RESPONSE
to the
STATE UNIVERSITY OF NEW YORK’S
REQUEST FOR PROPOSAL
(X002654)

A Viable Solution
for the Sustainability of
Long Island College Hospital

March 19, 2014
March 19, 2014

Jordan Lohre, Senior Contract Manager
Office of Business Operations & Procurement, S 112
State University of New York
State University Plaza
Albany, New York 12246

Re: Response to the State of New York’s Request for Proposals regarding the Long Island College Hospital (X002654)

Dear Mr. Lohre,

On behalf of the Chinese Community Accountable Care Organization and Eastern Chinese American Physician IPA as Co-Offerors, I would like to submit a response to the State of New York’s Request for Proposal regarding the Long Island College Hospital (Request for Proposal X002654, Office of Business Operations & Procurement) as per your letter dated on January 28, 2014.

Please find enclosed twenty four (24) complete copies of our proposal, one of which contains original signatures.

We have extensively reviewed the Request for Proposal (RFP) and understand the instructions contained therein. In addition, we fully acknowledge, accept and agree to comply with the applicable requirements and associated regulations and laws contained in this RFP, including Exhibit A (State University of New York Standard Contract Clauses), Exhibit A-1 (State University of New York Affirmative Action Clauses), Exhibit B (Procurement Lobbying Certification relating to State Finance Law §139-j and §139-k), and Exhibit D (Conditions, Terms and Limitations); State Finance Law §139-j(3) and §139-j(6)(b). We further certify that we are not listed as one of the “Entities Determined To Be Non-Responsive Bidders/Offerors Pursuant to The New York State Iran Divestment Act of 2012” list (“Prohibited Entities List”) and will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List.

We believe our proposal prioritizes the healthcare concerns of the community by offering a high quality and low cost full service hospital that best addresses the needs of the Long Island College Hospital community as well as the physicians, nurses, staff and patients impacted by the recent changes at LICH. CCACO was one of only 7 nationally recognized ACOs out of 114 approved in 2012 to receive an interim shared savings payment from CMS in December 2013. As a successful accountable care organization and independent physician association, we can bring innovative approaches to reducing healthcare costs, improving access and clinical outcomes to Brooklyn.
The purchase price of the property is $210 million, in an aggregate amount that is sufficient to satisfy the non-contingent purchase price, for the entire LICH campus including the non-core and core properties.

The medical services anticipated in our proposal for the proposed medical-services plan that includes the in-patient services, the expected number of beds, the medical specialties and how the medical-services plan will meet the needs of the community, is located in Section 1C, pages 5-6, Section 1D, pages 7-10 and Section 1E, pages 11 - 13.

The following representatives attended the mandatory site visit and mandatory community healthcare presentation on the dates indicated below.

Mandatory Site Visit:
Henry Chen, MD (August 5, 2013)
Josephine Wu, DDS, Esq. (March 4, 2014 and August 5, 2013)

Mandatory Community Healthcare Presentation
Henry Chen, MD (March 3, 2014)
Josephine Wu, DDS, Esq. (March 3, 2014)

Please find below a list of attachments included in this proposal.

**List of Attachments:**

- Attachment A: Submission Identification Form
- Attachment B: Registration and Confidentiality Agreement
- Attachment C: Non-Collusion Form
- Attachment D: Procurement Lobbying Act Procedure
- Attachment E: Term Sheet
- Attachment F: MWBE Forms 107, MWBE Utilization Plan
- Attachment G: MWBE Forms 108, EEO Staffing Plan
- Attachment I: New York State Vendor Responsibility Questionnaire
- Attachment J: Confidentiality Letter
- Attachment K: Foil Letter – Not applicable
- Attachment L: equal employment opportunity policy statement,
- Attachment M: 5B, Financial Statements
- Attachment N: Letters of Support
- Attachment O: Curriculum Vitae & Biographical Information
Please do not hesitate to contact us regarding any questions or concerns. We look forward to hearing from you soon.

Thank you very much for your time and effort and appreciate your consideration of our proposal.

Sincerely,

Henry Chen, MD
Chief Executive Officer, Chinese Community Accountable Care Organization
Executive Vice President, Eastern Chinese American Physician IPA
SECTION 1: DESCRIPTION OF ORGANIZATION TO BE INVOLVED IN PROPOSAL

1A. PROVIDE A DETAILED DESCRIPTION OF THE OFFEROR, INCLUDING THE PROPOSING ORGANIZATION AND EACH SUBCONTRACTOR, PARTNER, TENANT, AND COLLABORATOR WHO WILL BE INVOLVED IN EFFECTUATING THE PROPOSAL, INCLUDING CORPORATE STRUCTURE AND NATURE OF RELATIONSHIPS BETWEEN SUCH ENTITIES.

OFFEROR CORPORATE STRUCTURE

The following entities, as Offerors, submit this response to the State of New York’s Request for Proposal (X002654) concerning the disposition of the Long Island College Hospital and associated properties and intend to form a partnership:

1. Henry Chen, MD, Chief Executive Officer, Chinese Community Accountable Care Organization, a New York State corporation with principal offices at: 139 Centre Street, Suite 318, New York, New York 10013 and
2. Henry Chen, MD, Executive Vice President, Eastern Chinese American Physician IPA, a New York State corporation with principal offices at: 3370 Prince Street, Suite 703, Flushing, NY 11354.

OFFEROR DESCRIPTION

Chinese Community Accountable Care Organization, Inc. (CCACO)

CCACO is a physician owned and operated accountable care organization (ACO) accepted into the Medicare Shared Savings Program as one of 27 organizations nationwide and, the first in the City of New York on April 1, 2012. CCACO was one of only 7 nationally recognized ACOs out of 114 approved in 2012 to receive an interim shared savings payment from CMS in December 2013.

CCACO is a clinically integrated network of physicians, many of who have been in practice for over 10 years in Brooklyn, Queens & Manhattan and will provide high quality, low cost healthcare to underserved and racially disparate communities that neighbor and surround the LICH campus.

- Approved as Accountable Care Organization April 1, 2012
- Currently over 230 practicing physician shareholders
- Managing a client pool of approximately 200,000 patients including Brooklyn residents
  - Management of Chronic Conditions and At-risk Populations
  - Diabetes Recognition Program (National Committee for Quality Assurance (NCQA))
  - Patient Centered Medical Home (NCQA)
Chinese Community Accountable Care Organization & Eastern Chinese American Physicians IPA
Response To SUNY’s Request For Proposal (X002654) - Long Island College Hospital Campus

Section 1: Description of Organization to be Involved in Proposal
Subsection 1A: Detailed Description of the Offeror

➢ Practicing physicians based in Brooklyn, Manhattan and Queens

➢ Current and on-going graduate level education and training for medical students
➢ Specialized Disease Centers of Excellence
  • Cardiology, Obstetrics, Gastroenterology, Hepatitis, Interventional Radiology, Oncology

Eastern Chinese American Physicians IPA (ECAP)

ECAP is a for-profit independent practice association founded in 2005 and is composed of over 200 actively practicing physicians, both Primary Care and Specialists who provide a wide range of healthcare services.

➢ Manages over 150,000 lives
➢ 4 major HMO contracts with full risk and capitation
➢ Over $1.6MM annual share savings and incentives
➢ Overhead expenses of < 25% of gross revenue

KEY COLLABORATIONS

i. Hospital Operations
   • James MacPherson, Principal, Paladin Healthcare Capital, LLC, 222 N Sepulveda Boulevard, Suite 950, El Segundo, California 90245 - An innovative hospital acquisition and management company focused on providing cost effective, quality healthcare services in underserved communities. Led by a team of professionals with proven track records in hospital operations, clinical care, finance, and real estate, Paladin has the proven ability to execute effective business strategies with successful hospital turnarounds and specialize in restructuring financially distressed hospitals into profitable hospitals. In this RFP, Paladin will have the role of hospital operator and management during the transitional period and stabilization of LICH.
   • Charles “Rick” Grunau, MD. Senior Advisor, Emergency Medical Associates, 3 Century Drive, Parsippany, NJ 07054 - A large physician group, managing over 1 million patients annually in New York and New Jersey, to provide essential emergency room and hospitalist physicians. In this RFP, Emergency Medical Associates is contemplated to work closely together with the current LICH physicians, other health care providers and staff to provide the emergency room and in-patient hospital care
   • Interested Candidates for Chief Financial Officer and Chief Executive Officer Positions – Panel of qualified candidates interested in serving in executive management roles during transitional period.

ii. Academic Affiliation
   • Charles J. Adams, Esq., General Counsel, Saint George’s University Limited, University Center, Grenada, West Indies, C/o Patrick F. Adams, P.C., 3500 Sunrise Highway, Bldg 300, Great River, NY 11739 - St. George’s University has been educating medical students for more than 35 years. St. George’s University School of Medicine pioneered the concept of international medical education and
stays at the forefront of medical education as the world becomes smaller. St. George’s University was the first private medical school in the Caribbean with instruction in English, the first to be accredited by the Caribbean Accreditation Authority for Education in Medicine and Health Professions (CAAM-HP) and the leader in the first time scores on the United States Licensing Examinations. There is significant institutional knowledge regarding the clinical education of medical students, preparation for medical licensing examinations and residency placement for graduates. In this RFP, St. George’s University will to ensure that Long Island College Hospital is and remains a teaching hospital with post graduate ACGME accredited residency training programs and undergraduate clinical medical education for students.

