETICO, Inc Joseph Hodges 400 N Ashley Drive, Ste 1550, Tampa, FL 33602 813-258-2200 Jhodges@inetico.com Clinical Director of Care Management Oversees, evaluates and maintains productivity standard, correlates outcome reports with case activity to promote positive clinical and financial outcomes for Clients, adheres to the applicable URAC Standards, principles and procedures.
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	11/2011 to 7/2013 INETICO, Inc Joseph Hodges 400 N Ashley Drive, Ste 1550, Tampa, FL 33602 813-258-2200 Jhodges@inetico.com Supervisor, Care Management Responsible to Clinical Director for URAC compliance, productivity standards, and daily operations of the Care Department.
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	2/2004-11/2011 Home Therapy Products, Inc Thomas McEnany Tmcenany@htpjax.com Jacksonville, FL 800-444-5605 Director of Quality/Case Management Oversight of nationwide clinical staff for wound resolution company, ensuring positive outcomes and financial savings for clients.

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	Columbus State University Columbus, Georgia Bachelor of Science in Nursing Certified Case Manager

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Bonnie Briggs, RN BSN CCM CHP Director of Clinical Services Innovative Risk Management 727-289-8164 Ext 209 Fax 727-499-0965 Email: bbriggs@innovative-rm.com Kevin Mathews Healthcare Accreditation Surveyor 904-589-8592 Tomas McEnany President, Home Therapy Products Tmcenany@htpjax.com Jacksonville, FL 800-444-5605 Fax: 800-442-0558

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	***INETICO, Inc***		
☐**Contractor**		☐ **Subcontractor**	
Name:	Timothy Ray Guzinski	☒**Key Personnel**	
Classification:	Executive Account Manager	**# of Years in Classification:**	2
Brief Summary: of Experience:	7 years with INETICO in Business Development specializing in client relations and account management		
# of Years with Firm:	7		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	022007 INETICO, Inc Maria King, HR Director 400 N. Ashley Drive, Ste 1550, Tampa, FL 33602 813-258-2200, mariaking@inetico.com Account Manager/Implementation Coordinator
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	062004 to 022007 TRG Hospitality – self employed consultant Timothy Guzinski 413 S. Orleans Ave, Tampa, Fl 33606. 813-404-9944, consulttim@trghospitality.com Food and Beverage/Service Consultant to private clubs in US and abroad
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	1982 to 062004 ClubCorp, Inc Henry Wenzel Tarpon Springs, FL 727-942-6502 Corporate F&B Director International Service Director 21 years – new club openings, domestic and international, all aspects of hiring, training and operations

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	University of Nebraska Lincoln Nebraska BS in Business Administration

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Ronnie Brown, Director of Operations Pay Plus, 727-459-8048, Clearwater, FL rbrown@ppsonline.com David Vizzini, Principal, 6 Degrees Health, 971-563-1753, Portland, OR, davidvizzini@6degreeshealth.com Debbie Miller, Operations Consultant at WellSystems, 315-243-3386, Lakeland Florida

Attachment: 3.11.1.4 General Case Management Services

3.11.1.4 Please describe in detail your organization's criteria for general case management services. Examples of general case management instances are provided below. The information should be included as an attachment to your proposal:

INETICO's Case Management process is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs using communication and available resources to promote quality cost-effective outcomes. INETICARE's case managers do not make benefit determinations; they shall perform in a patient advocacy role according to CCMC and CMSA Guidelines. At times, INETICARE uses the term Care Management to include Utilization Management, Case Management, Maternity Management and/or Disease Management.

Case Management referrals are both automated and performed via nurse interactive evaluations. The INETIPASS system has automated features that data-mine medical and pharmacy claims to identify "at-risk" plan members. The identified members are screened by a nurse case manager to determine if the referral necessitates the opening of the case. INETICARE's nurse case managers will also screen cases for Care Management upon referral from any source, which may include Utilization Review, Disease Management, Maternity Management, the patient or provider, or the CLIENT's Claims Dept., Customer Service and/or Renewal Dept. This process is known as the Red Flag Alert process.

Referrals (aka Red Flag Alerts) are automated.

Timing of involvement is dependent upon the CLIENT's requirements (ie: prior approval). Within 24 hours of approval for Case Management by the CLIENT's Case Management Coordinator, the case will be assigned to a nurse case manager. Within 72 hours of this assignment (or in a shorter time frame if the case is urgent), the nurse case manager shall begin the Assessment Phase of Case Management, which also includes gathering consent and information from the patient, the patient's family, and the appropriate providers.

A. Opportunities to transfer patients to facilities offering an appropriate level of care more cost effectively;

Throughout the case management process, the nurse care manager will be evaluating for the most appropriate cost effective levels of care. When identified, the nurse care manager will facilitate the efficient transition to that level of care in the best interest of the patient and the long-term financial health of the plan.

B. Meeting durable medical equipment needs;

The NCM (Nurse Care Manager) evaluates durable medical needs throughout the assessment process and facilitates the most cost effective solution.

C. Planning for hospital discharges;

Discharge Planning

1) ***UM & CM begins discharge planning prior to admission, continues until a firm discharge plan is in place, and concludes only when the patient's discharge planning needs have been fully addressed.***
2) ***The Utilization Review nurse shall work with the provider to ensure that the patient is transitioned to a less acute environment in a safe and timely manner.***
3) ***The UR Nurse (care manager) works with case managers, disease case managers, and discharge planners at hospitals to ensure that the patient has his/her care, equipment, supplies, and medication addressed to ensure a successful recovery.***

D. Coordinating home health care needs;

Coordinating home health care needs is a combination of discharge planning and looking for the most appropriate level of care in the best interest of the patient, family and plan.– see C. above.

E. Coordinating hospice care; and

Coordinating hospice care is also a combination of discharge planning and looking for the most appropriate level of care in the best interest of the patient, family and plan.– see C. above.

F. Coordinating community based services.

The nurse case manager will research public and private based services available to the member in their community and surrounding areas – as well as combined efforts for discharge planning.

Attachment 3.11.1.5 Criteria for large case management:

3.11.1.5 Please describe in detail your organization's criteria for large case management. This information should be included as an attachment to your proposal. Examples of potential large case management instances are provided below.

Triggers are built in to our proprietary INETIPASS medical management system that are tied to the Utilization Review – precertification process to automatically initiate case management review based on thousands of medical conditions. Those triggers are based on ICD-9/10, CPT and dollar thresholds (such as specific level under stop loss coverage). We can customize additional factors, however, we commonly look for hospital stays of 5 or more days and repeat admissions. We also accept referrals from Providers, the TPA and Client.

INDIVIDUAL CASE MANAGEMENT DIAGNOSIS TYPES

- ***AIDS and related illnesses-Kaposi's sarcoma, pneumocystic carinil pneumonia, toxoplasmosis***
- ***Amputations***
- ***Amyotrophic lateral sclerosis (ALS)***
- ***Cancer***
- ***Cerebral palsy***
- ***Cerebral vascular accident (CVA)***
- ***Chronic mental illnesses, alcoholism, drug abuse***
- ***Chronic pain***
- ***Chronic renal failure requiring dialysis***
- ***Complex home health care***
- ***Development delay***
- ***Failed or repeated surgeries***
- ***Frequent hospitalizations (3 admits within 12 months same/similar diagnosis)***
- ***Guillian-Barre'***
- ***High risk pregnancy***
- ***Infective processes-sub acute bacterial endocarditis, cellulitis, osteomyelitis, post-op wound infections***
- ***Major cardiac and/or respiratory conditions requiring long-term care***
- ***Multiple trauma***
- ***Multiple sclerosis (MS)***
- ***Muscular dystrophy (MD)***
- ***Myasthenia Gravis (MG)***
- ***Premature births***
- ***Second or third degree burns-20% or greater of body surface***
- ***Severe brain injuries resulting in paralysis***
- ***Spinal cord injuries resulting in paralysis***
- ***Transplants-bone marrow, heart, lung, liver, pancreas, kidney, heart-lung, multiple organ***
- ***Ventilator dependency***

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Cases Appropriate for Case Management List

1. ***High Risk Maternity/Neonate, Oncology, Rehabilitation, Psychiatric/Substance Abuse.***

2. ***Chronic, debilitating conditions requiring extensive use of medical services – Many chronic conditions that are well controlled would not necessarily be appropriate for case management. Examples would include a patient with multiple sclerosis who is relatively symptom-free due to good response to medications, a patient with a lengthy hospitalization for manic-depression who responds well to prescription drug treatment and is discharged in stable condition.***

   Examples of chronic conditions that are appropriate for case management include the patient with multiple sclerosis who is experiencing decreasing function with a need for home care, assistive devices, and emotional support; an individual with ALS (Lou Gehrig's Disease) with decreasing loss of function, a patient with frequent hospitalizations for chronic mental health condition, children with multiple handicaps and requiring ongoing therapy and changing needs for medical equipment such as braces and wheelchairs.

3. ***Organ transplants – The patient often has been referred to a facility in advance of making any coverage or precertification inquiries. These patients need extensive case management services because they are very ill, need coverage information, and will have costly ongoing medical expenses. The case manager will attempt to negotiate savings with non-contracted programs. However, we have a toolbox of resources that deliver exceptional savings including Transplant negotiated rates for dialysis and transplant services in addition to Centers of Excellence options available nationally. Our Case Managers are certified by Interlink Health Services in Advance Achievement in Transplant Management***

4. ***Medical and/or surgical conditions where full recovery will not be obtained or will take extensive therapy to obtain. Examples of these conditions include amputations, some cancers, moderate to severe strokes, complicated home care needs, multiple trauma, and brain injuries.***

A. Repeated in-patient admissions, excessive length of stay, or frequent treatment;
   Readmissions, extended length of stay, or frequent treatments are trigger identifiers for case management evaluation. The nurse care manager will do an assessment of the situation and the member to make a determinination of the appropriateness for case management.

B. Potentially large-dollar claims;

Potentially large dollar situations are another trigger for case management. The nurse care manager will evaluate the situation to determine the most appropriate and cost effective treatment is being utilized. In the event a more appropriate and cost effective treatment is identified, the nurse care manager will work with the provider and member to facilitate the change/transition.

C. Chronic or progressive disease;

Chronic or progressive diseases are also triggers for case management. The NCM will evaluate the situation to determine that the most appropriate and cost effective treatment is being utilized. In the event a more appropriate and cost effective treatment is identified, the NCM will work with the provider and member to facilitate the change/transition.

D. Lack of qualified care-givers in the home setting;

Additional considerations included a review of community resources available that would allow the member to remain in the home setting, or additional patient placement opportunities that would result in the most cost effective and safe/comfortable setting.

E. Multiple diagnoses;

Multiple diagnoses is an important trigger for case management. The NCM will evaluate the multiple diagnoses to determine the most appropriate and cost effective treatment approach is being utilized. In the event a more appropriate and cost effective treatment is identified, the NCM will work with the provider and member to facilitate the change/transition.

F. Acute or sub acute rehabilitation of physical, speech, or occupational therapies which exceed three (3) months of treatment;

Acute or subacut rehabilitation situations as above are also triggers for case management. The NCM will evaluate the situation to determine the most appropriate and cost effective treatment is being utilized. In the event a more appropriate and cost effective treatment is identified, the NCM will work with the provider and member to facilitate the change/transition. The benefit plan is taken into consideration when reviewing therapy situations. In addition, the NCM will be determining if the member has reached their maximum medical improvement.

G. IV therapy or parenteral nutrition;

IV therapy or parenteral nutrition situations trigger case management investigation. The NCM will evaluate the situation to determine the most appropriate and cost effective treatment is being utilized. In the event a more appropriate and cost effective treatment is identified, the NCM will work with the provider and member to facilitate the change/transition. Many times these therapies can be provided in the home setting with the appropriate home care support which is a great comfort/benefit to the patient and the family, as well as being a substantial financial relief to the benefit plan.

H. Severe injuries**;** and

Severe injury triggers case management. The NCM will evaluate the injury and surrounding complications to determine the most appropriate and cost effective treatment is being utilized. In the event a more appropriate and cost effective treatment is identified, the NCM will work with the provider and member to facilitate the change/transition. Family support and guidance through the healthcare process is another area where the NCM can be a valuable support component and resource provider.

I. Non-compliance with medical treatment plan as prescribed by physician or other health care provider.

Healthcare education is a key component of our case management program. By educating the members, complications and exacerbations can be avoided. The NCM supports the provider's treatment plan and educates the member on how best to fulfill those recommendations and understand the process.

The relationship between the nurse care manager and the patient, their family and their providers is a key element in all areas of effective case management. An effective NCM with an appropriate "bedside manner" will have the opportunity to win the trust and support of all the individuals involved and is much more likely to have a positive impact on the overall outcome of the case. INETICARE's nurse care managers are screened, hired and evaluated continually on these as well as all areas of performance.

Attachment 3.11.1.16 – ROI Report

Please provide a sample copy of your organization's return on investment report as an attachment to your proposal

This is a section of the Quarterly CM Report that is produced monthly and client accessible via the INETIPASS system

Sample Client Case Mgmt. Quarterly Report [2010 - Q1 Q2 Q3]

3.6 CM ROI Report

3.6a ROI by Quarter

Table 3.6a This table indicates the true cost savings. It is provided by quarter in the form of a "ROI" or Return on Investment. For every dollar spent on INETICARE, the amount saved is indicated. INETICARE does not inflate precertification requests to bolster "savings" in the area of precertification; rather, a discharge date is negotiated with all parties in agreement.

		Q1-10	Q2-10	Q3-10
Closed Cases	Direct Savings	$659,656	$505,300	$244,904
	Indirect Savings	$18,000	$55,720	$60,612
	Billed Charges	$3,364	$3,631	$274
	Billed Time	$55,664	$51,611	$25,438
	Total Closed Savings	$677,656	$561,020	$305,516
	Total Closed Billed	$59,028	$55,242	$25,712

		Q1-10	Q2-10	Q3-10
Open Cases	Direct Savings	$220,504	$272,211	$541,040
	Indirect Savings	$12,000	$75,000	$0
	Billed Charges	$196	$155	$506
	Billed Time	$15,813	$24,822	$35,000
	Total Open Savings	$232,504	$347,211	$541,040
	Total Open Billed	$16,009	$24,977	$35,506

	Total Direct ROI - Direct for both open and closed cases	12 : 1	10 : 1	13 : 1
	Total Indirect ROI - Indirect for both open and closed cases	0 : 1	2 : 1	1 : 1
	Combined ROI - Direct and Indirect for both open and closed cases	12 : 1	11 : 1	14 : 1

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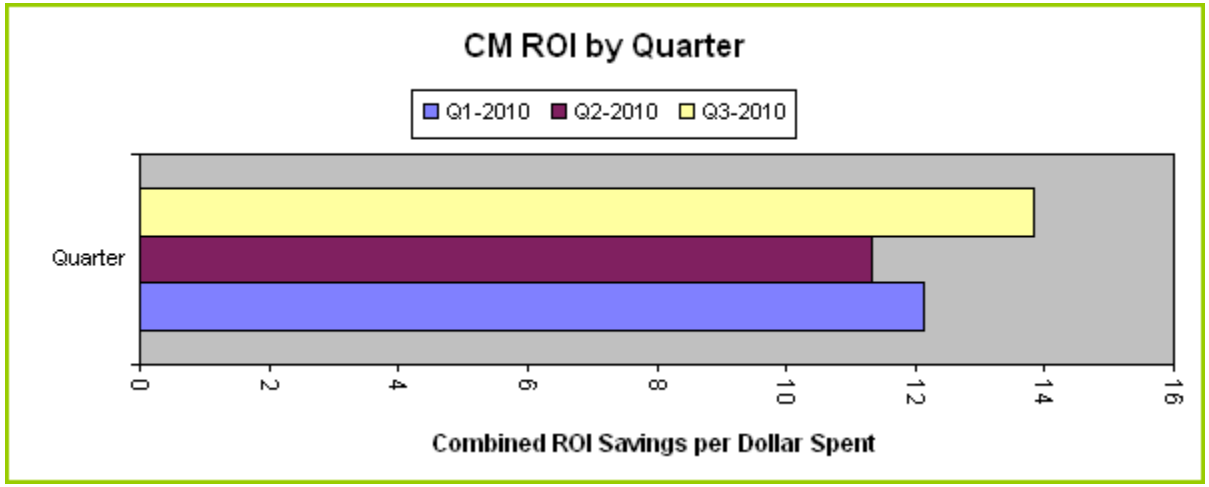
Chart 3.6b presents a visual range of the CM ROI (Return On Investment) activity for the chosen reporting period by quarter.