**NATURE OF RELATIONSHIP: A STRATEGIC PARTNERSHIP & KEY COLLABORATIONS**

The Chinese Community Accountable Care Organization and the Eastern Chinese American Physicians IPA are uniquely qualified to facilitate a SUNY Downstate/Long Island College Hospital transition out of the healthcare provider services for the surrounding communities at the LICH campus. CCACO and ECAP have a strong record of innovative healthcare and strategic thinking and can provide unmatched leadership and expertise while transitioning from the existing healthcare provider methodology to a high quality, low cost new model of care offered as a part of our response to this critical request for proposals (RFP). In addition, each collaborator has been selected for their unique expertise and experience to perform and assist in achieving each of the objectives of this RFP.

For example, Paladin principals and advisors comprise a highly experienced and successful management team with broad collective strengths in the areas of hospital operations, emergency department operations, managed care, healthcare facilities management, finance, law, and real estate. The Paladin team has deep experience in turnaround situations, and has successfully driven rapid improvements in performance at each of the LA Hospitals, including dramatic enhancements to care quality, operational efficiency, and financial performance. The strength of the Paladin team has enabled Paladin to refine a business model that can transform underperforming hospitals in underserved communities into low-cost providers of quality acute care services.

In addition, St. George’s University School of Medicine wishes to partner with the Offeror to ensure that Long Island College Hospital is and remains a teaching hospital with post graduate ACGME accredited residency training programs and undergraduate clinical medical education for students. St. George’s ability to perform the proposed functions is contingent on the University obtaining any and all licenses, permits or approvals required by any applicable New York State regulatory body, for St. George’s to conduct undergraduate medical education at LICH and to perform its obligations with respect to residency programs as outlined herein. This proposed relationship will make LICH a prominent US clinical center for St. George’s University students and graduates. With the University’s roots in Grenada, West Indies, it will offer a symbiotic relationship with the West Indian community in Brooklyn. It is a unique opportunity to offer medical services to an underserved portion of the community that is well known to the University—a community which the University has been serving in the West Indies for 37 years.

By accessing the expertise of each of the assembled organizations and the professionals in the team environment outlined in this RFP, the LICH community and healthcare environment benefits from the synergy and efficiency of our team. In short, our strategic partnership is organized to deliver a broader perspective, proven methodologies and a seamless transition strategy that allows for a better and more publicly acceptable approach for this all important paradigm shift as the primary focus of our proposal is to provide a healthcare solution for the Brooklyn community.
IB. PROVIDE A DISCLOSURE OF ALL OFFEROR CONSULTANTS AND COUNSEL INVOLVED IN PREPARING THE PROPOSAL OR WHO WILL BE INVOLVED IN THE CONSUMMATION OF THE TRANSACTION INCLUDING WHETHER ANY SUCH CONSULTANT HAS CONTINGENT FINANCIAL RELATIONSHIPS WITH OFFEROR.

CONSULTANT DISCLOSURE

The development of this proposal has leveraged a number of industry and business specialists including for the execution of all required tasks. All key advisors and consultants will be engaged in a manner that allows for a synthesis of their core competencies to ensure seamless representation across all disciplines required for a successful transition.

i. Legal Counsel
- John Ballan, Esq., Partner, McKenna Long and Aldridge LLP
- Don Bosco, Esq., Partner, Bosco & Ward Law Offices
- Robert Slingsby, Esq., Operator, AllMed, multilocation federally qualified healthcare facilities and ambulatory surgical center.

ii. Hospital Operations and Management
- J. Michael Gallagher, J. Michael Gallagher & Associates, Inc. (JMG) represent a strategy, development and management firm with significant successful experience providing strategic, development and operational consultation to hospitals, health systems and physician organizations in primarily, but not limited to the western United States. Collectively, the principals of JMG have served as Presidents, Executive Vice Presidents and Vice Presidents of Business Development for hospitals, health systems, public joint powers agencies and federal/state health regulatory organizations, and are well equipped to provide their vast knowledge and hands on management skills and experience throughout the planning, development, implementation of the hospital operations component of the proposed LICH plan.

- Richard T. Celiberti, Montefiore (recently retired), Senior Vice President & Executive Director of the Wakefield Campus. Mr. Celiberti has 30 years of healthcare administrative experience include leadership positions at hospitals and an international accounting/consulting firm. At the Wakefield, Mr. Celiberti was responsible for operations as well as working with physicians and staff to enhance the patient experience and maintain a high level of quality care. His extensive experience will greatly assist in hospital operations and management to best implement a hospital to meet the needs of community.

iii. Key Advisors
- Don Lee, Chief Executive Officer, MDland International (Provider of electronic medical record and ACO information technology platform); Former Chief Information Officer, Bellevue Hospital Center
- Eric Manheimer, MD, Clinical Professor, Division of General Internal Medicine, New York University Langone Medical Center; Former Medical Director, Bellevue Hospital Center
- Robert D. Greenberg, AICP, President, RDG Associates.
- Nick Nicoloff, Atlantic East Coast Hospital Corp. and Atlantic Realty LLC;
- Charles Wiggins, President, Tri-state Region, Remedy Partners
- Michael Keller, President, 2M Corporation, Real Estate Consultant

**Of note, Legal Counsel and Key Advisors listed above do not have a contingent financial relationship with the Offerors.**
IC. PROVIDE AN OVERVIEW OF HEALTHCARE SERVICES PROVIDED BY THE OFFEROR, INCLUDING THE ORGANIZATIONAL STRUCTURE, FACILITIES OPERATED, SERVICE AREA, CLINICAL SERVICE STRENGTHS, AND ANY OTHER RELEVANT INFORMATION. DESCRIBE ALL GOVERNANCE MODELS IN THE SYSTEM WITH RESPECT TO ANY OWNED, SPONSORED OR OTHERWISE AFFILIATED ARTICLE 28 HOSPITALS AND OTHER FACILITIES.

GOVERNANCE, ORGANIZATIONAL STRUCTURE & FACILITIES OPERATED

We propose an outright purchase and acquisition of the entire LICH campus and properties that includes the plant and associated equipment from SUNY to operate a not for profit corporation article 28 hospital and facility that provides high quality and low cost healthcare to needs of the community. This project proposes that the LICH campus will be operated by an experienced hospital operator with an established track record of revitalizing financially distressed hospitals that is governed by a Board of Trustees composed of physicians of CCACO and ECAP that are uniquely positioned to understand the challenges and issues associated with delivering a high quality of healthcare services to racially disparate and underserved populations. The Board of Trustees will also include representatives of key community stakeholders and will be advised by a community benefits organization to provide a community perspective of the healthcare needs. In addition, the daily operations and decisions will be managed by an experienced executive team familiar with the substantial administrative, financial, strategic and operational needs required to operate a financially sound and high value hospital that can meet the needs of Brooklyn’s most underserved communities.

The proposed plan is to establish an acute care facility starting with 150 beds (for in-patient services), then adding 50 beds each year, up to a maximum of 250 beds. Given the current underutilized number of beds and low occupancy rate previously reported at the LICH campus, we believe a downsized, more streamlined facility can efficiently provide a high quality of care and reduce losses. The plan will also include a streamlined operating room, MICU and Labor and delivery unit. In parallel, disease specific centers of excellence will be created to provide the specialty physicians needed to staff and resources to operate such a facility with sufficient critical mass to support the beds given the expertise of the LICH physicians. Physicians may be employed as hospital staff, participate in a faculty practice environment or as a hospital-based independent practice association. The plan will also include a streamlined operating room. Collaborations will local nursing home and long term care facilities and home care agencies will be established to closely monitor and seamlessly coordinate the transitions of patients from acute care, sub-acute, and long term rehabilitation care and back to full health in the community, utilizing case managers. Therefore, the proposal offers a fully integrated health care delivery system that offers a continuum of care across multiple phases of a patient’s healthcare.

Our proposal offers an integrated system of care rather than a traditional hospital that is limited to acute and critical patient care only. We represent a clinically integrated network of physicians organized to coordinate care in an accountable care organization infrastructure and uniquely understand how to provide high quality care and cost-saving measures across the continuum of patient care. It is our primary goal and mission to quickly and efficiently manage the patients through the hospital system, creating smooth transitions to nursing home or long term rehabilitation care and back to health in the community where the patient can be followed by their primary care physician(s).

CLINICAL SERVICES AND STRENGTHS

The LICH hospital and facilities will emphasize a patient-centric, primary care focused model of care. Healthcare providers, including the current LICH physicians and allied healthcare providers along with the CCACO and ECAP
network of physicians, will concentrate on preventative measures and support patient wellness and quality of life in the overall management of patient care. To this end, this proposal will provide a full spectrum of medical and healthcare services to the acute and chronically ill patients that are served by the LICH campus and surrounding neighborhoods. The proposed LICH hospital and facilities will offer, but is not limited to, the following clinical service areas:

i. Inpatient Services:
   - Coronary care
   - Intensive Care
   - Maternity
   - Medical/Surgical
   - Pediatrics
   - Physical Medicine and Rehabilitation

ii. Outpatient Services:
   - Ambulance Services
   - Ambulatory Surgery and Services
   - Disease Specific Centers of Excellence
   - Emergency Department
   - Prenatal and Family Planning
   - Primary and Specialty Care
   - Federally Qualified Health Center

Given the wide range of experienced Specialist physicians within the LICH physician community and our large network of clinically integrated physicians, we can restructure and strengthen the following clinical services:

- Cardiology
- Obstetrics
- Gastroenterology
- Hepatitis
- Interventional radiology
- Oncology
1D. PROVIDE A DETAILED DESCRIPTION OF THE HEALTH CARE SERVICES PROPOSED TO BE PROVIDED AT OR NEAR THE LICH CAMPUS. INCLUDE SPECIFIC SERVICES TO BE PROVIDED AND HOURS OF OPERATION AND THE ANTICIPATED LOCATIONS TO THE EXTENT PRACTICABLE. DESCRIBE THE GOVERNANCE AND OWNERSHIP MODEL FOR THE PROPOSAL, ESPECIALLY WITH RESPECT TO ANY OWNED, SPONSORED OR OTHERWISE AFFILIATED ARTICLE 28 HOSPITALS AND OTHER FACILITIES.

DESCRIPTION OF HEALTHCARE SERVICES

This proposal seeks to create an integrated system of healthcare that address and are aligned with the community health care needs of Brooklyn’s residents to improve the individual health and at-risk population, while reducing inefficiencies and lowering unnecessary health care spending costs. Based on recent events, we believe the current health care system faces significant challenges and have created a healthcare solution that can meet the healthcare needs of the community.

The experienced hospital management team will jointly work together with the LICH physicians and allied healthcare providers, to concentrate on delivering high quality and low cost healthcare to the local Brooklyn community by offering preventative measures, support patient wellness services and improving quality of life. The goal of this proposal is to transform LICH into a leading hospital in Brooklyn that Brooklyn residents can utilize for their medical care and avoid traveling outside of Brooklyn for treatment and healthcare.

Our initial analysis indicates that, based on demographics and healthcare needs, the number of beds (capacity of 506 beds as per the present article 28 license) may represent a disproportionate bed count to actual inpatient service trends. The financial burden of a low occupancy bed rate is overwhelming to sustain with high levels of infrastructure and overhead costs. Our short and long term game plan, respectively, is to maintain adequate bed counts per needed through-put census' (currently evaluated to be between 200-250 beds) and leverage our vast capacity to integrate clinical level services through a new model of healthcare delivery that emphasizes primary care and prevention services, care coordination and patient satisfaction. Therefore, we propose a non-profit, article 28 hospital to reduce the number of beds to 150 beds with the long term goal of 200-250 beds, which represents a manageable, more efficient utilization of services that maximizes cost-saving activities and the potential for long-term sustainability of the LICH campus within approximately 300,000 - 300,000 sq. feet within the Othmer, Polak and 97 Amity Street buildings.

Community Health Needs & Improve Individual Health with Metrics Analysis

A community health needs assessment study in North and Central Brooklyn (Need for Caring in Northern and Central Brooklyn, Community Health Needs Assessment by Brooklyn Perinatal Network, Commission on the Public Health System and New York Lawyers for the Public Interest, Jan. 2013) revealed several barriers to healthcare that included poor fit of clinic hours and patient schedules, limited hours for specialty services and a perception that quality of care is higher at hospitals located outside of the community.

Each of these areas of “service deficits” provide opportunities for our community/patient centric approach to providing healthcare services. Our depth of physicians, bandwidth of general and specialized services and high motivation to serve Brooklyn and New York City makes this unique opportunity a very high priority on our mission fulfillment strategy. The goal of this proposal is to restructure the hospital operations and how care is delivered by improving the quality and environment that care is provided to patients, while reducing excess utilization and costs.

Expansion of Primary Care Services

This proposal will expand the volume and level of Primary Care services offered to the LICH campus to be conveniently accessible to the surrounding and neighboring communities in Brooklyn and address the most urgent
Chinese Community Accountable Care Organization & Eastern Chinese American Physicians IPA
Response To SUNY’s Request For Proposal (X002654) - Long Island College Hospital Campus

Section 1: Description of Organization to be Involved in Proposal
Subsection 1D: Detailed Description of Healthcare Services

and singular health care needs in Brooklyn. According to the B-HIP Community Health Assessment Needs report, there is a shortage of quality, accessible primary care services available in Northern and Central Brooklyn (1 full Primary Care Physician per every 1,502 persons, just above the New York state limit for Medicaid managed care plans for patient panel size). In addition, the B-HIP report revealed that 43% of surveyed patients who visited the emergency room remarked their visit was for a non-emergency, demonstrating that a substantial number of patients can be seen in a more appropriate and cost-efficient manner, i.e. in ambulatory services or office setting.

Furthermore, the increased level of primary care services will minimize and substantially reduce Brooklyn emergency visits and readmission rates as well as provide a new model of care, such as the Patient Centered medical Home. These measures, therefore, will provide rational, cost-effective healthcare to Brooklyn’s most underserved and racially disparate communities while significantly reduce costs and increase savings for the LICH hospital operations.

Emergency Room
This proposal will include a full service emergency room that can respond to walk-ins and 911 ambulance calls and will be equipped with an observation units and operating rooms for critical patients and emergency situations.

Convenient Ambulatory Services
This proposal will provide an on-campus ambulatory center that provides primary care and multi-specialty care services on an urgent or walk-in basis with patient access during the late evenings and weekends to address the frequent and over use of the emergency room as a first-line source of medical care. The goal of the ambulatory services is to prevent overutilization and overcrowding of the emergency room with non-emergency patients.

In addition, utilization of ambulatory care services will reduce high rates of preventable hospitalizations and average lengths of stay by improving outpatient care and to improve the management of inpatient care more efficiently.

Improved Patient Access to Primary Care Physicians

Our large network of clinically integrated physicians maintain extended office hours, i.e., evenings and weekends to accommodate patient access to primary care and specialty services after hours, such as post-acute and urgent care to minimize the need for emergency room visits and hospital readmissions. Our on-campus primary care services will be open 7 days per week, from 8 am to 8 pm.

Also, the physicians maintain a practice culture of open access and dedicated walk-in appointment slots to address acute events that can often be resolved by in-office medical attention and avoid an elaborate and often unnecessary hospital admission and readmission. This robust, open access model encourages patients to seek care with the primary care provider and minimizes the need for an emergency room visit, representing a more cost-effective manner to manage patients in a timely manner that could have been handled in the office. In addition, the providers have an ability to maintain strong patient-physician relationship and results in patients that prefer to visit physicians rather than the emergency room.

Patient Centered Medical Home

The expansion of Primary Care and coordinated Patient Centered Care is a strength and mandate of the CCACO/ECAP. This model of patient centered care and medical home can also be brought to LICH to improve the quality of care and care coordination. In collaboration with NYC Reach and (New York City Department of Health (NYCDOH), CCACO/ECAP has promoted an initiative within the network of clinically integrated physicians and dedicated significant resources to assist physicians to transform their practices to the National Committee for Quality Assurance’s (NCQA) Patient Centered Medical Home (PCMH) model, the gold standard for PCP-focused primary care model. PCMH is the foundation for an accountable care organization with the aim of coordinating patient care among health care providers, increasing patient satisfaction and reducing costs by following up with diagnostic testing, providing timely specialist referrals, monitoring emergency room visits and providing greater patient access to care.
Currently, over 30 practices are PCMH Level 1 or Level 3 certified with an additional 20 physicians who are in the process of becoming PCMH certified. In addition, we provide intensive, onsite assistance and support to our physicians who would like to become PMCH certified via two dedicated PMCH Content Certified Experts on staff.

Care Transition – Nursing Home Facility and Assisted Living Facility

A key to the success of the patient care coordination is the linkage of patient centered-primary care services to acute and long term care services. This proposed plan envisions establishing strategic partnerships with local nursing home facilities and assisted living residences to allow for more streamlined transitions of care from acute to sub-acute and then chronic care services that are in close proximity to emergency services for urgent medical care, when needed.