Attachment 3.11.2.7 Approval Letter Inpatient

400 N Ashley Drive, Ste 1550 ♦ Tampa ♦ Florida ♦33602 ♦ Phone: 877-608-2200 ♦ Fax: 813-514-8212

[date]

Patient Name: [pname]
Date of Birth: [pbirth]
Precert #: [cnum]
Admit Date: [admitdate]

Dear Provider:
INETICARE is responsible for the precertification of medical procedures and utilization review of hospital confinement. We have reviewed the information provided regarding the medical treatment plan and determined that, based on this information, **we are able to certify the [freeform] treatment proposed/provided.**

(For inpatient stays only)
Days Authorized: [freeform];
Total Days Authorized: [freeform];
Last day Authorized: [freeform]

Next update is due [freeform]. If we do not receive the clinical information by close of business [freeform] this case will be closed for lack of medical information and a administrative denial will be issued.

This decision is based solely on the medical information provided. Precertification is not a guarantee of eligibility, coverage or payment. Final claim determination is made by the payer upon receipt and review of the actual claim.

Sincerely,

Utilization Review Nurse

CC: [pccnames]

Attachment 3.11.2.7 Approval Letter Outpatient

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400 N Ashley Drive, Ste 1550 ♦ Tampa ♦ Florida ♦33602 ♦ Phone: 877-608-2200 ♦ Fax: 813-514-8212

[date]

Patient Name: [pname]
Date of Birth: [pbirth]
Precert #: [cnum]
Date of Service: [admitdate]

Dear Provider:

INETICARE is responsible for the precertification of medical procedures and utilization review of hospital confinement. We have reviewed the information provided regarding the medical treatment plan and determined that, based on this information, ***we are able to certify the*** **[freeform]** ***treatment proposed/provided.***

This decision is based solely on the medical information provided. Precertification is not a guarantee of eligibility, coverage or payment. Final claim determination is made by the payer upon receipt and review of the actual claim.

Sincerely,

Utilization Review Nurse

CC: [pccnames]

Attachment 3.11.2.7 Denial Letter

400 N Ashley Drive, Ste 1550 ♦ Tampa ♦ Florida ♦ 33602 ♦ Phone: 877-608-2200 ♦ Fax: 813-514-8212

11/6/2013

[pname]
[paddr]

Patient Name: [pname]
Date of Birth: [pbirth]
Case #: [cnum]
Admit Date: [admitdate]

Dear [pfname]

INETICARE is responsible for the pre-certification of medical procedures and utilization review of hospital confinement. “Pre-Certification” is a determination by the medical staff of INETICARE, Inc. We have received a request to certify the following service: [freeform].

Our physician advisor has reviewed the medical information provided and determined, based on this information, we are unable to certify the treatment proposed/provided because [freeform].

If your treating physician has not already spoken to the reviewing physician and wishes to have this non-certification decision reconsidered, please instruct him or her to contact INETICARE as soon as possible to arrange a phone conference with our medical advisor who did the review.

The clinical rationale for the above non-certification decision is available in writing to you free of charge upon request. After receipt of this letter you will have at least 180 days to initiate a Certification Appeal. The right to appeal this non-certification decision is available to you, your physician or the facility rendering the service. Certification Appeal request may be in writing or by phone. If you have questions regarding the certification appeal procedure you may contact INETICARE at 877-608-2200.

Sincerely,

INETICARE Utilization Review Nurse

[pccnames]

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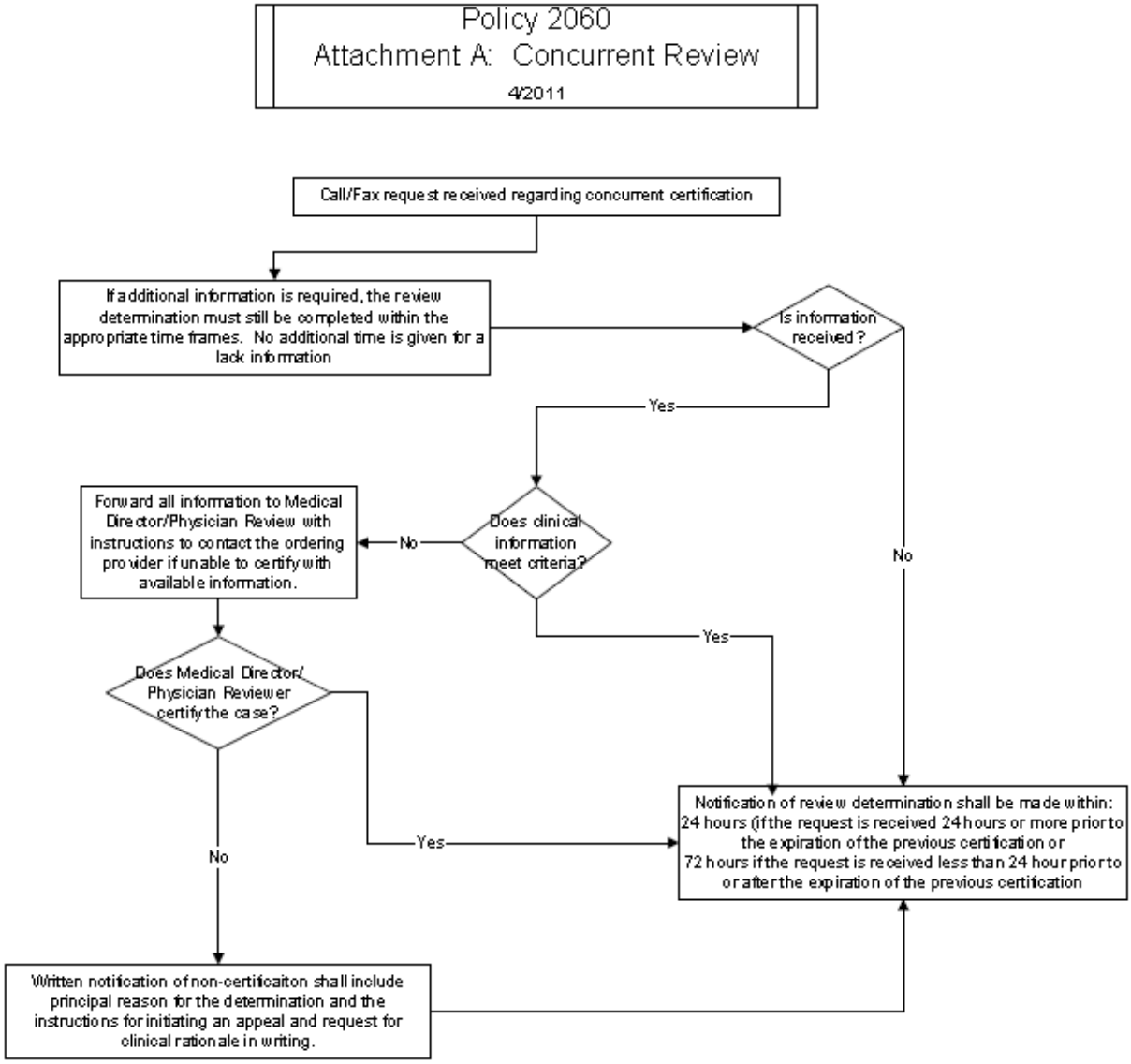

POLICY AND PROCEDURES

Policy Name:	Concurrent Review	**Effective Date:**	3/1/2008 (Original #19.1, H20.1, H 21.1, H24.1, H25.1, H27.1)
Policy #:	2060	**Last Review Date:**	6/2009, 6/2010, 3/2012, 2/13
URAC Standard(s):	HUM 19-21, HUM 24-25, HUM 27	**Revision Date:**	3/2011
Version:	HUM 7.0	**Next Review Date:**	2/2014
Effected Departments:	Care	**QI Approval Date:**	2008; 6/09; 7/10; 5/11, 5/12, 2/14
Author:	Bonnie Briggs, RN, BSN, CCM, CHP; Clinical Director of Care Management		
Authorized By:	Bonnie Briggs, RN, BSN, CCM, CHP; Clinical Director of Care Management		

POLICY: Subsequent to initial certification of services, the UM Nurse (Nurse) will provide concurrent review of continued stay or continued services for groups that request or require and for those cases the Nurse determine warrants monitoring.

DEFINITION(S):

***Concurrent Review:** Utilization management conducted during a patient's hospital stay or course of treatment (including outpatient procedures and services). Sometimes called "continued stay review".

Coverage denial: determination that a service, treatment, drug or device is specifically limited or excluded under the health benefit plan

***Non-Certification:** A determination by an organization that an admission, extension of stay, or other health care or pharmacy service has been reviewed and, based on the information provided, does not meet the clinical requirements for medical necessity, appropriateness, level of care, or effectiveness under the applicable health benefit plan.

***Urgent Care:** Any request for a utilization management determination with respect to which the application of the time periods for making non-urgent care determinations a) could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or b) in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case.

***Utilization Management (UM):** Evaluation of the medical necessity, appropriateness, and efficiency of use of health care services, procedures, and facilities. UM encompasses prospective, concurrent and retrospective review in which clinical criteria are applied to a request. UM is sometimes call "utilization review".

Note: INETICARE shall not impede the provision of health care when the attending physician determines the health care services to be an emergency. INETICARE shall review such services on a retrospective basis if required by the benefit plan.

PROCEDURE:

1) At the time of the initial certification (see Policy 2030: Prospective Review), the Nurse will determine when the next review is necessary. Review intervals are to be determined on a case by case basis and should vary

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POLICY AND PROCEDURES

depending on the severity or complexity of the patient's condition or on necessary treatment and discharge planning activity. Daily review shall not be done routinely for all cases. Reviews shall be initiated no later than the date of the last certified day or services. (HUM 26)

2) Concurrent review determinations shall be based solely on the medical information obtained by the reviewer at the time of the review determination and within the timeframes as follows : (HUM 28)
   a) If there is a reduction or termination in a previously approved course of treatment, the determination must be issued far enough in advance of the reduction or termination to allow for an appeal of the determine to be completed. (HUM 19a)
   b) If the request is for Urgent care AND the request was received at least 24 hours or more prior to the expiration of the current certification, the determination must be made within 24 hours of the request for an extension of the utilization management determination. (HUM 19bi)
   c) If the request is for Urgent and Non-urgent care AND the request was received less than 24 hours prior to the expiration of the current certification, the determination must be made within 72 hours of the request for an extension of the utilization management determination. (HUM 19bii)
   d) If the request is for Non-urgent care AND the request was received at least 24 hours or more prior to the expiration of the current certification, the determination must be made within 72 hours of the request for an extension of the utilization management determination. (see HUM Points to remember in Program Guide)
   e) If the request is received after the initial certification has expired, the determination must be made within 72 hours of the request for an extension of the utilization management determination. (see URAC interpretive response)
   f) If there is a lack of information, the determination must still be made within the timeframe listed above. There is no extension allowed to receive the information. This may lead to a Lack of Medical Information denial. (see Policy 2000: Lack of Medical Information)
   g) All timeframes are inclusive of the entire UM process, from the receipt of the request for a decision to the issuance of the decision, including sending the written notification. However this does not include the receipt of the written notification as the mail may take several days.

3) The review will continue using the established procedure as specified in Policy 2030: Prospective Review until discharge from service.

4) The next review date or discharge date is added to the Reminder list in the case to allow for timely follow-up in verifying a discharge date or in the event the provider does not call back when the certification expired.

5) The clinical information is will be reviewed against the evidenced based guidelines to determine the medical necessity of the continued stay and documented in INETPASS per Policy 2500: Utilization Management Documentation

6) The requesting provider is notified telephonically of the number of extended days or units of service, the next anticipated review date and the new total number of days or services approved, and the date of admission or onset of services. (HUM 21) If requested by the member or provider, a written confirmation, rather than telephone confirmation, of certification for extended stay or additional services shall be sent. Such confirmation shall include the number of extended days, next review date, the new total number of days, services, approved, the date of admission or onset of service and the certification number. **(HUM 20a-c)**

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7) If the criteria for certification of continued stay are NOT met, see Policy 2050-Peer to Peer Review/Non-Certification.

8) Information from any reliable source that will assist in the certification process and collect only the information necessary to certify the admission, procedure or treatment, length of stay, frequency or duration of service. If the patient is providing information and is unable to provide enough information to support certification, the reviewer shall contact the provider and/or request medical records. (HUM 26a)

9) Medical records are only requested when necessary to certify medical necessity or appropriateness of the admission or extension of stay, frequency or duration of service or when dictated by the plan requirements. (HUM 26d-e)

10) If after any certification has been completed, new information becomes available which is materially different from that which was reasonably available at the time of the original determination, the certification may be reversed (i.e. original approval was based upon fraudulently submitted materials, materially was inaccurate, or misrepresented information submitted by the covered person, authorized person or provider). If the information does not meet criteria, the new information will need to be referred to the Medical Director. (HUM25)
    a) Verbally inform the requestor you are rescinding the denial and
    b) Document very carefully who you informed, their name first and last initial and direct phone number and ext if available, also what dept or area they work in.

11) All continue service certification determinations are automatically communicated to the Third Party Administrator via electronic transfer of data.

12) The nurse will work with the physician, discharge planners, social services and other health care providers as necessary to expedite appropriate discharge plans.

13) At any time during concurrent review, cases may be identified and referred to Case or Disease management as appropriate.

14) All medical records received relating to the case, shall be uploaded and named in a clear and concise manner.

15) For the state of Maryland:
    a) INETICO will make determinations concerning concurrent reviews on whether to authorize or certify a nonemergency course of treatment for a patient within two (2) working days after receipt of the information necessary to make the determination.
    b) INETICO will promptly notify the health care provider of the determination.
    c) INETICO shall use the Uniform Treatment Plan form when performing Utilization Review for Behavioral Health.
    d) Within three (3) calendar days after receipt of the initial request for health care services. INETICARE does not have sufficient information to make a determination, INETICARE shall inform the health care provider that additional information must be provided.