Prevention & Wellness Strategies

A crucial component of addressing the community health needs necessary at LICH is providing prevention and wellness care to the patients of Brooklyn’s underserved and at-risk populations. This proposal will emphasize a focus on primary care services that highlight the importance of early prevention and wellness, such as annual wellness visits to monitor early indications of chronic disease, provide routine vaccinations and health screenings for colon (colonoscopy), cervical (PAP smears) and breast (mammography) cancers.

Complex Disease Mix and Disease Specific Centers of Excellence

Given the expertise available within the local LICH physician community as well as CCACO and ECAP, many primary and subspecialty services can be implemented and/or expanded at LICH to bring state of the art services to meet the needs of an underserved, at-risk population with multiple chronic diseases to the Brooklyn community. These efforts will provide the needed specialty services and avoid the necessity for patients to travel to other hospitals outside of their Brooklyn communities. The proposal will create disease specific centers of excellence that target a unique disease or service and will be staffed by recognized clinical physician leaders that can offer their expertise and experience to best manage the individuals with multiple chronic conditions. Such Disease Centers of Excellence and the proposed offered services include:

- Cardiology – Restructure/implementation of a cardiac catheterization and facility
- Obstetrics - Restructure/implementation of an obstetrics unit to encourage utilization of child delivery services
- Gastroenterology – Restructure/implementation of an endoscopic ultra-sound unit that may generate downstream services such as surgical oncology and minimally invasive surgery
- Diabetes – Implementation of a diabetic screening, preventive, and treatment center with focus on early intervention and prevention of kidney disease, cardio-vascular disease and retinopathy
- Hepatitis – Restructure/implementation of a Hepatitis clinic to screen and manage hepatitis B, chronic hepatitis C and liver cancer
- Interventional radiology – Restructure/implementation of a unit offering minimally-invasive image-guided procedures to diagnose and treat various diseases
- Oncology – Restructure/implementation of an infusion unit for the treatment of cancer patients

Healthcare and the Affordable Care Act

Since the enactment of the Affordable Care Act (ACA), the landscape of healthcare has become a continually changing market that demands fundamental changes in the clinical, organizational and financial paradigms. To maintain sustain and keep abreast of the changes, hospitals must provide new models of integrated healthcare that strengthen primary care, emphasize disease prevention, focus on care coordination and chronic disease management to improve patient outcomes and reduce costs. The hospital operation and relationship with the physician, particularly the primary care physician, will change accordingly to focus on primary care and preventive care, physician in charge, pay for
performance and clinical outcomes. This proposal will effectuate tangible changes and reshape the healthcare delivery system at the LICH campus to ensure that the core principles of accountable care organizations; improved patient satisfaction, improved quality of care, and coordination while reducing healthcare costs are implemented in Brooklyn’s underserved communities.

Leaders in Healthcare Reform

As the first accountable care organization selected by CMS to operate in New York City on April 1, 2012, CCACO and ECAP, our network of clinically integrated physicians are uniquely poised to ensure the aims of federal health care reform are meaningfully implemented in Brooklyn’s most underserved communities. ECAP IPA has over 7 years of experience in managing a large patient population with risk contracts with many large HMOs throughout New York City that enjoyed significant shared savings for the both the IPA and HMOs. Furthermore, CCACO is well-recognized at the forefront of healthcare reform as the leadership has been invited to participate in discussions on the subject on the national level, such as a physician discussion on the ACA at the White House as well as speaking directly with Dr. Farzad Mostashari, National Coordinator for Health Information Technology, U.S. Department of Health and Human Services and John C. Pilotte, Director, Performance-Based Payment Policy Staff Center for Medicare, CMS. In addition, CCACO was one of only 7 nationally recognized ACOs out of 114 approved in 2012 to receive an interim shared savings payment from CMS in December 2013.

Health Improvement Efforts and Public Health

CCACO/ECAP has the distinctive ability to bring a critical mass of nearly four hundred physicians, in a clinically integrated provider network to the LICH campus to achieve the triple aims of the ACA. As an existing ACO and IPA with managed contracts, our physician network can be leveraged to support the health-improvement efforts in Brooklyn. As an example, more than 73 CCACO physicians received the NCQA Diabetes Recognition Program (DRP) certification from a grant from the New York State Health Foundation. This voluntary program is designed to recognize clinicians who use evidence-based measures and provide excellent care to their patients with diabetes.

Health Information Exchange

A key aim of the Affordable Care Act is to coordinate care. The use of Health Information Exchanges (HIE) and Regional Health Information Organizations (RHIOs) will facilitate the flow of critical medical information among different providers. The ability to share data allows a physician to better understand a patient’s complete health status, provide informed management choices and result in better patient outcomes. CCACO and ECAP will participate in HIE, such as the Statewide Health Information Network for New York (SHIN-NY).
IE. TO BE CONSIDERED, THE PROPOSAL MUST SPECIFY THE MEDICAL SERVICES
ANTICIPATED IN OFFEROR’S MEDICAL-SERVICES PLAN, INCLUDING (I) FOR
PROPOSED IN-PATIENT SERVICES, THE EXPECTED NUMBER OF BEDS; (II) THE
MEDICAL SPECIALTIES (E.G., OBSTETRICS, ONCOLOGY) TO BE INCLUDED IN THE
MEDICAL-SERVICES PLAN; AND (III) HOW THE MEDICAL-SERVICES PLAN WILL MEET
THE NEEDS OF THE COMMUNITY.

This proposal will provide a high quality, low cost full service acute care hospital that reduces the number of hospital beds to 150 that can be expanded up to 250 beds to meet the growing needs of the community and is “right-sized.” The proposed hospital will be operated and managed by an experienced hospital operator and management team experienced in transforming financially distressed and underperforming hospitals into financially sustainable and profitable hospitals that provide a high quality of care to the communities served by the newly improved hospital facility and services. In addition, the hospital operator will work to invest in resources to encourage the return of private practice physicians in the surrounding communities to utilize the LICH facilities as well as work closely together with the current LICH physicians. LICH allied healthcare professionals and the network of CCACO and ECAP physicians to revitalize and rebuild services offered at LICH.

The Offerors of this proposal will seek the advisement and input of key community stakeholders impacted by LICH, including community members and local residents from the surrounding neighborhoods to be served by LICH, prominent physician leaders, full time and voluntary, who would provide patient care and other community organizations to continue to shape and define the medical service plan at LICH to ensure such plan is in alignment with the healthcare needs of the community.

The goal of this proposal is to create a high quality, low cost hospital in Brooklyn that can serve the immediate LICH community to minimize the perceived need to travel to other more distant hospitals for medical care by recruiting and retaining well known and highly qualified physicians to LICH that may attract patients to return to and look to LICH for their healthcare needs. The following outlines the anticipated medical services plan of this proposal and may be modified to reflect the dynamically changing needs of the diverse and underserved LICH community and would be strategically implemented as healthcare services are restored to LICH. This proposal hospital envisions that LICH may offer the following medical services:

- A full service emergency room that can respond to walk-ins and 911 ambulance calls and will be equipped with an observation units and operating rooms for critical patients
- Comprehensive primary care and specialty clinics will be available in the 150 in-patient bed hospital facility that can be increased to 250, as needed. Anticipated in patient services may include, but would not be limited to:
  ✓ Maternity Units, Prenatal, Family Planning
  ✓ Primary Care and Prevention/Wellness services
  ✓ Specialty Care, including Cardiology and a Cardiac Catheterization Laboratory, Oncology/Radiation-Oncology, OB/GYN, Ophthalmology, GI, Nephrology, Neurology, Endocrinology, Rheumatology, ENT, Surgery, Urology, etc.
  ✓ Medical/Surgical Units, ICU, Endoscopy Suite, Stroke Unit, Hemodialysis Unit, Infusion Unit
  ✓ Pediatrics, NICU
  ✓ Psychiatry
  ✓ Dentistry
  ✓ Radiology/Imaging Services
  ✓ Pathology and Laboratory Medicine
  ✓ Operating Rooms
IMPROVING THE QUALITY OF LIFE AND MEETING THE HEALTH CARE NEEDS OF THE LICH COMMUNITY

This proposal will improve the quality of life and access to healthcare of the communities served by the LICH campus by addressing the challenges faced by the residents of Brooklyn. Recently, many hospitals throughout New York City have closed or have faced the threat of closure while struggling with financial distress forcing the residents served by such hospitals to seek healthcare elsewhere by traveling to other areas outside of their neighborhoods. This circumstance, in the best case scenario, is an inconvenience to the residents living in communities without a community hospital and in the worst case scenario, results in a tragic event and/or negative patient outcome from the delay of timely medical care.

With the assembled team of this proposal, the LICH campus can best serve the Brooklyn community as a hospital that provides a new model of care that can manage and coordinate care transitions of the patient from acute care, sub acute care, to long term rehabilitation, NOT as a feeder hospital, in the spirit of the Affordable Care Act. As leaders in the health care reform, the proposal will ensure that healthcare in Brooklyn will address the health needs of the community by providing needed primary care services and care coordination among various specialties and phases of care (acute, sub acute, nursing home and long term rehabilitation), in a cost conscientious manner. We want to be successful in the best interest of the community and support the initiatives upheld by President Obama and the federal laws enacted by Congress.

Presence of local community hospital. The main thrust of this proposal is to restore healthcare services to the communities surrounding the LICH community by building an appropriately sized acute care hospital and medical facility that focuses on primary care services and prevention strategies that regain the confidence of the local residents to seek care as well as encourage residents from the surrounding boroughs to obtain their care at the LICH campus. The quality of life of the residents of the LICH communities will substantially improve with the presence of an integrated hospital facility that can coordinate healthcare from acute care for emergent medical concerns to subspecialty referrals for diagnosis and disease management through nursing home care all within the LICH campus or partnering healthcare facilities without the need to travel far or outside of their immediate neighborhoods for care.

Access to primary care and preventative measures for the aging population. Currently, 11.5% of Brooklyn’s residents are 65 and older and this aging population is expected to continue to increase in the coming years. Given this aging population access to primary care services and preventative measures, such as breast cancer screening, cervical cancer screening, colon cancer screening, osteoporosis screening and treatment to prevent hip and spinal fracture, and vaccination (influenza and pneumonia), is vital to maintaining the health of this rapidly growing component of the community. Our large network of clinically integrated physicians are equipped to provide the needed primary care services and coordinate referrals to specialists, when needed. In addition, our physicians can ensure the community has access to annual medical examinations and annual wellness visits to identify any emerging medical conditions or prevent progression of an existing condition.

Implementation of linguistically and culturally competent care and health education. More than 2/3 of the Brooklyn population speaks a language other than English at home and has a limited English proficiency. Given the complex nature of understanding medical conditions and healthcare, language barriers may represent a challenge in coordinating patient care during the emergency visit, during the physician office visit or navigating the hospital system. The LICH campus will be staffed with employee and healthcare providers who are proficient in Spanish, Asian and other languages reflecting the ethnic composition of the community. In addition, this proposal anticipates the incorporation of language specific “Patient Navigators,” competent in a variety of languages, that are strategically positioned throughout the hospital to assist patients during the emergency room visit or hospital stay. The hospital signage will be culturally sensitive and tailored to the languages spoken by the visitors and patients of the LICH campus. Language specific patient education materials will be disseminated. Culturally sensitive diets will also be emphasized in the LICH campus with a different cooking system, nutritionists and chefs that can appropriately cater to the Kosher, Hispanic, Caribbean and Asian palates. Furthermore, semi-annual health fairs will be organized to allow for residents to learn more about how to manage their health conditions and seek guidance on how to obtain care for any medical concerns.

By providing a new model of healthcare that delivers health care in a culturally competent and language specific manner while coordinating and integrating the various aspects of medical care, from acute to sub acute care and
Section I: Description of Organization to be Involved in Proposal
Subsection IIE: Description of Medical Services Plan

nursing care services to long term rehabilitation, this proposal can substantially impact the lives of the residents by improving their quality of life and healthcare in a beneficial and meaningful way.
1F. DESCRIBE ANY PROPOSED RELATIONSHIPS WITH ANY OTHER HOSPITALS, SYSTEMS OR HEALTHCARE PROVIDERS, IF APPLICABLE.

HEALTHCARE NETWORKING and AFFILIATION STRATEGY

We will plan to develop and implement needed services to the community that can be reasonably and successfully supported by the financial resources available (public and private) in the new health care environment and with the necessary and available physician and health care work force. The implementation of a new physician networks will occur over time/ phases in consideration of the roll out of the federal Affordable Care Act (ACA), the financial modeling and appropriateness of such service line to be offered by the network and responsiveness to the ACA and available payment/reimbursement sources. The network will collaboratively pursue strategic partnerships and collaborative efforts with other local community hospitals, health systems and health care service providers, such as nursing homes, skilled nursing facilities, long term care facilities, and transitional care providers, as appropriate and in the best interest community and financial stability of LICH.

DOWNSTATE ACADEMIC AFFILIATION

This proposal includes a strong desire to continue the long legacy of medical education and request consideration of a continued academic affiliation of LICH with the State University of New York Health Science Center at Brooklyn (“Downstate”). The importance of providing an environment of higher learning, training mentorship and scholarly activity to encourage the development of well trained, future healthcare professionals represents a key goal of this proposal.

ST. GEORGE’S UNIVERSITY ACADEMIC AFFILIATION

Contingent upon St. George’s obtaining any applicable licenses, permits or approvals as required by any applicable New York State regulatory body for St. George’s to conduct undergraduate medical education at LICH and to perform its obligations with respect to residency programs as outlined herein, St. George’s in conjunction with Offeror, will seek to aid Offeror in establishing its own primary care residency programs at LICH as set forth in the new Affordable Care Act. These residencies will focus on family medicine, internal medicine, obstetrics/gynecology, pediatrics, psychiatry and community medicine. St. George’s University will be in charge of undergraduate medical education and ACGME accredited postgraduate residency training programs at LICH. St. George’s will be a liaison with hospitals/organizations that have established accredited residency programs to secure residents for LICH and assist in obtaining Green Book status for LICH. These affiliations fostered by St. George’s will allow LICH to initially integrate with current active accredited residency programs at other hospitals, while seeking approval and accreditation for LICH’s own residency programs. Additionally, St. George’s will supervise and manage all aspects of the undergraduate and postgraduate programs at LICH. These efforts will be funded by the University.

Additionally, given the expertise and depth of knowledge of the large physician network, medical education can be routinely provided to:
- the LICH health care providers via continuing medical education seminars and departmental grand rounds to maintain competency in the current trends and state of art in specific medical specialties and,
- patients via community health fairs.
1G. PROVIDE COMPLIANCE HISTORY FOR THE PROPOSED HEALTH CARE OPERATOR AND ALL AFFILIATES, INCLUDING PARENT, SUBSIDIARIES, AND SIBLING AFFILIATES, IF APPLICABLE.

COMPLIANCE HISTORY

The compliance program and infrastructure was created and developed under the supervision of Richard P. Kuressow, CEO, Strategic Management Services and former Inspector General for the US Department of Health and Human Services. Strategic Management Services, established in 1992, was one of the first health care consulting firms specializing in developing, implementing and measuring effective corporate compliance operations and programs. Steve Forman, CPA, Senior Vice President, Strategic Management Services served as the Interim Compliance Officer and worked closely with the team to provide training to physicians and staff. Presently, Ken Brower, CHC, MBA is the current Compliance Officer and continues to ensure the proper implementation of the compliance program established by Mr. Kuressow and Mr. Forman. If our proposal is selected, the compliance plan can also be implemented throughout the LICH campus and facility.

The Compliance Program is an effective comprehensive program based on the Office of the Inspector General’s guidance and recommendations for an effective compliance program and ensures our activities are carried out in accordance with:

- the New York State regulatory requirements for the ACO providers of healthcare services to Medicaid beneficiaries,
- guidelines, standards and requirements established by the U.S. Sentencing Commission and Department of Health and Human Services Office of the Inspector General, New York Office of Medicaid Inspector General,
- the conditions of enrollment and participation in Medicare and Medicaid. In addition, the components of the Compliance Program meet the requirements by the Center for Medicare/Medicaid Services (CMS) for Accountable Care Organizations and other requirements and standards arising from the provisions under the Patient Protection and Affordable Care Act.

The components of the Compliance Program include:

- Code of Conduct,
- Compliance Plan/Manual and policies formatted to the “OIG/Federal Sentencing Guidelines 7 Elements of an Effective Compliance Program,”
- Compliance education and training program for physicians, management, staff and key individuals,
- confidential reporting process,
- Excluded provider screening (i.e., sanction screening),
- Risk assessment process,
- Auditing and monitoring process, and
- Annual compliance program self-assessment.

In addition, the compliance program has an established means to anonymously report a perceived or actual compliance concern and a program to address the required steps to take when a compliance issue has been reported.

**Of note, CCACO and ECAP have no identified compliance issues, to date. **
III. LITIGATION/JUDGEMENTS - PROVIDE A DETAILED DESCRIPTION OF ANY PENDING OR THREATENING LITIGATION IN WHICH THE OFFEROR, INCLUDING THE PROPOSING ORGANIZATION OR ANY COLLABORATOR IS INVOLVED IN ANY JUDGMENTS, ORDERS OF INTEGRITY OR COMPLIANCE AGREEMENTS THAT ARE APPLICABLE TO THE OFFEROR, INCLUDING THE PROPOSING ORGANIZATION OR ANY COLLABORATOR THAT MAY AFFECT THE ABILITY TO EXECUTE THE PROPOSED PROJECT FOR THE PROPERTY SUCCESSFULLY.