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POLICY AND PROCEDURES

ATTACHMENT(S):

REFERENCE(S):

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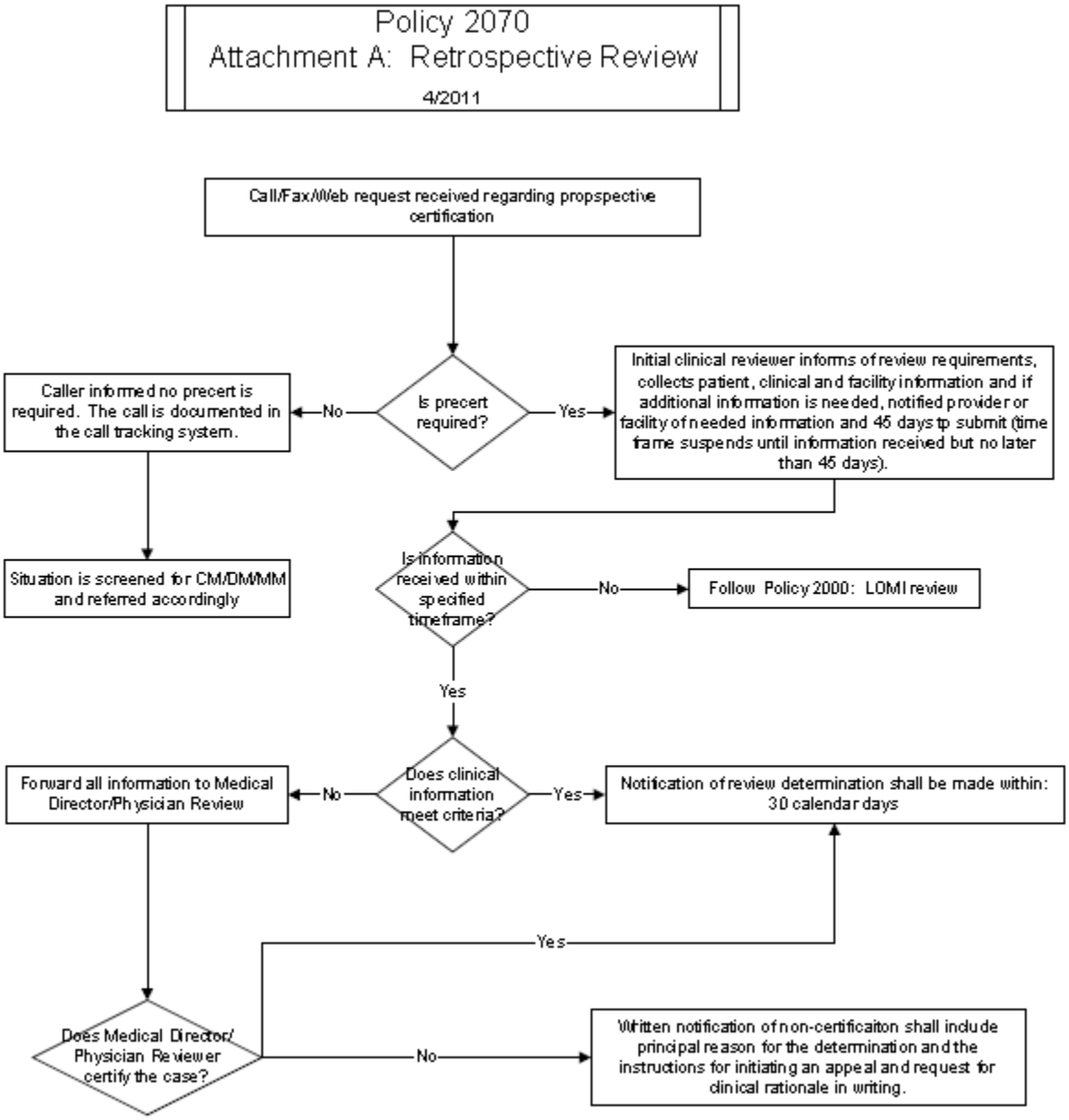
Attachment 3.11.4.1 – Retrospective Review Flow Chart



POLICY AND PROCEDURES

Policy Name:	Retrospective Review	**Effective Date:**	3/1/2008 (Original # H18.1, H20.1, H24.1, H26.2, H 28.1)
Policy #:	2070	**Last Review Date:**	6/2009, 6/2010, 3/2012, 2/13
URAC Standard(s):	HUM 18, HUM 20, HUM 24, HUM 26, HUM 28	**Revision Date:**	3/2011
Version:	HUM 7.0	**Next Review Date:**	2/2014
Effected Departments:	Care	**QI Approval Date:**	2008; 6/09; 7/10; 5/11, 5/12, 2/13
Author:	Bonnie Briggs, RN, BSN, CCM, CHP; Clinical Director of Care Management		
Authorized By:	Bonnie Briggs, RN, BSN, CCM, CHP; Clinical Director of Care Management		

POLICY: Services which require certification, but not done prior to the service, may require a Retrospective Review. This review is the responsibility of the UM Nurse (Nurse).

DEFINITION(S):
Coverage denial: determination that a service, treatment, drug or device is specifically limited or excluded under the health benefit plan

***Non-Certification:** A determination by an organization that an admission, extension of stay, or other health care or pharmacy service has been reviewed and, based on the information provided, does not meet the clinical requirements for medical necessity, appropriateness, level of care, or effectiveness under the applicable health benefit plan.

***Urgent Care:** Any request for a utilization management determination with respect to which the application of the time periods for making non-urgent care determinations a) could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or b) in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case.

***Retrospective Review:** Review conducted after services (including outpatient procedures and services) have been provided to the patient. (Interpretive Note for term Retrospective Review": retrospective medical necessity determinations are considered utilization management and subject to URAC standards).

***Utilization Management (UM):** Evaluation of the medical necessity, appropriateness, and efficiency of use of health care services, procedures, and facilities. UM encompasses prospective, concurrent and retrospective review in which clinical criteria are applied to a request. UM is sometimes call "utilization review".

PROCEDURE:
1) The nurse will determine if a certification has already been completed in INETIPASS.

2) In the event the service has not already been reviewed, the Nurse will open the case and review the request in the normal process.

3) The nurse will verify the member was eligible for benefits at the time the services were incurred.

4) Certifications are based on the information available to the provider at the time the medical care was provided. (HUM 29)

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5) Retrospective review certifications shall go through the same workflow, appeals procedures, and notifications as a prospective and concurrent review.

6) The timeframe to complete a retrospective review is as follows:
   a) Within 30 calendar days of the receipt of request for a utilization management determination, **and** (HUM 18a)
   b) A onetime extension for up to 15 calendar days may be made: (HUM 18b)
      i) Provided INETICARE determines that an extension is necessary because of matters beyond the control of the organization **and** (HUM 18bi)
      ii) Notified the patient, prior to the expiration of the initial 30 calendar day period of the circumstances requiring the extension and the date when the plan expects to make a decision; **and** (HUM 18bii)
      iii) If the patient fails to submit necessary information to decide the case, the notice of extension must specifically describe the required information, and the patient must be given at least 45 calendar days from receipt of the notice to respond to the plan request for more information. (HUM 18biii)

7) If additional information is required, the Nurse shall follow the process outlined in Policy 2000: Lack of Medical Information.

8) Individual health plans may preclude the availability of benefits for individuals who did not pre-certify non-emergent medical services prior to the date of their occurrence.

9) The nurse will include a disclaimer when notifying the requesting provider of the certification indicating the certification is not a guarantee payment.

10) The requesting provider is notified telephonically of the number of days or units of service and the new total number of days or services approved, and the date of admission or onset of services. If requested by the member or provider, a written confirmation, rather than telephone confirmation, of retrospective certification shall be sent. Such confirmation shall include the total number of days, services, approved, the date of admission or onset of service and the certification number. **(HUM 20a-c)**

11) The clinical information will be reviewed against the evidenced based guidelines to determine the medical necessity of the continued stay and documented in INETPASS per Policy 2500: Utilization Management Documentation

12) If the criteria for retrospective certification are NOT met, see Policy 2050-Peer to Peer Review/Non-Certification.

13) All retrospective certification determinations are automatically communicated to the Third Party Administrator via electronic transfer of data.

14) Information may be obtained from any reliable source that will assist in the certification process and collect only the information necessary to certify the admission, procedure or treatment, length of stay, frequency or duration of service. If the patient is providing information and is unable to provide enough information to support certification, the reviewer shall contact the provider and/or request medical records. (HUM 27a)

15) Medical records are only requested when necessary to certify medical necessity or appropriateness of the admission or extension of stay, frequency or duration of service or when dictated by the plan requirements. (HUM 27d-e)

16) If after any certification has been completed, new information becomes available which is materially different from that which was reasonably available at the time of the original determination, the certification may be reversed (i.e. original approval was based upon fraudulently submitted materials, materially was inaccurate, or misrepresented information submitted by the covered person, authorized person or provider). If the information does not meet criteria, the new information will need to be referred to the Medical Director. (HUM25)

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a) Verbally inform the requestor you are rescinding the denial and
b) Document very carefully who you informed, their name first and last initial and direct phone number and ext if available, also what dept or area they work in.

17) At any time during the review, cases may be identified and referred to Case or Disease management as appropriate.

18) All medical records received relating to the case, shall be uploaded and named in a clear and concise manner.

ATTACHMENT(S):

REFERENCE(S):

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Attachment 3.12.1.A Utilization Management Report

Clinical Status Report

Presented By:

INETICARE
PROACTIVE CARE MANAGEMENT

ABC Benefits UM Summary Page

[Q2-2013 through Q3-2013]

XYZ COMPANY

	Current (4/1/2013-9/30/2013)	Previous (10/1/2012-3/31/2013)	Result
Days/1000	0.14		0.14
Admits/1000	0.07		0.07
Avg LOS	2.00		2.00

Non-Certified Savings

Units	Savings
1	$10,232.13

MD Denied Savings

Units	Savings
0	$0.00

Advanced Negotiation Referrals

	# Cases
Referred Back In Network	0
Successfully Negotiated	0

Care Management Referrals

CM	DM	MM

UM ROI
3:01

ABC Benefits

[Q2-2013 through Q3-2013]

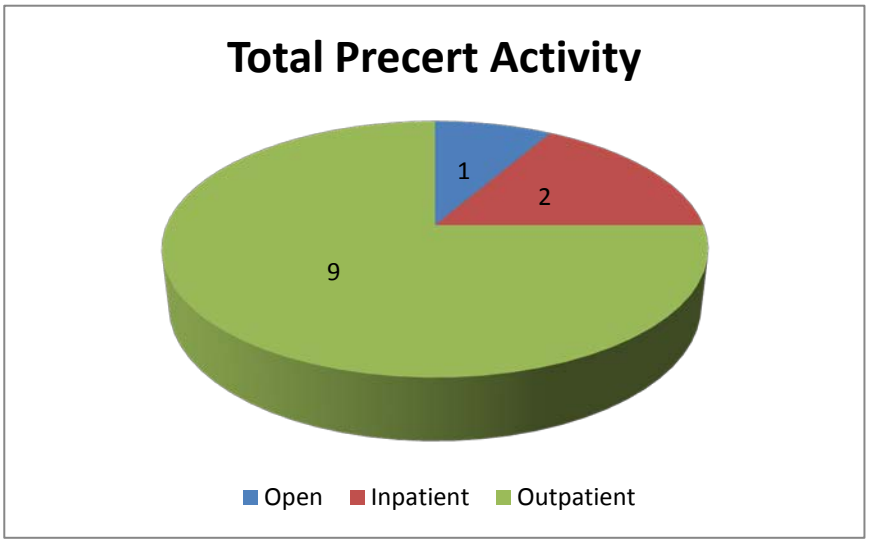
XYZ COMPANY

2.1 Precertification Activity Report (Actions)

Table 2.1 presents the number of precertifications initiated by the provider, member or other appropriate party. Each category is presented by quarter within the selected date range. Category increases or decreases should be reviewed at the member level to determine claims and care specific activities. Period-over-period increases or decreases may indicate enrollment changes, greater clinical needs or lesser clinical activity.

Precert Activity	Q2-13	Q3-13
Initiated	0	11
Open	0	1
Inpatient	0	2
Outpatient	0	9

Chart 2.1 represents a visual range of unique precertification calls initiated by the provider, member or other appropriate party.



ABC Benefits

[Q2-2013 through Q3-2013]

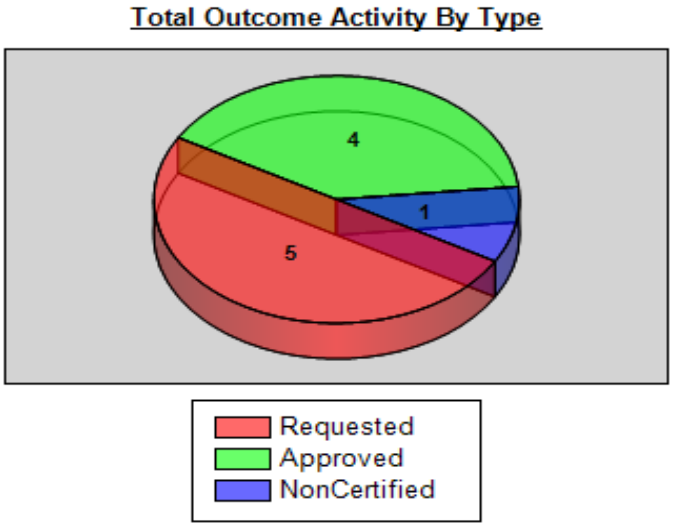
XYZ COMPANY

2.2 Precertification Activity Report (Precert Days)

Table 2.2 presents the number of precertification requested days initiated by the provider, member or other appropriate party. The total number of requested, approved, noncertified, and National Average Length Of Stay amounts are presented by quarter within the selected date range. Increases or decreases should be reviewed at the member level to determine claims and care specific activities. Period-over-period increases or decreases may indicate enrollment changes, greater clinical needs or lesser clinical activity.

Precert Days	Q2-13	Q3-13
Requested	0	5
Approved	0	4
NonCertified	0	1
MD Denied	0	0
Nat_LOS	0	0

Chart 2.2 represents a visual range of unique precertification days initiated by the provider, member or other appropriate party.



ABC Benefits

[Q2-2013 through Q3-2013]

XYZ COMPANY

2.3 Precertification Savings Report

Table 2.3 presents the total savings of precertifications per activity type.

Precert Activity Type	Total Req Days	Total Appr Days	Total Noncert Days	Total Noncert Savings	Total MD Denied Days	Total MD Denied Savings
Inpatient Surgical	2	1	1	$10,232.13	0	$0.00

2.4 Precertification Setting Type Report

Table 2.4 presents the number of precertifications per activity type. This allows identification of changes in what is the norm and helps guide the plan in anticipation of claims dollars to be paid to what setting. This can help the payer predict upcoming expenses.

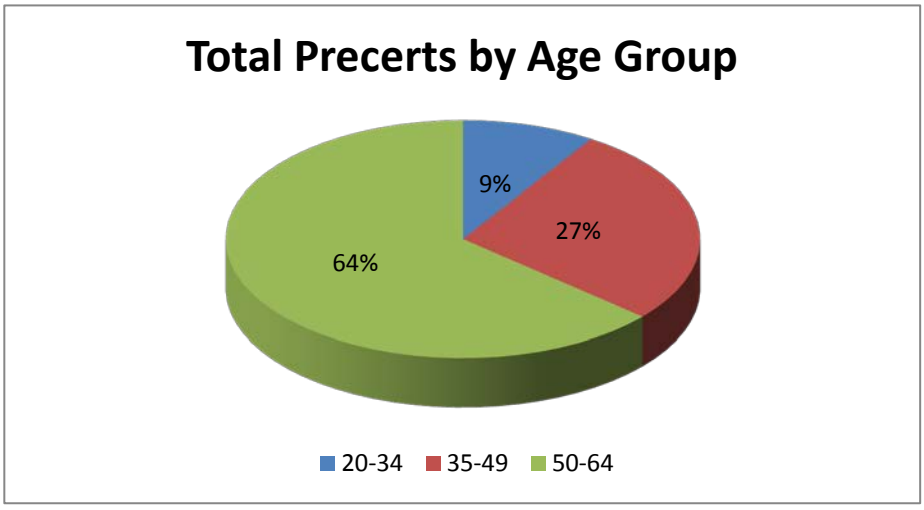
Precert Activity Type	Q2-13	Q3-13
Outpatient Diagnostic	0	7
Outpatient Surgical	0	2
Inpatient Medical	0	1
Inpatient Surgical	0	1

2.5 Precertification By Age Report

Table 2.5 presents the number of precertifications per age group. The data stratified by age helps identify dependent-related issues. It is also useful in targeting of disease management programs.

Age Group	Q2-13	Q3-13
20-34	0	1
35-49	0	3
50-64	0	7
Totals	0	11

Chart 2.5 represents a visual range of unique precertifications by age group.