The Offerors, including any collaborators, have no pending legal actions, judgments, threat of litigation, orders of integrity, compliance agreements or other circumstance that may affect the ability to execute the proposed project.
Tab 2
SECTION 2: DESCRIPTION OF PROPOSAL

2A. DEFINE OVERALL PROPOSAL AND HOW IT RELATES TO EACH OF THE OBJECTIVES AS DESCRIBED IN PART 2.A. PROVIDE DETAIL ON EACH COMPONENT OF THE PROPOSAL AND DESCRIBE THE RELATIONSHIP BETWEEN COMPONENTS. A BUSINESS PLAN IS DESIRABLE.

The CCACO & ECAP proposal offers a viable solution for the sustainability of Long Island College Hospital by i) offering a low cost, high quality of care community hospital to serve the LICH campus and the surrounding neighborhoods in Brooklyn. We believe the current healthcare system faces challenges. The primary goal and a priority of this proposal is to work in conjunction with the current LICH physicians, nurses and staff to reshape the healthcare delivery system within Brooklyn as well as impact the surrounding communities using the principles of Accountable Care to address and meet the community healthcare needs of the surrounding neighborhoods. Our experience as a community-based Accountable Care Organization (ACO) will drive the strategy for delivering the right care at the right place, cost, and time for every patient and implement an innovative healthcare delivery system that focuses on payment for performance and global payment models. Our vision will place LICH on the forefront of the changing healthcare landscape as a low cost, high quality hospital that is transitioning away from inpatient-focused care to primary, preventative, and post-acute care geared towards population health management.

The LICH acute care facility and its associated outpatient and ambulatory facilities will be part of an Integrated Delivery System that will include CCACO’s physician practices. Our plan summary for delivering and coordinating care in multiple care settings including ambulatory, acute care, and post-acute care settings is as follows:

- Begin immediately leveraging the existing ACO and IPA physician network of nearly 400 providers, over approximately 150,000 patient lives and its managed care contracts to drive innovative approaches to reducing costs and improving access and clinical outcomes as a model for healthcare reform.
- Implement innovative healthcare delivery and payments systems of pay for performance models to encourage higher levels of quality and outcome benchmarks and global insurance payments to lower costs of care.
- Form partnerships and affiliations with nearby community hospitals, SUNY, ambulatory service providers, community benefit organizations, and other key stakeholders to further expand programs that reach the poor at early stages of disease progression, allowing them to live full, active lives.
- Apply Information Technology to effectively interface acute, ambulatory, post-acute, personal, and physician office records, and offer real-time Health Information Exchange (HIE) within the care community for improved coordination across the continuum.
- Gradually build and reintroduce inpatient services on the LICH campus that will meet the unique needs of the Brooklyn community. With special attention paid to the right size, the right scope of services, and the appropriate timelines for providing inpatient care as a key component of the overall delivery system.
- Redesign and develop the “New LICH” property and facilities to better fit the aforementioned integrated system of care as a medical mixed-use campus that includes a combination of medical, commercial, retail, and residential facilities that will in addition to improving healthcare delivery, will also stimulate diversified local job growth and other economic development opportunities.

Our approach represents an exciting opportunity to transform healthcare delivery and payment systems for one of the most diverse and densely populated areas in the country by embracing the trend of pay for performance models to incentivize physicians and hospital administrators to reach benchmark clinical outcomes and quality milestones as well as the shift of insurance reimbursements toward global payments. This shift in the paradigm of healthcare will increase efficiency and reduce cost to provide a high quality, low cost hospital. CCACO’s successful track record of
disease prevention and management, along with the commitment to assisting patients in navigating to the most appropriate care setting within the continuum will dramatically reduce the cost of care. Health care purchasers (plans, employers, governments, and individuals) will all share in the benefits of a new high-quality, low-cost, physician led model of care.

The following outlines the description of our proposal in response to the objective of this RFP highlights the alignment of our vision for LICH to the RFP objectives.

1. Proposal of a realistic method of continued health care operations after SUNY exits from continuing health care operations

The success of LICH will greatly depend on a strong transitional plan that can maintain continued healthcare operations at LICH after SUNY’s exit as a provider of healthcare provider. This proposal is includes a hospital operation management team that has the experience and track record to successfully bring LICH through this critical transitional period in a swift and effective manner. Along with our hospital operator and the management team, we have also assembled a pool of well qualified and experienced hospital executives that have expressed an interest in serving in the roles of a Chief Executive Officer and Chief Financial Officer as part of the transitional management team, who will be able to quickly assess and prioritize the issues to implement an immediate action plan to successfully transition and stabilize the LICH operation in a decisive manner. This transitional management team will allow the opportunity for LICH to function while a more permanent management team is identified.

This hospital operator will be able to immediately take over the daily operations and management of LICH and begin implementing the following key initiatives to begin the transformation and restoration of LICH:
- Improving Emergency Department wait times and left-without-being-seen metrics;
- Improving clinical quality and documentation through sophisticated hospitalist and case management programs;
- Decreasing supply chain costs by standardizing purchasing activities and establishing stringent protocols;
- Controlling labor costs through disciplined staffing policies, while strengthening employee retention and recruitment activities;
- Increasing cash collections by implementing tighter protocols and promoting discipline across the revenue cycle;
- Developing profitable recurring revenue streams and increasing inpatient volumes by expanding and refining managed care activities;
- Realigning administrative infrastructure to better capitalize on system scale and to standardize best practices; and
- Engaging in community activities that educate, inspire, and improve quality of life and overall health outcomes.

In addition, we will align with an experienced practice group to provide clinical care expertise to staff the emergency room and in-patient physicians (hospitalist program) to maintain a functioning ER and provide acute care in-patient services during the transitional period as volume of patients seeking care at LICH increases.

In addition, the proposal will consider the opportunity for establishing an internal ambulance service at LICH to improve the response time to hospital arrival to decrease bad clinical outcomes and increasing the likelihood of a positive outcome in an emergency situation for the neighborhoods surrounding LICH. Also, designated areas on the LICH campus will be created to allow ambulance crews to restock supplies and wash room areas in
between calls. Also, the possibility of creating a "shore power" connection to allow ambulances to remain warm in the Winter and cool in the Summer, while parked next to LICH without having to burn diesel fuel, minimizing the noise and air pollution.

II. Operation of a health care facility on all or part of the LICH campus and affiliation with teaching hospital

To meet the needs of a healthcare facility, the CCACO & ECAP proposal offers a viable solution for the sustainability of Long Island College Hospital by offering a low cost, high quality of care community hospital to serve the LICH campus and the surrounding neighborhoods in Brooklyn. The proposal offers a full service acute care hospital with 150 in-patient beds (up to 250 beds) that includes a full service emergency room, operating rooms, intensive/critical care units, primary care and specialty clinics, laboratory, imaging and other ancillary services.

Our plan includes the operation of both, an appropriately sized acute care facility with integrated clinical components located within the existing LICH campus and/or in the immediate proximity with collaboration of other healthcare facilities to provide transitional care services to ensure the successful return to the community to prevent hospital re-admission.

Academic affiliation. Our proposal recognizes that a well-trained pool of healthcare professionals is dependent on an efficient, acclaimed, and accredited medical academic environment. We are committed to honoring the academic mission of the LICH campus by:

i. Retain academic affiliation with Downstate Medical Center (DMC) as the sponsoring institution.
ii. Ensure adherence to graduate medical education accreditation standards.
   - Establish new and relevant medical curricula to maintain compliance and ensure the integrity of the training program
iii. Strive to establish a world class medical training program with faculty that are recognized in their specialties and state of art clinical program to attract the best applicants and candidates
iv. Maintain and improve upon current levels of enrollment
v. Align DMC clinical requirements with the corresponding clinical Departmental affiliation to create rigorous training and clinical experiences
vi. Create and sustain an environment for sponsored research
vii. Invest in resources and infrastructure to foster an environment of scholarly activity and collaborative research efforts for medical trainees and Faculty.

The CCACO/ECAP proposal will maintain the status of LICH as a teaching hospital by serving as a hospital location for clinical clerkships of 3rd and 4th year medical students of St. George’s University. In addition, the academic affiliation with St. George’s University also includes the restoration of residency training programs in the specialties of Internal Medicine, General Practice, Pediatrics and Surgery to train skilled future physicians that can continue to provide healthcare services to the LICH community.

Contingent upon St. George’s obtaining any applicable licenses, permits or approvals as required by any applicable New York State regulatory body, St. George’s will be a liaison with hospitals/organizations that have established accredited residency programs to secure residents for LICH and assist in obtaining Green Book status for LICH. These affiliations, fostered by St. George’s, will allow LICH to initially integrate with current active accredited residency programs at other hospitals. Once the residency training programs are established, the
experience in the field of medical education will help the Offeror create and sustain strong residency training programs that will benefit the healthcare needs of the surrounding community for years to come. With St. George’s governing and implementing the undergraduate medical student clinical education and post graduate residency training programs, LICH will be a successful teaching hospital and an asset to the community.