ABC Benefits

[Q2-2013 through Q3-2013]

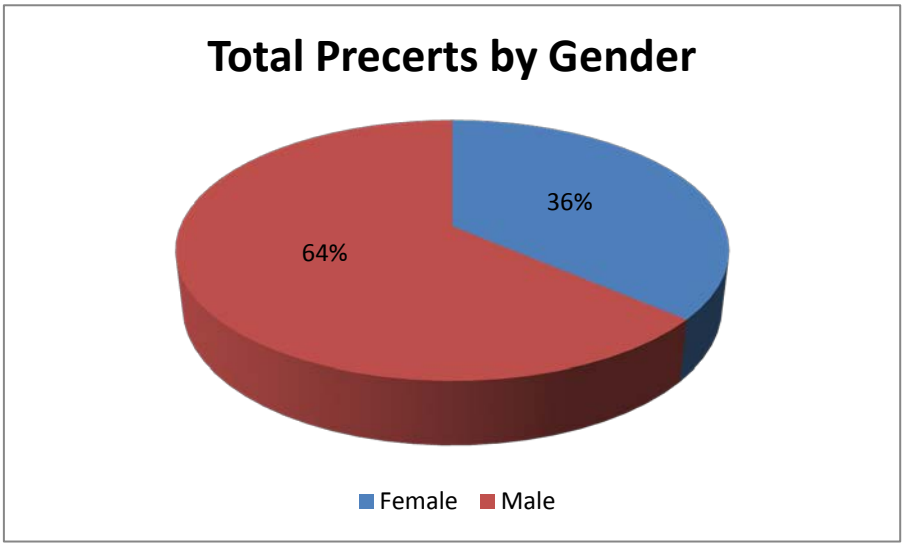
XYZ COMPANY

2.6 Precertification By Gender Report

Table 2.6 presents the distribution of precertifications per gender. Unusual results would be indicative of a need to review further for gender-related wellness initiatives.

Gender	Q2-13	Q3-13
Female	0	4
Male	0	7
Totals	0	11

Chart 2.6 represents a visual range of unique precertifications by gender.



ABC Benefits

[Q2-2013 through Q3-2013]

XYZ COMPANY

2.7 Precertification Diagnosis Report

Table 2.7 presents the number of precertifications per diagnosis. This table demonstrates the distribution, by quarter, of diagnoses according to ICD-9 categories. This report indicates not only where the majority of cases are diagnoses-wise but also any changes in these areas. These areas of concentration and/or change help guide medical management actions and/or wellness foci.

Diagnosis Description	Q2-13	Q3-13
CIRCULATORY SYSTEM	0	1
HEALTH STATUS AND CONTACT W/HEALTH SERVICES	0	2
MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	0	3
NERVOUS SYSTEM AND SENSE ORGANS	0	2
SKIN AND SUBCUTANEOUS TISSUE	0	1
SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS	0	2

Clinical Status Report

Presented By:

INETICARE
PROACTIVE CARE MANAGEMENT

ABC Benefits

[Q2-2013 through Q3-2013]

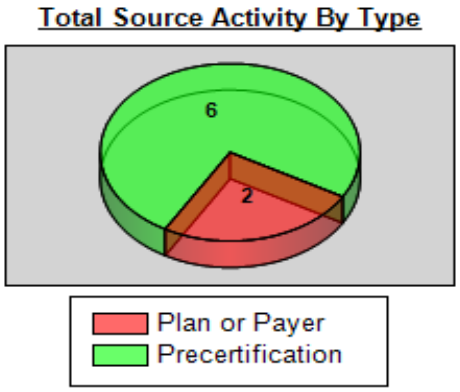
UVW COMPANY

Case Management Referral Source Activity Report

The Case Management (CM) referral activity table presents the source of the CM referrals indicating how the potential cases were identified. The precertification process is one source where providers or members call INETICARE to precertify services. Another source is from INETICARE data mining activities where claims data is scrubbed for chronic or catastrophic diagnoses and related procedures. Additional sources are direct call referrals made by providers, payers, or members.

CM Member Activity	Q2-13	Q3-13
Plan or Payer	0	2
Precertification	3	3
Total CM Referrals	3	5

Chart represents a visual range of the total CM referral activity for the chosen reporting period.



Attachment 3.12.1 Case Management Reports - Monthly, Quarterly, Annually

Attachment 3.12.1.B Utilization Management Report

ABC Benefits

[Q2-2013 through Q3-2013]

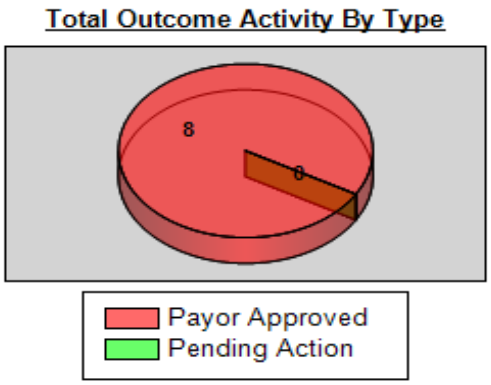
UVW COMPANY

Case Management Referral Outcome Activity Report

The Case Management (CM) referral outcome activity indicates the approval status of the referral. The approval status is generated by the payer when a referral is forwarded to them from INETICARE. The referral can be approved or denied by the payer.

CM Member Activity	Q2-13	Q3-13
Payor Approved	3	5
Pending Action	0	0
Total CM Referrals	3	5

Chart represents a visual range of the CM referral outcome activity for the chosen reporting period.



ABC Benefits

[Q2-2013 through Q3-2013]

UVW COMPANY

Case Management Case Activity Report

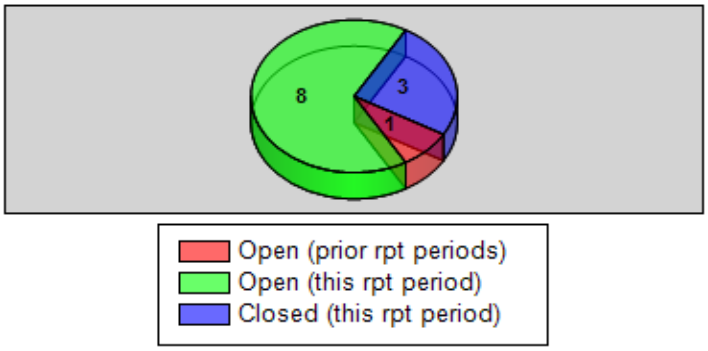
The Case Management (CM) case activity table presents all of the CM case activity for the reporting period. This includes a summary of cases still open from prior reporting periods, newly opened cases during this reporting period, closed cases during this reporting period, and a closure category summary for this reporting period.

CM Case Status	Q2-13	Q3-13
Open (prior rpt periods)	0	1
Open (this rpt period)	3	5
Closed (this rpt period)	2	1
Total CM Open Cases	1	5

Case Closure Reasons	Q2-13	Q3-13
Client requested closure	1	1
Consumer failed to respond to Outreach	1	0

Chart represents a visual range of the CM activity for the chosen reporting period. This does not include open cases from prior reporting periods.

Total Case Activity By Case Status



ABC Benefits

[Q2-2013 through Q3-2013]

UVW COMPANY

Case Management Direct Savings Report

This table presents high level Case Management (CM) summary information . Each disease category is presented by quarterly historic direct savings activity. Categories represent savings activity related to all CM diagnoses represented in the INETICARE CM program. This table demonstrates the distribution, by quarter, of diagnoses according to ICD-9 categories. This report indicates not only where the majority of cases are diagnoses-wise but also any changes in these areas. These areas of concentration and/or change help guide medical management actions and/or wellness foci.

Total CM Direct Savings	$0	$0

Case Management Indirect Savings Report

This table presents high level Case Management (CM) summary information . Each disease category is presented by quarterly historic indirect savings activity. Categories represent savings activity related to all CM diagnoses represented in the INETICARE CM program. This table demonstrates the distribution, by quarter, of diagnoses according to ICD-9 categories. This report indicates not only where the majority of cases are diagnoses-wise but also any changes in these areas. These areas of concentration and/or change help guide medical management actions and/or wellness foci.

Disease Category Open Cases	Q2-13	Q3-13
DISEASES OF THE DIGESTIVE SYSTEM	$0	$62,019
Subtotal CM Open Cases	$0	$62,019
Total CM Indirect Savings	$0	$62,019

ABC Benefits

UVW COMPANY

[Q2-2013 through Q3-2013]

Case Management ROI Report

This table indicates the true cost savings. It is provided by month in the form of a “ROI” or Return on Investment. For every dollar spent on INETICARE, the amount saved is indicated. INETICARE does not inflate precertification requests to bolster “savings” in the area of precertification; rather, a discharge date is negotiated with all parties in agreement.

	Q2-13	Q3-13
Total Direct ROI	0.00 : 1	0.00 : 1
Total Indirect ROI	0.00 : 1	19.08 : 1
Combined ROI	0.00 : 1	19.08 : 1

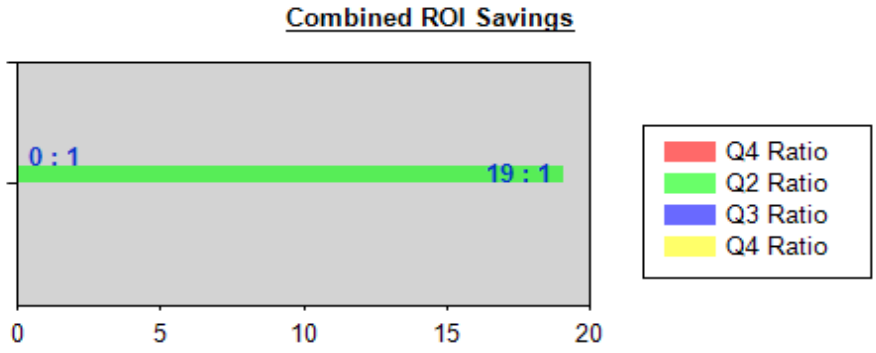
Closed Cases	Q2-13	Q3-13
Direct Savings	$0	$0
Indirect Savings	$0	$0
Total Closed Savings	$0	$0

Billed Charges	$0	$0
Billed Time	$1,000	$188
Total Closed Billed	$1,000	$188

Open Cases	Q2-13	Q3-13
Direct Savings	$0	$0
Indirect Savings	$0	$62,019
Total Open Savings	$0	$62,019

Billed Charges	$0	$0
Billed Time	$113	$3,063
Total Open Billed	$113	$3,063

Chart represents a visual range of the CM ROI (Return On Investment) activity for the chosen reporting period.



ABC Benefits

UVW COMPANY

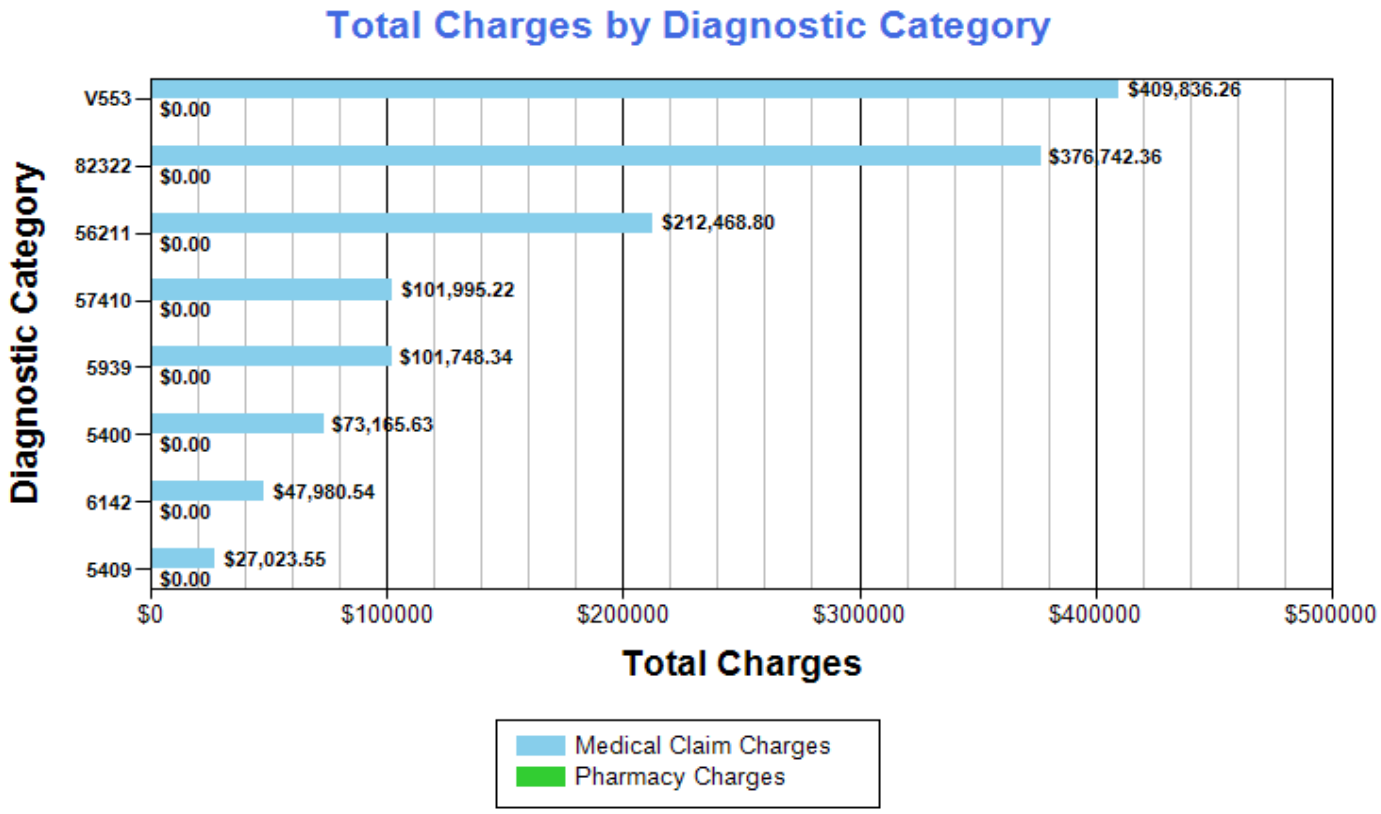
[Q2-2013 through Q3-2013]

Top Ten Most Costly Members

The following tables summarize the top 10 most costly members, in order from highest to lowest, based on medical claim and pharmacy data available for the reporting period.

(*) - Total Charges data presented is based on claim data provided. Paid claim data is always presented first. If paid claim data is not available, then the allowed amount is utilized. If the allowed amount is not available, then the billed amount is utilized.

Relation	Participating with INFTICARE	Primary Diagnosis	Diagnosis Description	Age	Gender	Medical Claim Charges	Pharmacy Charges	Total Charges (*)
SELF	Yes	V553	ATTEN TO COLOSTOMY	46	F	$409,836.26	$0.00	$409,836.26
SELF	No	56211	DVRTCLI COLON W/O HMRHG	46	F	$212,468.80	$0.00	$212,468.80
SELF	No	82322	FX SHAFT FIB W TIB-CLOS	23	M	$201,511.19	$0.00	$201,511.19
SELF	No	82322	FX SHAFT FIB W TIB-CLOS	23	M	$175,231.17	$0.00	$175,231.17
SPOUSE	No	5939	RENAL & URETERAL DIS NOS	70	M	$101,748.34	$0.00	$101,748.34
SELF	No	5400	AC APPEND W PERITONITIS	45	M	$73,165.63	$0.00	$73,165.63
CHILD	No	57410	CHOLELITH W CHOLECYS NEC	22	F	$66,602.56	$0.00	$66,602.56
CHILD	No	6142	SALPINGO-OOPHORITIS NOS	22	F	$47,980.54	$0.00	$47,980.54
SPOUSE	No	57410	CHOLELITH W CHOLECYS NEC	47	F	$35,392.66	$0.00	$35,392.66
SELF	No	5409	ACUTE APPENDICITIS NOS	31	M	$27,023.55	$0.00	$27,023.55
					Total Charges	**$1,350,960.70**	**$0.00**	**$1,350,960.70**



ABC Benefits

[Q2-2013 through Q3-2013]

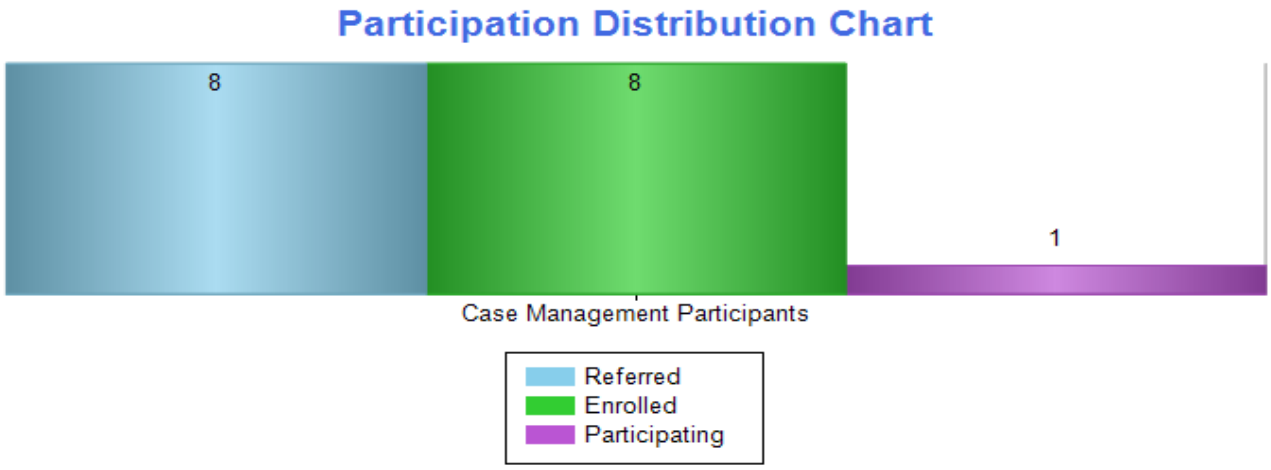
UVW COMPANY

Patient Participation Report

This table presents the participation results for each INETICARE program. Referrals are generated from several sources including precertification activity, claim data mining, self referrals, and referrals from the plan or payor. Enrolled members are those that have been approved for management with an opened case. Participation indicates that a member has agreed via written consent to actively engage in the program with INETICARE.

Average Employee count for reporting period: 225

	Referred	Enrolled	Participating
Case Management Participants	8	8	1



Attachment 3.12.1 Case Opening Report

Print Progress Report

INETICARE
PROACTIVE CARE MANAGEMENT
A DIVISION OF INETICO, INC.

CARE MANAGEMENT REPORT
FOR

CLAIMAINT:	[redacted]	**MEMBER ID:**	[redacted]
DATE OF BIRTH:	[redacted]	**CASE NUMBER:**	C-20131031-0086
INSURED:	[redacted]		
DIAGNOSIS:	MALIGNANT NEO COLON NOS	**REFERRAL DATE:**	10/30/2013
CASE MANAGER:	[redacted]	**DATE OF REPORT:**	11/13/2013

****
THE INFORMATION CONTAINED IN THIS REPORT IS PRIVILEGED AND CONFIDENTIAL.
****

COURSE OF PRESENT ILLNESS/DISABILITY

This member was referred to case management through utilization management because he was diagnosed with colon cancer by colonscopy on 10/28/13 and scheduled to have a colectomy on 11/1/13.

[redacted]s a 55 year old man who was feeling his usual state of health until the last month or so, he began experiencing stomach cramping across his upper abdomen, he was easily tired and fatigued and had some loose stools but had not noticed any melena or hematochezia. His wife did notice that he was pale, and he was found to be anemic with a hemoglobin in the 5 range. He was transfused with 3 units of packed red blood cells just prior to the colonscopy. He also noted that his appetite was down and he had a weight loss of around 15 pounds. He had a CT scan done prior to the colonscopy and was found to have a segment of proximal transverse colon that was thickened, and noted as possible liver cyst versus lesion. He had the colonscopy done on 10/28/13 and it showed signs of cancer. He was then scheduled for colectomy and a plan to view the liver intra-op was recommended. He underwent a laparoscopic colectomy on 11/1/13, done per [redacted] and the pathology report revealed, invasive moderately differentiated adenocarcinoma, 9cm in greatest dimension, arising at the hepatic flexure and extending into the proximal tranverse colon. The tumor invades through the muscularis propria with extensive involvement of adherent omentum, tumor invades mesentery, vascular invasion of medium-sized vessels indentified in mesentery, and present in positive lymph nodes in pericolic fat. All peritoneal, mesenteris, proximal and distal margins are negative for tumor. Two of thirty lymph nodes are involved by metastatic disease, but the appendix is negative.

He has no family history of colon cancer, but does have a family history of breast cancer, benigh colon polyps, diabetes, heart disease and hypertension. His past medical history includes hypertension, hemacult positive stool, anemia, probably secondary to colon cancer blood loss. His social history includes, some alcohol use, he is a former smoker, and he is married. He was taking antihypertensives, but this medication is on hold due to lower blood pressure from the blood loss and anemia. This may need to be resumed in the future, but is being followed by his primary care physician [redacted]

POTENTIAL PROBLEMS/COMPLICATIONS

Potential complications from colectomy:

- infection
- obstruction
- dehydration
- diarrhea
- hyponatremia
- need for colostomy
- complications from anesthesia

Potential risks or side effects of chemotherapy:

- fatigue
- nausea and vomiting
- diarrhea
- skin and nail changes
- pain
- peripheral neuropathy from possible treatment with Oxaliplatin therapy (FOLFOX regimen)
- infection

POTENTIAL CARE COSTS

- Estimated cost of colectomy inpatient hospitalization, $2376 X4 days= $9500
- Estimated cost for chemotherapy post op in adjuvant setting, possibly with FOLFOX q2 weeks X12, $12,000 each treatment
- Estimated cost of PET scan, $3000
- Esitmated cost of labwork, $200
- Estimated cost of tumor marker each month during treatment, $200 each

INTERVENTIONS

- Reviewed utilization management file
- contacted provider for clinicals, path report
- contacted member regarding CM program, education, resources
- reviewed resources for potential complications, treatment, costs
- edcuated member regarding signs and symptoms to report to MD, and potential for adjuvant therapy
- verified network participation for providers
- verified eligbility

RECOMMENDATIONS

Nurse case manager will:

- continue to monitor UM file for activity
- contact member and educate on treatments, signs and symptoms to report to MD
- contact provider for treatment plan, medical oncology
- verify eligibility monthly
- generate progress report in approximately 6-8 weeks

CURRENT MEDICATIONS

Description	Frequency	Dosage
no meds	NKDA	

SAVINGS

Direct Savings

- No direct savings this report period

Indirect Savings

- No indirect savings this report period
- Potential direct savings may be realized through NCM intervention and education to ensure the member is educated in the signs and symptoms of complications and appropriate interventions and compliant with treatment to prevent hospitalization for complications.

Total Savings (this report period)

INETICARE		ROI	
Dollars	$0.00	Direct ROI	0.00:1
Hours	6.00	Indirect ROI	0.00:1
Invoiced	$480.00	Combined ROI	0.00:1
Direct Sav	$0.00		

Indirect Sav	$0.00	

Total Savings to Date

INETICARE		ROI	
Dollars	$0.00	Direct ROI	0.00:1
Hours	6.00	Indirect ROI	0.00:1
Invoiced	$480.00	Combined ROI	0.00:1
Direct Sav	$0.00		
Indirect Sav	$0.00		

CURRENT CARE PROVIDERS/PHYSICIANS

Federal Tax Id: [redacted]

Contact Phone: 000-000-0000

Federal Tax Id: [redacted]

Contact Phone: [redacted]

[redacted]

Attachment 3.12.1 Case Progress Report

Print Progress Report

INETICARE
PROACTIVE CARE MANAGEMENT
A DIVISION OF INETICO, INC.

CARE MANAGEMENT REPORT
FOR

CLAIMAINT:	[redacted]	**MEMBER ID:**	[redacted]
DATE OF BIRTH:	[redacted]	**CASE NUMBER:**	C-20130904-0005
INSURED:	[redacted]		
DIAGNOSIS:	[redacted]	**REFERRAL DATE:**	9/4/2013
CASE MANAGER:	[redacted]	**DATE OF REPORT:**	11/15/2013

DISEASE OR STROKE
CRRN

****

THE INFORMATION CONTAINED IN THIS REPORT IS PRIVILEGED AND CONFIDENTIAL.

****

COURSE OF PRESENT ILLNESS/DISABILITY

- Per review of records, [redacted] was receiving care at skilled nursing facility withoout significant imporvove aand what appears to be cutodial care. NCM coordianted external physician review with out come of:1. Is continued stay in skilled nursing facility medically necessary? 2. If continued stay is medically necessary, how many days should be considered medically necessary? 3. Is continued stay in skilled nursing facility considered custodial care per submitted plan language? Explanation of Findings: Although the patient ambulated only 35 feet on 10/14/13, he was not documented to be making substantive progress in regard to his functional status and continued stay in the skilled nursing facility was not medically necessary. He requires only supervision or minimal assistance with the majority or parameters measured by occupational therapy. There is no documentation that the member is making substantive progress with speech, occupational or physical therapy. No skilled nursing services are being provided; tube feeds are not a skilled service. In summary, continued stay in the skilled nursing facility is not medically necessary. It is considered custodial per the plan language which defines custodial as services primarily consisting of bathing, feeding, homemaking, moving the member, giving medications, and acting as a companion or sitter. Conclusion/Decision to Not Certify: 1. Is continued stay in skilled nursing facility medically necessary? No. Continued stay in a skilled nursing facility is not medically necessary. 2. If continued stay is medically necessary, how many days should be considered medically necessary? Not applicable. 3. Is continued stay in skilled nursing facility considered custodial care per submitted plan language? Yes. Continued stay in a skilled nursing facility is considered custodial care per submitted plan language.
- [redacted] was discharged home from the skiled nursing facility 10/31/13.
- Subsequently a request was receivd for admission to an acute rehab facility. NCm Coordainted eteranl physician review to clarify medical necessityof request with outcome: The documentation indicates that this patient has been discharged home pending admission to a subacute facility for further rehabilitation. The patient has gone through extensive subacute care at another facility. He is at minimal assistance for transfers and ADLs. He ambulates household distances with assistance. He is eating and there are no medical issues noted. The patient still requires therapy but the documentation does not support the necessity of inpatient care. The patient appears to have plateaued in the prior facility and was making slow progress. It would appear from this information that inpatient care is not medically necessary but that the patient requires outpatient therapies with supervision at home. 1. Is admission to inpatient brain injury program medically necessary? No. Medical necessity is not established for admission to the inpatient brain injury program. As described above the patient appears to be medically stable, does not appear to require inpatient care and has had extended skilled inpatient care until now. The patient can receive his services as an outpatient or with home therapies. The Plan language requires that treatment be medically necessary and not custodial in nature. It would appear that further inpatient care would be considered custodial in nature.
- Contat with the memers wife with translator was attempted with no response from wife to NCM.
- NCM reviewed and coordianted skilled home health nurse, physical, speech nd occupational therapists.
- At the request to the home health care provider, NCM clarified Gi physician who inserted feedig tube so that member may follow up with the physician for removal of feedign tube that is n longer being utiized.
-

Prognosis

- Per Medical Disability Guidelines: Recovery rates vary depending on the part of the brain affected and the extent of the

[redacted]

stroke. Function will be restored in about half of patients with moderate to severe paralysis on one side of the body (hemiplegia) and about 10% will have complete neurologic recovery (Beers). Stroke (all types) has an overall mortality rate of 60.2 per 100,000 individuals; higher mortality occurs in older individuals, in brain stem stroke, or hemorrhagic stroke with alterations of consciousness (Jauch). About 10% to 18% of stroke survivors have a second stroke within a year. Control of risk factors such as high blood pressure, atrial fibrillation, atherosclerosis, obesity, and high lipid levels is important to prevent additional strokes. Of the 4 million people who have had a stroke, about 33% experience mild disability, 20% moderate disability, and 16% require placement in an assisted living facility. Rehabilitation is a significant factor in stroke outcomes.

- Uncontrolled high blood pressure can lead to: damage to arteries; aneurysm; heart failure; A blocked or ruptured blood vessel in the brain(stroke); weakened and narrowed blood vessels in the kidneys; thickened, narrowed or torn blood vessels in the eyes (this can result in vision loss);Metabolic syndrome(this syndrome is a cluster of disorders of the body's metabolism — including increased waist circumference, high triglycerides, low high-density lipoprotein (HDL), or "good," cholesterol, high blood pressure, and high insulin levels. If one has high blood pressure, it is more likely to have other components of metabolic syndrome. The more components one has, the greater the risk of developing diabetes, heart disease or stroke); Trouble with memory or understanding (uncontrolled high blood pressure also may affect the ability to think, remember and learn. Trouble with memory or understanding concepts is more common in people who have high blood pressure).

POTENTIAL PROBLEMS/COMPLICATIONS

Per Medical Disability Guideline: Complications vary with the severity of the stroke, the part of the brain affected, and the amount of time between the onset of stroke and treatment. Individuals who have had an ischemic stroke are at increased risk for having another stroke or myocardial infarction. Heart monitors should be used following stroke, as individuals often will have abnormal or irregular heart rhythms (cardiac arrhythmia), especially atrial fibrillation, which can contribute to thrombus and/or embolus formation and another stroke. Decreased muscle activity following stroke may increase risk of blood clot formation in veins (deep vein thrombosis). These blood clots can travel to the lungs (pulmonary embolism) and cause serious respiratory problems or death. Deep vein thrombosis can be prevented by walking for individuals who are ambulatory, compression stockings for individuals who are confined to bed, and/or by medications. Cognitive dysfunction may affect memory, level of attention and alertness, ability to communicate clearly, and motor skills. Instructions may be misunderstood or forgotten and the individual may not be able to process information and respond appropriately. The individual may become a threat to his or her own safety, unable to function responsibly, complete tasks, or operate equipment. Depression affects at least one-third individuals with stroke. Difficulty swallowing and decreased alertness can allow food or saliva to enter the lungs (aspiration) and cause sudden death due to choking or lung infection (aspiration pneumonia). Seizures occur in approximately 17% of individuals with ischemic stroke and about half of individuals with hemorrhagic stroke affecting the cortex or gray matter that covers the front part of the brain. Urinary incontinence and poor bladder function may result in urinary tract infection or kidney problems. Individuals who have had a stroke are at increased risk of falls due to factors such as impaired judgment, poor balance and coordination, and muscle weakness. Uncontrolled muscle spasm can lead to joint stiffness and immobility (contractures). Shoulder injury can result due to decreased muscle tone. Pressure sores (decubitus ulcers) may occur if the individual is immobile and unable to make frequent position changes or is not moved frequently by caretakers. Poor healing of pressure sores and related bacterial contamination may become a source of systemic infection (sepsis).