III. Sale of the Property at no less than the current market values/Minimum Price.

To achieve the goals described in this proposal, we are targeting the entire LICH campus and all properties within the LICH portfolio at an offering price of $210 million.

i. Our market analysis for this project revealed a number of real estate realities that impact the Comparative Market Analysis (CMA). For example, medical development although the desired use is not, the highest and best use. From a strictly marketing and financial perspective, given the waterfront views of the LICH Campus location and surrounding demographics as well as the emerging neighborhood transformations occurring downtown and radially expanding, the highest and best use for this site is a mixed use solution including commercial, commercial medical, market rate & affordable housing and retail.

ii. Our primary focus is to remain in alignment with the 2013 Sustainability Report to ensure that a robust healthcare provider component is integral to our solution. Where warranted and applicable, after achieving this primary objective, other development components can be easily contemplated. We are, first and foremost, healthcare providers and operators, and share the vision to continue LICH’s longstanding history of providing health care services to the communities that surround the LICH campus.
2B. DESCRIBE THE TYPE OF HEALTHCARE ENTITY (IES) PROPOSED

Our proposal contemplates a not-for-profit, Article 28 hospital with local community physician leadership.

To meet the community health needs and provide vital healthcare services such as primary care services, prevention strategies, acute and sub-acute care and long term health services to Brooklyn's most underserved communities, this project proposes to operate the health care entity of a not-for-profit hospital facility established by and licensed under Article 28 of the New York Public Health Law and approved by the New York Department of Health and/or the Public Health and Health Planning Council. In addition to providing acute and general hospital services, the CCACO/ECAP will operate an ambulatory Surgery Center, and Diagnostic and Treatment Center, each also licensed pursuant to the operating certificate granted under Article 28 of the New York Public Health Law.

CCACO/ECAP will obtain the consent of the New York Commissioner of Health, New York Department of Health and/or the Public Health and Health Planning Council, as required, by timely submitting a complete and satisfactory application for a certificate of need pursuant to Article 28 of the New York Public Health Law to the New York State Department of Health for the intended services outlined in this proposal.
Tab 3
SECTION 3: TERM SHEET

3A. COMPLETE THE TERM SHEET ATTACHED AS EXHIBIT C. ALL SECTIONS MUST BE COMPLETED REGARDLESS OF THE DESCRIPTION INCLUDED IN OFFEROR'S PROPOSAL.

See Attachment.
Tab 4
SECTION 4: TRANSACTION STRUCTURE

4A. DESCRIBE THE LEGAL STRUCTURE OF THE PROPOSED TRANSACTION (I.E., AFFILIATION, JOINT VENTURE, ASSET PURCHASE, ACQUISITION, ETC.)

The individual entities of this offer have collaborated to establish a partnership for the purposes of responding to and executing the plan enumerated in this RFP response. The entities involved in the partnership are:

- Chinese Community Accountable Care Organization (CCACO) and
- Eastern Chinese American Physician IPA (ECAP) and

Together, the groups have established a Offeror partnership. The Offeror, as described herein, intends to, by virtue of this response, tender an offer to purchase and/or lease the identified core and other properties for the purpose of providing a continuum of healthcare services for the immediate and surrounding communities of Northern and Central Brooklyn.

The healthcare services and hospital facility will be operated by a non-profit entity that will be governed by a board of Trustees that will include members of CCACO and ECAP as well as members of the LICH physicians, patients, community organizations and a Community Benefits Organization created as an advisory panel to provide a community perspective.
4B. ARTICULATE THE REASONING FOR THE STRUCTURAL PREFERENCE

Value Proposition to SUNY/Long Island College Hospital

One of the main goals of our strategic partnership is to utilize the strongest elements of the foundation that has been laid by LICCH, and to carefully and deliberately expand that foundation in the best interest of the community to ensure a long term commitment for access to high quality, affordable health care services and facilities. This new foundation will be based on the evolving models of care as established by the Affordable Care Act, and implemented through the staged introduction of inpatient and outpatient service lines as it is financially feasible to do so with the intent over time to provide a full service medical campus.

CCACO and ECAP will provide SUNY/LICH with an unsurpassed blend of local healthcare leadership and lessons learned from national strategic transition successes. Key benefits include:

- Significant ongoing experience in providing clinical care, specialty care, emergency care and ambulatory care in a densely populated environment
- Leadership capabilities that encompass all healthcare modalities, not simply triage, admit, discharge
- Innovation and strategic thinking that will enable our team to successfully move through the transition phase while providing maximum flexibility to ensure that the campus' strategic, service and financial goals are met
- Experienced leadership that understands the value and commitment of teamwork with each other and the multiple consultants required for a project of this magnitude
- Constantly draw from our internal resources to develop the best possible solutions tailored to the specific needs of this opportunity.
4C. Please describe what governmental, regulatory or third party approvals are regarded as necessary or important to a proposed transaction.

To adeptly and judiciously execute the proposed transaction described in this proposal, approvals by regulatory and governmental agencies are required and outlined below:

NEW YORK DEPARTMENT OF HEALTH OPERATING CERTIFICATE - ARTICLE 28 OF THE PUBLIC HEALTH LAW

To establish, operate and maintain a hospital and provide associated hospital and health related services, including acute and general hospital services, diagnostic and treatment centers and ambulatory surgical centers, in New York, the Department of Health requires the submission of a certificate of need application for approval prior to issuing a consent and operating certificate to proposed hospital operators.

The Certificate of Need program is a review process, mandated under state law, which governs the establishment, ownership, construction, renovation and change in service of specific types of health care facilities. The following health care facilities are regulated under Article 28 of the Public Health Law:

- Hospitals,
- Nursing Homes,
- Diagnostic and Treatment Centers and
- Ambulatory Surgery Centers

The CCACO/ECAP will obtain such required consent of the New York Commissioner of Health, New York Department of Health and/or the Public Health and Health Planning Council by timely submitting a complete and satisfactory application for a certificate of need pursuant to Article 28 of the New York Public Health Law to the New York State Department of Health and request a transitional or expedited, fast-tracked approval that are needed to carry out the health care services outlined throughout this proposal.

In addition, the Offerors are currently in discussion with another hospital facility, Interfaith Medical Center, to explore the possibility and feasibility of extending Interfaith's Article 28 license to LICH to allow for continued operation as a healthcare provider. While the affiliation has not been formalized, the initial discussions have been positive and can serve as the foundation for continued discussions of how both LICH and Interfaith may collectively work together to improve the overall healthcare in Brooklyn.

DEPARTMENT OF BUILDINGS AND CONSTRUCTION-RELATED PERMITS/REQUIREMENTS

The New York City Charter requires certain actions that are reviewed by the City Planning Commission to undergo a Uniform Land Use Review Procedure (ULURP). ULURP is a standardized procedure whereby applications affecting the land use of the city would be publicly reviewed. The Charter also established mandated time frames within which application review must take place. Key participants in the ULURP process are now the Department of City Planning (DCP) and the City Planning Commission (CPC), Community Boards, the Borough Presidents, the Borough Boards, the City
Council and the Mayor. We anticipate that in addition to the licensure issues related to the healthcare component we will need to obtain certain approvals through the Department of Buildings as well as the various commissions, boards and local government offices for additional real estate development(s) related to this proposal.

**ULURP Process**

- Filing of Application
- Certification
- Community Board Review
- Borough President Review
- City Planning Commission Review
- City Council Review
- Mayoral Review
4D. IDENTIFY AND DISCUSS KEY FACTORS RELATED TO THIS PROPOSAL.

The Chinese Community Accountable Care Organization (CCACO) and Eastern Chinese American Physicians IPA (ECAP) appreciate the opportunity to be considered in the future plans involving Long Island College Hospital (LICH). The tour of LICH and the opportunity to meet with the management team members gave us an appreciation for, and better understanding of, the clinical programs and physical plant and opportunities there.

After reviewing the data provided and discussing the opportunity internally, we have prioritized the healthcare concerns of the LICH community, physicians, nurses, staff and patients as our primary focus and have structured our proposal to that end. We will work in conjunction with the LICH community of physicians, nurses and staff to meet the healthcare needs of the community in a high quality, low cost manner. We believe there are short-term as well as long-term solutions to the situation involving LICH and its associated outpatient and ambulatory facilities. LICH has an honorable history of service and commitment to the community as exemplified by the outstanding and courageous contributions of its doctors, nurses, health care workers, volunteers and community benefactors. LICH with the support and leadership of SUNY has upheld its mission for providing high-quality care to the communities it serves, yet has incurred substantial and unsustainable operating deficits trying to operate as a traditional acute care hospital. CCACO and ECAP believe that the rapidly changing health care market place and new national health care policy demand a significant change in method and scope of health care delivery. We believe that maintaining the core LICH mission is possible and critical yet can only be accomplished in a financially viable manner, if LICH is part of a fully integrated accountable care delivery model.