Barriers to Recovery

Alteration in gait
Alteration in sensation
Alteration in communication
Alteration in swallowing/nutrition
Alteration in level of function
Alteration in safety
Alteration in cognition
Depression
High cost of treatment
Alteration in family dynamics(may not be able to return to work)

Saftey Issues

Potential for injury related to alterations in gait,sensation, level of function, communication and cognition
Potential ofr aspirationla pneumonia secondary to swallowing issues

POTENTIAL CARE COSTS

- Hospitalization for stroke

- Hospitalization for hypertension
- Hospitalization for complications of treatment hospitalization for: Nutritional and metabolic disorders; Respiratory infection; Symptoms of dehydration
- Acute Rehab stay
- Skilled nursing care facility
- Home health care for skilled nursing PT, OT, speech
- Care provided by physicians and specialists
- Outpatient PT, OT and speech
- DME
- Medications

INTERVENTIONS

- Attmepted contact with family with interperter with no response
- Contact with facility case managersto clarify current medical staus and treatment plan
- Contact with client to clarify benefits for HHC
- coordiantesd 2 exrenal physician reviews regarding medical necessity of SNFand acute rehab
- Reviewed coordiante homehelth care
- Contact with home health care provider to clarify coveraged of HHC services.
- Contact with provider to clarify prior treaeing GI MD.
- Researched and provider community resources for assistance for home heath aide and respite care.l

RECOMMENDATIONS

During the next reporting period in coordination with the Member, client and healthcare providers the Nurse Case Manager will:

- Evaluate the benefit of current treatment through contact with the member
- Clarify medical status and treatment plan
- Assess the patient for compliance with treatment plan
- Provide education resource information and material to patient deficits are identified
- Identify community resources and/or social support systems
- Educate the member regarding utilizing in network providers
- Review and update medication list
- Contact home health cre provider to assess progress with therapies and current medical status
- Generate next report in approximately 4 -6weeks or by 01/06/14

CURRENT MEDICATIONS

Description	Frequency	Dosage
AMLOPIDINE/NORVASC	DAILY	5 MG PO
ATORVASTIN	Q PM	80 MG PO
EZEMTIMBE/ZETIA	Q PM	10 MG PO
LOSARTAN/COZAAR	DAILY	25 MG PO
PANTOPRAZOLE/PROTONIX	BEFORE DINNER	40 MG GT
ASPIRIN	DAILY	325 MG PO
SERTRALINE	DAILY	75 MG PO
COLCRYS/COLCITRIN	DAILY	0.6 MG PO
CLOPIDOGRAL/PLAVIX	DAILY	75 MG PO
PREDNISONE	X 3DAYS	20 MG PO
PREDNISONE	X 3DAYS	10 MG PO
PREDNISONE	X3 DAYS	5 MG PO
ISOSOURCE	1 CAN 8 PM	PER G TUBE
ISOSOURCE	PER DAY(1 CAN AFTER EACH MEAL IF LESS THAN 50% EAT	1 CAN G TUBE

SAVINGS

Direct Savings

Direct savings were achieved through coordination of medical necessity review by external physician review regarding of

request for inpatient brain injury. The review report stated there is no medical necessity for the requested care.. Inpatient acute rehab is approximately 1500.per day for 2 weeks= $21000.00. Savings is $21,000.00.

Indirect Savings

- Potential savings may be realized by NCM intervention and education to prevent hospitalization for complications associated with the treatment: hospitalization for: Nutritional and metabolic disorders; Respiratory infection; Symptoms of dehydration
- Potential savings may be realized by NCM intervention and education to prevent hospitalization for ischemic stroke
- Potential savings may be realized by NCM intervention and education to prevent hospitalization for hypertension
- Potential savings may be realized by NCM intervention and education of acute rehab/ skilled nursing facility case managers regarding utilization of home care services to expedite discharge home

Total Savings (this report period)

INETICARE		ROI	
Dollars	$0.00	Direct ROI	14.48:1
Hours	11.60	Indirect ROI	0.00:1
Invoiced	$1,450.00	Combined ROI	14.48:1
Direct Sav	$21,000.00		
Indirect Sav	$0.00		

Total Savings to Date

INETICARE		ROI	
Dollars	$0.00	Direct ROI	15.26:1
Hours	30.20	Indirect ROI	22.35:1
Invoiced	$3,775.00	Combined ROI	37.60:1
Direct Sav	$57,600.00		
Indirect Sav	$84,358.74		

CURRENT CARE PROVIDERS/PHYSICIANS
Federal Tax Id: [redacted]
Contact Phone: [redacted]

Federal Tax Id: [redacted]
Contact Phone: [redacted]
In network PHCS

[redacted]

Attachment 3.12.1 Case Closure Report

Print Progress Report

INETICARE
PROACTIVE CARE MANAGEMENT
A DIVISION OF INETICO, INC.

CARE MANAGEMENT REPORT
FOR

CLAIMAINT:	[redacted]	**MEMBER ID:**	[redacted]
DATE OF BIRTH:	5/4/1999	**CASE NUMBER:**	C-20130904-0006
INSURED:	[redacted]		
DIAGNOSIS:		**REFERRAL DATE:**	9/4/2013
CASE MANAGER:	[redacted]	**DATE OF REPORT:**	11/14/2013

****
THE INFORMATION CONTAINED IN THIS REPORT IS PRIVILEGED AND CONFIDENTIAL.
****

COURSE OF PRESENT ILLNESS/DISABILITY
File opened to case management due to: child w/ acute liver and heart failure.

Psychosocial: Lives with parents, 2 sisters, and 1 brother. She attends school but is often behind in her courses due to illness.

Member is a 14-year-old female, diagnosed with cholecystis transaminits and hemophagocytic lymphohistiocytosis (HLH). She has a past medical history of mixed connective tissue disease.

Mixed connective tissue disease is an autoimmune disorder characterized by overlapping features of three connective tissue disorders: lupus, scleroderma, and polymyositis.

Hemophagocytic lymphohistiocytosis (HLH) is a life-threatening condition of severe inflammation caused by the uncontrolled proliferation of activated by white blood cells.

Member has completed chemotherapy treatment for HLH. She was treated with only dexamethasone and Etoposide only because the rest of the chemotherapy regimen to treat HLH caused toxicity. Her last oncology visit was on 10/07/13 for completion of the treatment.

Member had side effects of tremors in her hands. Her blood test showed improvement. At completion of treatment, her ANC (absolute neutrophil count) was 2910 and her platelet count was 225. Her ferritin level had decreased from 8543 to 321.5. All these were signs that she responded well to treatment.

Current treatment plan is for repeat labs to monitor continued improvement, weekly. The goal is to achieve remission. So far, she appears to be headed that direction. Member has been referred to her primary care physician to manage her progress.

POTENTIAL PROBLEMS/COMPLICATIONS

- Mixed connective tissue disease is an autoimmune disorder and not curable
- She is at risk for multiple organ failure due to the above condition

Due to DIC, she is at high risk for the following problems:

- Bleeding
- Stroke if there is clotting in brain vessels
- DVT
- Death

POTENTIAL CARE COSTS

- Cost for inpatient admissions
- Cost for frequent blood transfusions
- Potential cost for treatment with multiple specialists due to the primary diagnosis
- Cost for chemotherapy

INTERVENTIONS

- Initiated outreach to the parent
- Conducted utilization management for recommended services and determined appropriateness
- Facilitated education of the mother to flush PICC line during inpatient stay

RECOMMENDATIONS

- Close case management file

CURRENT MEDICATIONS

Description	Frequency	Dosage
ETOPOSIDE	IV Every 2-weeks	MG/KG

SAVINGS

Direct Savings

- Facilitated discharge and continuation of care at outpatient infusion center. Rreduced inpatient stay by 2-days

Indirect Savings

Total Savings (this report period)

INETICARE		ROI	
Dollars	$0.00	Direct ROI	0.00:1
Hours	1.50	Indirect ROI	0.00:1
Invoiced	$187.50	Combined ROI	0.00:1
Direct Sav	$0.00		
Indirect Sav	$0.00		

Total Savings to Date

INETICARE		ROI	
Dollars	$0.00	Direct ROI	3.50:1
Hours	12.60	Indirect ROI	0.00:1
Invoiced	$1,575.00	Combined ROI	3.50:1
Direct Sav	$5,510.00		
Indirect Sav	$0.00		

CURRENT CARE PROVIDERS/PHYSICIANS

[redacted]

Contact Phone: [redacted]

[redacted]

Contact Phone: [redacted]

[redacted]

ATTACHMENT 3.12.1 Daily Precert Report

Inetico, Inc.
Open Precertification Report
(11/21/2013 - 11/21/2013)

Prepared
For
[redacted]

Generated on 11/21/2013 at 2:10:04 AM

Red Flag Diagnosis and Procedure Report

No new red flags found for this report period.

(NEW) Precertification Requests
No cases to report.

(CLOSED) Precertification Requests
No cases to report.

(CHANGED/MODIFIED) Precertification Requests

Member Id:	[redacted]	**Case No:**	P-20131119-0799
Insured:	[redacted]	**Begin Date:**	11/19/2013
Patient:	[redacted]	**Status:**	CLOSED on 11/19/2013
Group ID:	[redacted]	**CM Referral?:**	No

Contact Name	Contact Phone	Contact Type
[redacted]	[redacted]	Provider

Birth Date	Gender	Relationship
[redacted]	Female	

Admission Type	Admission Date	Discharge Date
Outpatient Surgical	11/21/2013	11/21/2013

Diagnosis	Code	Desc
	193.80	MALIGN NEOPL THYROID
	611.72	LUMP OR MASS IN BREAST

Procedure	Code	Desc
	19125	EXCISION BREAST LESION
	77021	MR GUIDANCE FOR NEEDLE PLACE
	19290	PLACE NEEDLE WIRE BREAST

Provider	[redacted]
Provider	[redacted]

Request Date	Requested Amt	Approved Amt	Next Review
11/19/2013	0.00 Procedures	0.00 Procedures	
11/19/2013	1.00 Procedures	1.00 Procedures	
Totals to Date	**1.00 Procedures**	**1.00 Procedures**	

(PENDING - NO CHANGES) Precertification Requests

Member Id:	[redacted]	**Case No:**	P-20131115-0656
Insured:	[redacted]	**Begin Date:**	11/15/2013
Patient:	[redacted]	**Status:**	OPEN
Group ID:	[redacted]	**CM Referral?:**	No

Contact Name	**Contact Phone**	**Contact Type**
[redacted]	[redacted]	Provider
Birth Date	**Gender**	**Relationship**
[redacted]	Female	
Admission Type	**Admission Date**	**Discharge Date**
Inpatient Surgical	12/03/2013	12/4/2013 (projected)
Diagnosis	**Code**	**Desc**
	715.16	LOC PRIM OSTEOART-L/LEG
Procedure	**Code**	**Desc**
	27447	TOTAL KNEE ARTHROPLASTY
Provider	[redacted]	

Request Date	**Requested Amt**	**Approved Amt**	**Next Review**
11/15/2013	2.00 Days	0.00 Days	11/15/2013
11/15/2013	0.00 Days	1.00 Days	11/16/2013
Totals to Date	**2.00 Days**	**1.00 Days**	

Inetico Inc.
PO Box 10972
Tampa, FL 33679
Phone: 813-258-2200

The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.

Attachment 3.12.1.E2 Utilization Management by Date Range

ABC Precertification Report (6/1/2013 through 10/31/2013) *Generated on 11/13/2013*

Case No	Status	Member Id	Patient	DOB	Subscriber	ST	Type	Open DT	Admission	Discharge	Emer	Apprv LOS	Act LOS
P-20131028-1152	Complete	1700003	PATIENT, A	10/31/1952	MEMBER, A	XX	IM	10/28/2013	10/27/2013	10/30/2013	Y	3	3
XYZ COMPANY (17)	Diagnosis - Procedure	486	PNEUMONIA, ORGANISM NOS			Federal Tax Id: 060646715 [Y: PHCS] MID STATE MEDICAL CENTER 435 LEWIS AVENUE MERIDEN, CT 06451 Contact Phone: 8882718662				Federal Tax Id: 111111111 [Y: PHCS] HUNG, YIN 435 LEWIS AVE MERIDAN, CT 06451 Contact Phone: 2036948566			
P-20131016-0658	Complete	1700011	PATIENT, C	11/6/1949	MEMBER, C	XX	OF	10/16/2013	10/29/2013	11/19/2013	N	1	2
XYZ COMPANY (17)	Diagnosis - Procedure	719.46 j7324	JOINT PAIN-L/LEG			No facility listed for case.				Federal Tax Id: 271981759 [Y:] INTERVENTIONAL SPINE AND SPORTS ME PATEL, BHAVESH 1625 STRAITS TURNPIKE SUITE 205 MIDDLEBURY, CT 06762 Contact Phone: 2035987246			
P-20131015-0623	Complete	1700014	PATIENT, F	8/16/2004	MEMBER, F	XX	OS	10/15/2013	10/25/2013	10/25/2013	N	0	0
XYZ COMPANY (17)	Diagnosis - Procedure	789.00 43239	ABDMNAL PAIN UNSPCF SITE UPPER GI ENDOSCOPY BIOPSY			Federal Tax Id: 060646652 [Y:] Yale New Haven Hospital 20 York Street New Haven, CT 06504 Contact Phone: 2036884242 Contact Fax: 2036888050				Federal Tax Id: 060646973 [Y:] PASHANKAR, DINSEH 20 YORK STREET NEW HAVEN, CT 06510 Contact Phone: 2037854649			

Attachment 3.12.1.E3 Utilization Precerts by Case Number

Case Mgr	Group ID	Case No	Date Issued	Status	Admission Type	Refer To CM	Member ID	Patient Last Name	Patient DOB	Admission Date
twebbg01	82-1	P-20130621-0821	06/21/13	Rejected	Inpatient SNF		8200021	TAYLOR	08/09/67	06/22/13
jmills01	67-1	P-20130708-0273	07/08/13	Complete	Inpatient Surgical	Y	6700004	JONES	03/20/65	10/24/13
awatki01	47-1	P-20130717-0688	07/17/13	Complete	Office		4700000	SMITH	04/28/61	07/30/13
IASMR001	77-1	P-20130723-0935	07/12/13	Complete	Inpatient Mental Health	Y	7700001	JONES	07/18/00	07/23/13
nvazqu01	77-1	P-20130829-1188	08/29/13	Complete	Outpatient Infusion Therapy		7700029	SMITH	07/16/57	09/06/13
nvazqu01	67-1	P-20130919-0799	09/19/13	Complete	Outpatient PHP-Partial Hosp Prog		6700010	TAYLOR	05/09/88	09/18/13
awatki01	67-1	P-20131001-0030	10/01/13	Complete	Outpatient IOP-Intensive Outpatient Prog		6700010	TAYLOR	05/09/88	09/24/13
nvazqu01	82-1	P-20131023-0913	10/23/13	Pending	Inpatient Neonatal	Y	8200024	JONES	10/15/13	10/15/13
nvazqu01	77-1	P-20131025-1039	10/25/13	Complete	Inpatient Substance Abuse	Y	7700026	SMITH	11/15/81	10/24/13
nvazqu01	82-1	P-20131030-1240	10/30/13	Pending	Inpatient Surgical	Y	8200009	TAYLOR	03/21/77	11/04/13
nvazqu01	89-1	P-20131105-0161	11/05/13	Complete	Outpatient Surgical	Y	8900011	JONES	12/06/59	11/12/13
IASMR001	97-1	P-20131111-0387	11/11/13	Pending	Inpatient Medical		9700014	SMITH	07/21/60	11/09/13
IASMR001	85-1	P-20131111-0397	11/11/13	Complete	Inpatient Obstetrical		8500022	TAYLOR	11/18/82	10/08/13
jmills01	67-1	P-20131111-0432	11/11/13	Complete	Outpatient Diagnostic		6700016	JONES	09/01/61	11/14/13
jmills01	97-1	P-20131113-0504	11/13/13	Pending	Outpatient Surgical		9700008	SMITH	06/16/04	11/27/13

Attachment 3.12.1 Red Flag Trigger Notice A

Red Flag Alert!

The red flag alerts identified by this notice are considered to be key factors leading to potentially catastrophic cases or high dollar claims. A short summary of this particular alert is shown
below. Details on the precertification case that triggered this notice will be included in the Precertification Daily Report which is emailed to you at the end of the day. Or you can view the precertification case immediately by clicking on the hyperlink provided below. Please have your INETIPASS
user id and password handy as the system will require you to logon if you're not logged on already.

INETICARE is currently reviewing this case for care management needs and will contact you with a referral
request if appropriate.

If you have any questions or concerns regarding this alert, please contact UtilizationManagement@ineticare.com
or call us toll free at 877-608-2200.

Sincerely,
INETICARE Team

Click here to view the precert online

Client Name:	[redacted]
Group Name:	[redacted]
Precertification Number:	P-20131114-0596

-- ADDITIONAL RED FLAGS --

ICU Alert - An intensive care stay was noted for this case.

Please do not reply this message as no recipient has been designated. For assistance, please email CustomerService@inetico.com directly.

Email Confidentiality Notice â€“ The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the Health Insurance Portability and Accountability Act of 1996 or
other legal sanction. The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the message is strictly prohibited and may subject you to criminal or civil penalty. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Registering a Complaint â€“ If you are not satisfied with the services you are receiving or have any concerns,

please
notify INETICOâ€™s Quality Assurance Supervisor via telephone 1-877-608-2200 (toll free), mail INETICO 400 N Ashley Drive, Ste 1550, Tampa, FL 33602,
or email Quality@inetico.com to register a complaint.

Attachment 3.12.1 Red Flag Trigger Notice B

Red Flag Alert!

(*A new red flag alert has been identified on this pending case.*)

The red flag alerts identified by this notice are considered to be key factors leading to potentially catastrophic cases or high dollar claims. A short summary of this particular alert is shown
below. Details on the precertification case that triggered this notice will be included in the Precertification Daily Report which is emailed to you at the end of the day. Or you can view the precertification case immediately by clicking on the hyperlink provided below. Please have your INETIPASS
user id and password handy as the system will require you to logon if you're not logged on already.

INETICARE is currently reviewing this case for care management needs and will contact you with a referral
request if appropriate.

If you have any questions or concerns regarding this alert, please contact UtilizationManagement@ineticare.com
or call us toll free at 877-608-2200.

Sincerely,
INETICARE Team

Click here to view the precert online

Client Name:	[redacted]
Group Name:	[redacted]
Precertification Number:	P-20131111-0380

-- ADDITIONAL RED FLAGS --

Inpatient LOS Alert - An inpatient length of stay greater than or equal to 7 days was noted for this case.

Please do not reply this message as no recipient has been designated. For assistance, please email CustomerService@inetico.com directly.

Email Confidentiality Notice â€“ The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the Health Insurance Portability and Accountability Act of 1996 or
other legal sanction. The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the message is strictly prohibited and may subject you to criminal or civil penalty. If you are not the intended recipient, please

contact the sender by reply e-mail and destroy all copies of the original message.

Registering a Complaint â€“ If you are not satisfied with the services you are receiving or have any concerns, please
notify INETICOâ€™s Quality Assurance Supervisor via telephone 1-877-608-2200 (toll free), mail INETICO 400 N Ashley Drive, Ste 1550, Tampa, FL 33602,
or email Quality@inetico.com to register a complaint.

Attachment 3.14.5 Bennion D Buchanan CV

Bennion D. Buchanan, M.D., M.B.A, F.A.C.E.P.

CERTIFICATION & LICENSURE

1987: Board Certified in Emergency Medicine by the American Board of Emergency Medicine, May 1987. Recertified, November 1996, 2006.

ACLS Instructor, ATLS Provider

1995: Certified Medical Review Officer by the American Associate of Medical Review Officers, July 1995, 2004

California G89260 Expiration 8/31/14

Connecticut 51468 Expiration 8/31/14

Delaware C1-0010263 Expiration 3/31/15

Florida ME114448 Expiration 1/31/15

Kentucky 45779 Expiration 2/28/14

Missouri 2012037322 Expiration 1/31/14

Mississippi 22569 Expiration 6/30/14

Montana MED-PHYS-LIC-20292 Expiration 3/31/14

New Hampshire 15907 Expiration 6/30/14

Nevada 14578 Expiration 6/30/15

New Jersey 25MA09214700 Expiration 6/30/15

North Carolina 2012-01963 Expiration 8/2/14

North Dakota 12551 Expiration 8/2/14

Oklahoma 29481 Expiration 11/1/14

Oregon MD160821 Expiration 12/31/13

Tennessee 49333 Expiration 8/31/15

Texas P5262 Expiration 2/28/14

Utah 162190-1205 Expiration 1/31/14

Virginia 0101253000 Expiration 8/31/14

Attachment 3.14.5 Bennion D Buchanan CV

MEMBERSHIPS

1987-Present: Fellow of the American College of Emergency Medicine

EDUCATION

1977: Medical Degree from University of Utah School of Medicine

1970: 2nd Year Intensive Chinese, June-August, 1970 Stanford University

1970: B.S. in Civil Engineering from Stanford University.

1969: Intensive French for foreigners, La Sorbonne, Paris France, August

1966-1967: Stanford in Italy, September 1966-April 1967

POST-GRADUATE TRAINING

1990: Masters in Business Administration (Executive MBA Program) from the University of Utah

1977-1978: Rotating Internship at Gorgas Hospital, Canal Zone

PRACTICE EXPERIENCE

2011-2013: Medical Director at Medical Review Institute of America Inc.

2010-2011: Associate Medical Director at Medical Review Institute of America Inc.

2005-2011: Emergency Medicine at Salt Lake Regional Medical Center, Salt Lake City, Utah

2007-2009: Managing Partner of SLED (Salt Lake Emergency Physicians)

1999-2005: Emergency Medicine at Tooele Valley Regional Medical Center (now Mountain West Medical Center)

2001-2004: Director of Emergency Services for Tooele Valley Regional Medical Center (now Mountain West Medical Center)

2001-2005: Medical Director for Mountain West Hospital Ambulance

2001-2005: Medical Director for Tooele Hospital (now Mountain West Hospital) CSEPP (Chemical Stockpile Emergency Preparedness Plan)

1998-2004: Emergency Medicine at Timpanogos Regional Hospital, Orem, Utah

1997-2002: Emergency Medicine at St. Mark's Hospital, Salt Lake City, Utah

1995-1998: Consulting Physician for the Salt Lake Corporation Occupational Health Services Clinic, Salt Lake City, Utah

1996-1997: Emergency Medicine at Paracelsus Regional Hospital, Salt Lake City, Utah

1994-1995: Team Leader for Urgent Care at FHP Redwood Center, Salt Lake City, Utah

1993-1996: Emergency Medicine at FHP Utah Hospital, Salt Lake City, Utah

1994-1996: Medical Director for the Occupational Medicine Program at the FHP Utah Hospital, Salt Lake City, Utah

1987-1993: Urgent Care at Southwest Emergency Services, West Jordan, Utah

1987-1989: Emergency Medicine at Holy Cross Hospital, Salt Lake City, Utah

1980-1987: Emergency Medicine at Pioneer Valley Hospital, West Valley City, Utah

1978-1980: Emergency Medicine at St. Mark's Hospital, Salt Lake City, Utah

PROFESSIONAL ORGANIZATIONS

Utah Medical Association 1979-Present

Salt Lake County Medical Association 1979-present

Board Member of Utah Chapter of ACEP (American College of Emergency Physicians) 1994-2013

President of Utah Chapter of ACEP 2006-2008

American College of Emergency Physicians 1979-Present

Utah Chapter of American College of Emergency Physicians 1979-present

Counselor from Utah Chapter of ACEP to National ACEP 2007-2011, & 2013

Beta Gamma Sigma (the honor society for collegiate schools of business)

The Honor Society of Phi Kappa Phi

Member of the Clinical Practice Cohort of the Epilepsy Monitor Representing Emergency Medicine

1995-1996

COMMUNITY COMMITTEES

2005-2012: Reviewer for HealthInsight for Emergency Medicine

2007-2010: Utah Governor's Pandemic Influenza Preparedness Task Force

2007-2010: Utah Influenza Triage Guidelines Subcommittee

2000-2003: HealthInsight Utah Council

2002-2008: Utah Poison Control Center Advisory Board

1994-1996: HealthInsight Advanced Directives Project Investigator

1995: HealthInsight Clinical Policy Committee

1996: HealthInsight Advisory Panel Member for the Cooperative Cardiovascular Project for Utah

HOSPITAL COMMITTEES

2008-2011: Medical Staff representative to the Disaster Committee of Salt Lake Regional Medical Center

2008-2011: Vice-Chair Department of Emergency Medicine, Salt Lake Regional Medical Center

2003-2005: Chair, Medical Review Committee, Mountain West Medical Center

2003-2004: Performance Improvement Committee, Mountain West Hospital

2001-2003: Chair, Emergency Services Committee, Tooele Hospital (now Mountain West Medical Center)

1993-1996: FHP Utah Hospital Medical Utilization Committee

1991-1993: Holy Cross Hospital Institutional Review Board

1981-1987: Pioneer Valley Hospital: Coronary Care Unit Committee, Credentials Committee, Executive Committee, Trauma Committee, Medical Staff Secretary, Inter-Hospital Committee

UTAH MEDICAL ASSOCIATION

2009-2013: Controlled substance task force

2006-2011: Specialty Society Presidents Committee

2006-2013: Healthy Lifestyles Committee

2000-2004: Executive Committee of the Utah Medical Association

2000-2004: Treasurer of the Utah Medical Association

1995-2013: Delegate to the Utah Medical Association annual meeting representing Utah ACEP

1997: UMA House of Delegates Reference Committee Member

1998: UMA House of Delegates Reference Committee Chair

1996-2005: Representative to the UMA Board of Trustees from Utah ACEP

1997-2005: Chair, Utah Medical Association Fitness Committee (FIT.COM)

1991: Cholesterol Screening Committee

1992-1994: Unproven Practices Committee

OTHER ORGANIZATIONS

2005-2008: Board Member of EPIC (Emergency Physicians Integrated Care)

2001-2005:	Tooele County Medical Services Council
2000-2002:	Salt Lake City 2002 Winter Olympics Team 2002 Member
2000-2002:	Medical Team for Team 2002
2002:	Athlete Physician for Opening and Closing Ceremonies for 2002 Winter Olympics
2002:	Physician for the Main Media Center for the 2002 Winter Olympics
2002:	Physician for the Opening Ceremonies and for the Sledge Hockey for the 2002 Paralympics
2000-2002:	Olympics Guest Host, with emphasis on French, Hosting Venue Tours
1996-1997:	Utah Nurses Foundation Board
1994-1996:	Salt Lake City Corporation Occupational Medicine Clinic Quality Review Board

SPECIAL INTERESTS

Hobbies include fitness activities (biking, swimming, running, including 8 marathons and skiing) and foreign languages (French, Spanish, Italian, German and Chinese). In an effort to promote exercise, I wrote a monthly column for the UMA bulletin for ten years, 1997-2007 named Fit.com. This has been reactivated under the title Fit.Doc.

Attachment 3.16.1 Disaster Recovery Plan

INETICO
Online Care & Claims Management Services

Business Continuity
And
Disaster Recovery Plan

Last Updated: 9/24/2013

APPROVAL AUTHORITY: __MEDICAL DIRECTOR __CEO (or designee)

URAC CORE STANDARDS VERSION 2.1 LAST REVIEWED 9/24/2013

Section 1. Goals of a Disaster Recovery Plan

The major goals of a disaster recovery plan are:

- To minimize interruptions to normal operations.
- To limit the extent of disruption and damage.
- To minimize the economic impact of the interruption.
- To establish alternative means of operation in advance.
- To train network engineers and managers on emergency procedures.
- To provide for smooth and rapid restoration of service.
- Establishing LAN/Internet connection reliability and fault tolerance.
- A constant review of Frequently Asked Questions (FAQs).
- Review and update of the plan after any monitoring process, actual disaster or new information as it obtained.

Section 2. Personnel Phone List

Link to Disaster Recovery Directory

Note: Attach a copy of your organization chart to this section of the plan.

CEO will determine the status of the disaster and begin the call sequence for the phone tree to notify all parties listed. In the CEO's absence, the CIO and CFO will determine need and initiate plan.

**** If you call and do not speak with the next person on the list then leave a voice mail message if possible. Call the next person on the list **until you speak with someone** who will then continue the phone tree sequence.

INETICO – Organizational Chart (←----Please click)

INETICO – Floor Plan

Corporate Office Building Layout

Section 3. Application Profile

This is a list of all applications involved with payroll, accounts payable/receivable, orders etc.

Application profile				
Application Name	**Critical? Yes/No**	**Fixed Asset? Yes/No**	**Manufacturer**	**Comments**
QuickBooks	Y	Y	Intuit	Enterprise 10*
INETICOQB	Y	N	INETICO	***
Microsoft SQL Server	Y	Y	Microsoft	Production*
Comment legend: *Runs daily **Runs weekly ***Runs monthly				

Section 4. Inventory Profile

This is a list of physical inventory that involves our LAN. This list is updated periodically and includes all components in the network.

Hardware Inventory: As of 9/21/2013
Software Inventory: As of 9/21/2013

Section 5. Information services backup procedures

All servers are backed up using a snapshot procedure of the SAN (storage area network) that resides at the hardened remote datacenter in Lakeland, FL. The SAN at the datacenter contains an image of every server that is used by INETICO in all aspects of its business processes. The SAN creates an image of every server on a daily basis and the servers can be recreated down to the file level as far back as seven days.

These same SAN images are then replicated to secondary datacenter on a nightly basis for purposes of disaster recovery. These images will be used to replicate virtual environment as running in primary datacenter within a maximum 24 hour notice.

Section 6. Disaster recovery procedures

Disaster action checklist

1.Plan Initiation

a. Notify Senior Management
b. Contact and setup the disaster recovery team
c. Determine degree of disaster
d. Implement proper application recovery plan dependent on extent of disaster
e. Monitor progress
f. Contact all other necessary personnel--both user and data processing
g. Contact vendors--both hardware and software
h. Notify users of the disruption of service

Senior Management	
Name	**Position**
Joe Hodges	President
Steve Aspinall	CIO
Bob Peirce	CFO

2.Follow-Up Checklist

a. List teams and tasks of each person
b. Obtain emergency cash and setup transportation to and from the backup site, if necessary
c. Setup living quarters, if necessary
d. Setup eating establishments, as required
e. List all personnel and their telephone numbers
f. Establish user participation plan
g. Setup the delivery and the receipt of mail
h. Establish emergency office supplies
i. Rent or purchase equipment, as needed
j. Determine applications to be run and in what sequence
k. Identify number of workstations needed
l. Check out any off-line equipment needs for each application
m. Check on forms needed for each application
n. Check all data being taken to the backup site before leaving and leave an inventory profile at a home location
o. Setup primary vendors for assistance with problems incurred during emergency
p. Plan for transportation of any additional items needed at the backup site
q. Take directions (map) to backup site
r. Check for additional magnetic tapes, if required
s. Take copies of system and operational documentation and procedural manuals.
t. Ensure that all personnel involved know their tasks
u. Notify insurance companies

Recovery start-up procedures for use after a disaster

1. Notify CEO Disaster Recovery Services of the need to utilize service and of recovery plan selection.

   Note: Guaranteed delivery time countdown begins at the time CIO is notified of recovery plan selection.
   a. Disaster notification numbers
      813-841-4725 or 813-789-9012
   These telephone numbers are in service 24 HOURS A DAY Monday through Friday.

2. Disaster notification number: 813-841-4725 or 813-789-9012
   This telephone number is in service for disaster notification after business hours, on weekends, and during holidays. Please use this number only for the notification of the actual disaster.

3. Provide system engineers with an equipment delivery site address (if applicable), a contact, and an alternate contact for coordinating service and telephone numbers at which contacts can be reached 24 hours a day.

4. Contact power and telephone service suppliers and schedule any necessary service connections.

5. Notify ALL MANAGERS immediately if any related plans should change.

Communication disaster plan

- Recovery site address to be determined by management depending on the severity of the disaster.
- Reroute all incoming phone and fax lines including 800/877 numbers to appropriate alternate numbers.
  a. 813-789-9012
  b. 813-841-4725
  c. 813-842-7789
- Postal Mail and all other non-electronic communications will be re-routed to an alternate address location or the corporate P.O. Box.
- Website communication for claims entry, care management, etc… will be rerouted by DNS redirection to a new Web Server location if necessary.
- Remote employees will need alternate phone and fax capabilities through their local service plans.

Electrical service

- Backup generator on-site for non-critical disaster.
- Recovery site address to be determined for critical disaster.

Section 7. System Restoration

This procedure is only a guideline and there are variations and specific configurations that have to be addressed based on the particular system you will be restoring at time of recovery and the extent to which the disaster caused damage once the disaster has occurred. These procedures will be determined at the time of recovery by the INETICO IT department and implemented with the assistance of data center personnel, the owners and operators of the data center where all of INETICO's primary servers and data reside.

Estimated time for recovery for events

- Loss of Corporate location
    - Operation continue via remote data center at reduced staff
    - 2-4 days to distribute and configure equipment for full staff working remote
- Loss of Hardened Data center
    - Systems brought on line from backups within 24 hours at secondary data center
- Loss of both data center and corporate office
    - Systems brought on line from backups within 24 hours at secondary data center
    - Operation continue via remote data center at reduced staff
    - 3-5 days to distribute and configure equipment for full staff working remote

Section 8. Security

For critical disasters where the local facility is completely disabled, Operations will continue as normal for all our customers and employees who access our systems electronically via production servers located at remote hardened data center. All employees affected by the disaster at the local facility would be notified and instructed per the previous sections of this document.

Should the remote datacenter suffer a critical disaster, all data is replicated to a storage system a secondary remote facility. INETICO IT department with the assistance of remote data center staff, to recover and bring all our servers on line at secondary facility and tested.

The Following section is specific to the remote facility housing all INETICO's critical servers and data:

2.0 Facilities

	Item	Description of Service
2.01	Primary Hosting Facility	**Building** • The data center building is a concrete tilt-slab construction, designed to withstand winds up to 115 miles per hour as per the Inland Hurricane Code. Exterior roof structures, such as the air conditioning equipment, have been specially attached to prevent them from being toppled by high winds. The upper row windows have been permanently blocked on the inside of the building. Glass openings are shuttered in case of Hurricane Warning. All wiring and equipment inside the data center is at least 6" off the floor to prevent damage from water leaks. All utilities to the building are under ground. All materials in the wall, floor and ceiling carry a UL rating for self-extinguishing properties.
		Environment • Four (4) air conditioning units, two times the number required to maintain the building; making it a 100% redundant system. The target ambient room temperature will be 72° F in the server area of the datacenter. Ambient room temperature will not vary by more than +/-5°F. Relative humidity will be targeted for 45% in the server area. Relative humidity will not vary by more than +/- 5%
		Power • Dual generators and redundant UPS systems • Complete UPS and Generator systems are tested weekly • Enough fuel for two (2) days; with contracts with local fuel companies to provide an ongoing supply should it be required

2.01	Primary Hosting Facility cont.	**Network** • The ONOC Data Center provides robust, fully redundant network connections for managed and co-location customers. The primary connection is an OC12 SONET fiber loop with Level 3 as the primary Internet provider. Other client specific providers in house are AT&T, Qwest and Sprint, The secondary connection is an OC3 fiber trunk via Brighthouse, providing Internet access from MCI and Time Warner. • Redundant Core Switching is provided with Hot-Standby Routing Protocol (HSRP) used to ensure real-time failover in the core. • Firewall redundancy is provided by a Cisco PIX Failover bundle on the ONOC managed firewalls. This ensures all of the configured firewall rules will remain intact if there is a firewall failure. • Border Gateway Protocol (BGP) provides redundant routing paths to the Internet. Paths are configured to ensure that in the event of a loss of connectivity to Level 3, all traffic will route through Brighthouse. Additionally, BGP is also used as an Interior routing protocol to ensure routing path failover in the event of a failover of either ONOC border router.
		Fire Suppression • The DSM data center is equipped with sophisticated fire detection and suppression systems. While the system has conventional heads and piping, the system is filled with pressurized air. In addition thirteen smoke detectors were installed over the rows of cabinets. In order to cause a discharge both the smoke detector must go into alarm (to release water into the pipes) and the heat must melt the sprinkler head (to discharge the water). As an added precaution we have installed an automatic electric shutdown of the cabinets in the immediate discharge area. This shutdown will remove all power from the cabinets at the moment of discharge.
		Physical Security • No Public Access -Public access to DSM data centers is strictly forbidden. Only our data center operations engineers and other authorized personnel are allowed in the server areas of DSM data centers. • 24/7 Coverage – Authorized DSM personnel can be on site 24/7 to provide support and response to any emergencies or critical events. • Biometric and Proximity Access Controls – Access to DSM data centers is strictly controlled through the use of biometric scanners and personal identification codes. • Video Surveillance – 24/7 Video Surveillance is maintained within the data center and the surrounding building. This record is retained for 30 days.

The following items should be implemented to secure the local site:

- The HIPAA Compliance Officer and the IT Security team are responsible for examining and reporting on the condition of the local site and specifically the conditions of security now present at the local site.
- After accessing the loss of security forms, the HIPAA Compliance Officer and/or the IT Security team is responsible for securing the site based on condition. Things they should consider:
    - Secure the entire site if possible via in-house or external trained security officers, mechanical means, or electronic means until normal site security is back in place.
    - If the site is not physically securable, all forms of data (paper, electronic media, pc's, servers, etc…) must be collected and secured in an alternate facility until the local site can be rebuilt.
    - Any alternate facilities utilized during this time must adhere to the same or equivalent security standards outlined in the IT department's "SystemsAndNetworkSecurity.pdf" document.

Section 9. Rebuilding process

The management team must assess the damage and begin the reconstruction of a new data center.

If the original site must be restored or replaced, the following are some of the factors to consider:

- What is the projected availability of all needed computer equipment?
    - Assessment to be benchmarked against equipment inventory list and available/surviving equipment
- Will it be more effective and efficient to upgrade the computer systems with newer equipment?
- What is the estimated time needed for repairs or construction of the data site?
- Is there an alternative site that more readily could be upgraded for computer purposes?

Once the decision to rebuild the data center has been made, go to Section 11. Disaster Site rebuilding.

Section 10. Testing the disaster recovery plan

In successful contingency planning, it is important to test and evaluate the plan regularly. Data processing operations are volatile in nature, resulting in frequent changes to equipment, programs, and documentation. These actions make it critical to consider the plan as a changing document. Use this checklist as you conduct your test and decide what areas should be tested:

Table 3. Conducting a Recovery Test

Item	Yes	No	Applicable	Not Applicable	Comments
Select the purpose of the test. What aspects of the plan are being evaluated?					
Describe the objectives of the test. How will you measure successful achievement of the objectives?					
Meet with management and explain the test and objectives. Gain their agreement and support.					

Have management announce the test and the expected completion time.					
Collect test results at the end of the test period.					
Evaluate results. Was recovery successful? Why or why not?					
Determine the implications of the test results. Does successful recovery in a simple case imply successful recovery for all critical jobs in the tolerable outage period?					
Make recommendations for changes. Call for responses by a given date.					
Notify other areas of results. Include users and auditors.					
Change the disaster recovery plan manual as necessary.					

Table 4. Areas to be tested

Item	Yes	No	Applicable	Not Applicable	Comments
Recovery of individual application systems by using files and documentation stored off-site.					
Reloading of system tapes and performing an IPL by using files and documentation stored off-site.					
Ability to process on a different computer.					
Ability of management to determine priority of systems with limited processing.					
Ability to recover and process successfully without key people.					
Ability of the plan to clarify areas of responsibility and the chain of command.					

Effectiveness of security measures and security bypass procedures during the recovery period.					
Ability to accomplish emergency evacuation and basic first-aid responses.					
Ability of users of real-time systems to cope with a temporary loss of on-line information.					
Ability of users to continue day-to-day operations without applications or jobs that are considered no critical.					
Ability to contact the key people or their designated alternates quickly.					
Ability of data entry personnel to provide the input to critical systems by using alternate sites and different input media.					
Availability of peripheral equipment and processing, such as printers and scanners.					
Availability of support equipment, such as air conditioners and dehumidifiers.					
Availability of support: supplies, transportation, and communication.					
Distribution of output produced at the recovery site.					
Availability of important forms and paper stock.					
Ability to adapt plan to lessen disasters.					

Contacts – Joe Hodges, CEO will determine when the contacts should be called and give a verbal or written script for those employees who are calling.

Contact List: as of 9/21/2013

Section 11. Disaster site rebuilding

- Disaster site location to be determined by management depending on the severity of the disaster.

- Data center square footage, power requirements and security requirements.
- Security requirements: locked area, preferably with combination lock on one door.
- Detectors for high temperature, water, smoke, fire and motion
- Raised floor

Section 12. Record Plan Changes

Keep your plan current. Keep records of changes to your configuration, your applications, and your backup schedules and procedures.

Addendum

The following applies only to INETICARE.

The CM, DM will call patients that are open to the program if they receive information regarding a disaster in the area where the patient lives. This will be done provided the CM, DM nurse is in a safe situation themselves.
Disease Mangers and Case Managers will send the following survey out to their patients to obtain Emergency information from each patient. If the patient sends in the completed survey the document will be scanned and sent to the DM, CM to place in the patients chart.

EMERGENCY PREPARATION/ RELIGION SURVEY

Name:_____

Date: _____

Part of the role of the Nurse Case Manager is to assure that safety issues within the home and community are addressed. We can also aid you with spiritual needs. Completing the questionnaire will help your Nurse Case Manager to better serve your needs,

If one of the following disasters occurs do you have a plan? If so, please state the plan briefly.

Hurricane:

Electrical Power outage:

Cold weather with no power for heat:

Damage to your home where you can no longer live in the building (example: tree falls on your house):

Exit strategies in case of fire?

If the usual exits are blocked, can you and your entire house escape? How?

Do you have a designated are where all people can meet outside the home to make sure everyone is safe?

Are emergency phone numbers posted by your phone including: 911, your address, physicians numbers, pharmacy numbers, nearest relatives, hospitals, etc.

_____Yes _____No

Do you use oxygen? _____Yes _____No

If you answered yes to oxygen use, please answer the following:

What company provides/delivers your oxygen to your home?

_____

What is their telephone number?

_____

Do you use an Oxygen Concentrator?	_____Yes	_____No
Oxygen Tanks?	_____Yes	_____No
Portable oxygen tank?	_____Yes	_____No
Portable Oxygen Concentrator?	_____Yes	_____No

Have you registered your oxygen use with:

Emergency Medical Services	_____Yes	_____No
Electric company	_____Yes	_____No

The following questions are optional.

Do you have a religious preference?

___Baptist ___Catholic ___ Episcopalian ___Hindu ___Jewish

___Lutheran ___ Muslim ___Protestant

___Other, please state:

___None

Is there a religious leader that you would contact if you needed support or guidance?

Name: _____

Place: _____

Phone: _____

If you would like more information or help with any spiritual or emergency planning needs, please let your Nurse Case Manager know. Your Nurse Case Manager is trained and looks forward to helping you prepare for these emergencies.

PLEASE Complete this form and return it to your Nurse Case Manager in the enclosed self addressed stamped envelope as soon as possible.

Thank you for taking the time to share with us so we may better service you.

To Your Health!
Warm regards,

INETICO, Inc. /INETICARE
CARE MANAGER
Tel: toll free--1-877-601-2200 ext 224 (this is always a voice message that rings me when you hang up; please leave your name and phone number and I will return your call as quickly as possible.)
Tel: direct—
Fax: 1-813-514-8212 Email:

IMAGINATION ▪ INNOVATION ▪ INTEGRATION ▪

Company Description, Products and Services

INETICO is a successful medical and dental cost containment company that works with Plan Sponsors to improve the fiscal health of their benefit plan while supporting the physical health of their employees. INETICO has a staff of over 50 providing services to over 700,000 health plan participants throughout the United States and the Caribbean.

INETICO delivers unique, expert Utilization Management and Large Case Management services.

INETICO has demonstrated its ability to deliver unique industry leading services that enhance process efficiencies, increase benefit plan savings and promote the employer/employee relationship.

Below are INETICO's industry leading core services defined by its two business units:

INETICO Services:

- Expansion of hospital and physician network access
- Medical and dental claim cost containment

INETICARE Services:

- Nurse directed Care Management programs that assist patients in navigating their way through a catastrophic medical event or chronic illness.
- Medicare Plus Provider Programs delivering aggressive collaboration with Physician and Facilities and members for best care options and pricing.

INETICO History

The INETICO concept was conceived when founder Joseph C-W Hodges made a decision to challenge the traditional employer benefit structure by bringing the clearest level of transparency and trust to the market place. In a healthcare environment shrouded with complex medical mazes, high costs and undecipherable medical bills and records.

In 2003, Joseph's belief in this concept and services gave him the confidence to pull a team of IT professionals and healthcare executives together to design the foundation and build the technology that would fulfill this dream. He left a full time career position to invest his own personal resources and start this new endeavor.

Within weeks of proposing INETICO's services to viable prospects, the company acquired its first two clients and opened for business in January of 2004.

INETICO turned a small profit from the revenues produced by those first clients, but more importantly, INETICO produced results, excelled in customer service and retained those clients to this very day. The growth has been carefully calculated to manage service, results and reinvestment. The dedication of the founder and his team to create and continually improve the claims and care management process has led to amazing results.

INETICO has faced a great deal of adversity. There is a tremendous amount of competition in the healthcare cost-containment industry and overcoming "the new kid on the block" stigma was a sizable challenge. In the beginning, INETICO was labeled as "just another vendor" by the competition. Fortunately, many businesses thought otherwise and selected INETICO because of their pioneering approach to benefit plan savings and patient care services. This marriage of claims and care management is unique to INETICO and presents a previously untried yet now proven approach. Our results have increased the employers' ability to provide stronger and more fiscally sound programs within its benefit plan.

INETICO
Care & Claims Management Services

HISTORY

Recognizing that each client benefits from a personalized approach, INETICO has been able to provide a boutique level of service to even the largest sized client. INETICO has made a conscious effort to partner with its clients and give them the level of service just as if the INETICO employee worked at the desk across from them. This success has come from INETICO's flexibility and personal approach – values that the entire INETICO team support daily.

In October 2010, INETICO released INETIPASS V2 – our proprietary Claims and Care Management web platform, providing our clients with even greater access to information helping them manage their ever-challenging and rising healthcare costs. We consistently hear from our clients that our system is the easiest, most functional tool they have used to this point.

In September 2010, INETICO was named the Small Business of the Year by the Tampa Chamber of Commerce.

From those first days in 2003, to opening the doors in 2004, our continued sales success has resulted in additional staffing and multiple moves to accommodate the growth – INETICO has remained financially stable and managed both its growth and industry image and respect well.

INETICO has never had a penny of debt, or borrowed capital to fund its growth and expansion. It is a company built on solid principles and sound management, providing cutting edge technology and high-touch services in an industry where service and persistence makes a world of difference.

Client loyalty – ask anyone else if they have 100% client retention.

INETICO – a true partner for you and your members. Improving the fiscal health of the health plan and the clinical health of the plan members.

We believe our structure and entrepreneurial organization allows us to react to your needs, the ever changing markets and the creation of tools necessary to meet changing markets, while continuing to deliver consistent results and oversight you can depend on.

IMAGINATION ▪ INNOVATION ▪ INTEGRATION ▪