The CCACO and ECAP solution will reshape the healthcare delivery system within Brooklyn using the principles of Accountable Care Act to address the community healthcare needs and focus on pay for performance models to increase efficiency and emphasis toward achieving clinical outcomes and quality measures and benchmark milestones. Our experience as a community-based Accountable Care Organization (ACO) will drive the strategy for delivering the right care at the right place, cost, and time for every patient. Our vision will place LICH on the forefront of the changing healthcare landscape that is transitioning away from inpatient-focused care to primary, preventative, and post-acute care geared towards population health management and global insurance payments.

The LICH acute care facility and its associated outpatient and ambulatory facilities will be part of an Integrated Delivery System that will include CCACO’s physician practices. Our plan summary for delivering and coordinating care in multiple care settings: ambulatory, acute care, and post-acute care settings (which is outlined in detail within the attached RFP response) is as follows:

- Begin immediately leveraging the existing ACO and IPA physician network of nearly 400 providers and its managed care contracts to drive innovative approaches to reducing costs and improving access and clinical outcomes is a model for healthcare reform.
- Form partnerships and affiliations with nearby community hospitals, SUNY, ambulatory service providers, community benefit organizations, and other key stakeholders to further expand programs that reach the poor at early stages of disease progression, allowing them to live full, active lives.
- Apply Information Technology to effectively interface acute, ambulatory, post-acute, personal, and physician office records, and offer real-time Health Information Exchange (HIE) within the care community for improved coordination across the continuum.
- Gradually build and reintroduce inpatient services on the LICH campus that will meet the unique needs of the Brooklyn community. With special attention paid to the right size, the right scope of services, and the appropriate timeline for providing inpatient care as a key component of the overall delivery system.
- Redesign and develop the “New LICH” property and facilities to better fit the abovementioned integrated system of care as a medical mixed-use campus that includes a combination of medical, commercial, retail,
and residential facilities that will in addition to improving healthcare delivery, will also stimulate diversified local job growth and other economic development opportunities.

This proposed approach represents an exciting opportunity to transform healthcare delivery for one of the most diverse and densely populated areas in the country. CCACO’s successful track record of disease prevention and management, along with the commitment to assisting patients in navigating to the most appropriate care setting within the continuum will dramatically reduce the cost of care. Health care purchasers (plans, employers, governments, and individuals) will all share in the benefits of a new high-quality, low-cost, physician lead model of care that is in alignment with the New York City Regional Economic Development Council Strategic Plan and that addresses the needs outlined by the 2012 Brooklyn Health Improvement Project.

With great excitement and anticipation we would welcome the opportunity to provide a formal presentation to the State University of NY and provide an in-depth look at this forward thinking approach to delivering healthcare services for the residents living within the communities served by LICH.
4E. IDENTIFY POTENTIAL PROBLEM AREAS WITH ANY PROPOSED TRANSACTION INVOLVING THE LICH CAMPUS.

A potential challenge of this proposal is the length of time that may be required to obtain the operating certificate pursuant to Article 28 of the New York Public Health Law to operate as a hospital and health care facility at the LICH campus. The Article 28 license is required of any healthcare entity to establish, operate and maintain any hospital and health care related services. As indicated in the SUNY Request for Proposal, the current operating certificate granted to LICH is not anticipated to be transferred to the Successful Offeror. Therefore, approval for a new operating certificate will be needed, if this proposal is selected. While other necessary tasks may be completed in parallel to the Article 28 Certificate of Need application during the transition period of hospital operations, the length of time required for approval by the New York Commissioner of Health, New York Department of Health and/or the Public Health and Health Planning Council is unknown. Based on our knowledge of the approval process, a good faith and conservative estimate is 12-18 months from the initial submission.

Therefore, we respectfully request the assistance of the State University of New York in facilitating and expediting the grant of the license and operating certificate required under the Article 28 of the New York Public Health Law, if selected. An expedited application process would quickly facilitate the transition and return of needed hospital and healthcare services back to the LICH campus in a timely manner. In addition, a temporary or limited operating certificate may be contemplated in this unique and urgent health care situation.
Tab 5
| Tab 6 |
SECTION 6: PROPOSAL TIMELINE

6A. PROVIDE A TIMELINE SHOWING NECESSARY APPROVALS, AND ANY REGULATORY FILINGS AND APPROVALS REQUIRED FOR THE IMPLEMENTATION OF THE PROPOSAL(S).

Proposed project timeline anticipated to implement completion of targeted milestones and achieve goal of operating of the LICH campus as a low cost, high quality hospital.

1 - 2 Mo. 2 - 4 Mo. 4 - 12 Mo. 12 - 19 Mo. 19 - 24 Mo.

AWARD:
- Contract Negotiation

RESEARCH:
- Entitlements/Zoning
- Ownership Structure
- Funding Releas

PLAN:
- Design & Engineering
- DOB Permit / Regulatory Approvals

IMPLEMENT:
- Licensing
- Construction

OPERATION:
- Occupancy

*Estimated time required. May be subject to change.

**If a transitional or expedited Article 28 licensure granted, healthcare services may begin immediately.
Tab 7
Section 7: Other Considerations
Subsection 7A: Information on Other Factors for Consideration

SECTION 7: OTHER CONSIDERATIONS

7A. PLEASE PROVIDE INFORMATION ON OTHER FACTORS DEEMED APPROPRIATE FOR CONSIDERATION AS PART OF THE PROPOSAL.

Healthcare is a rapidly changing and heavily regulated sector. The key elements for successfully sustaining the LICH campus have been outlined in the proposal above – a network of experienced and qualified physicians with a large “customer base” that can provide efficient medical care to the immediate and surrounding neighborhoods. We believe that there are workable solutions to the challenges at LICH and, most importantly, that the need for LICH to remain open is well documented and welcomed by the Brooklyn community.

In conclusion, it is the goal of the CCACO and ECAP to rebuild LICH as a financially sound, low cost and high value hospital that can meet the needs of Brooklyn’s most underserved communities and at-risk populations as well as train and continue to supply the next generation of highly skilled and medical professionals.
ATTACHMENT A:

Submission Identification Form:
Request for Proposal (X002654)
Attachment 1  
Submission Identification Form

<table>
<thead>
<tr>
<th>RFP Number:</th>
<th>X002654</th>
<th>RFP Title/Issue Date: Healthcare Services at Long Island College Hospital and Purchase of Property</th>
<th>February 20, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offeror Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D/B/A – Doing Business As (if applicable)</td>
<td></td>
<td>NYS Vendor ID Number: Pending</td>
<td></td>
</tr>
<tr>
<td>Street Address 139 Centre Street, Suite 318</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City New York</td>
<td>State NY</td>
<td>Zip Code 10013</td>
<td></td>
</tr>
</tbody>
</table>

If applicable, place an "x" in the appropriate box: (check all that apply)

1. Small Business (if checked, provide # of employees) 4
2. Minority Owned Business New York State Certified
3. Women-Owned Business New York State Certified

Total number of people employed by firm? 4  
Total number of people employed by firm in New York State? 4

Are the prices quoted in your bid the same as, or lower than, that quoted to other corporations, institutions, or governmental agencies for similar services and/or like equipment or supplies? YES  
NO  
If NO, please explain: Not Applicable

Does your firm agree that all presentations and materials will be free from racial, religious or sexual bias? YES  
NO

Please indicate if you or any officer of your organization, or any party owning or controlling more than ten (10) percent of your equity if you are a corporation or other entity with equity, or any member if you are a firm or association, is an officer or employee of the State of New York, or of a Public Benefit Corporation of the State of New York.

If you are not submitting a bid, please place an "x" in the box and return this page only.

We are unable to submit a bid at this time because:

List Names and Titles
NONE

Explain:
Not Applicable

Offeror Signature:
Title: Chief Executive Officer
Phone: 917 232 8322
Extension:
E-mail address: admin@ccaco.org

Printed Name: Henry Chen, MD
Date: 3/14/14
Website: www.ccaco.org

Restricted Period

In accordance with the requirements of New York State Finance Law Sections 139j and 139k ("Lobbying Law"), the restricted period for this procurement is now in effect. Therefore, all communications regarding this procurement must be handled through the State University of New York’s designated contacts only.
## Attachment 1
Submission Identification Form

<table>
<thead>
<tr>
<th>RFP Number: X002654</th>
<th>RFP Title/Issue Date: Healthcare Services at Long Island College Hospital and Purchase of Property February 26, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Offeror Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Legal Business Name of Offeror:</strong> Eastern Chinese American Physicians IPA</td>
<td><strong>Offeror's Federal Tax Identification Number:</strong> 20-2081661</td>
</tr>
<tr>
<td><strong>D/B/A – Doing Business As (if applicable):</strong></td>
<td><strong>NYS Vendor ID Number:</strong> Pending</td>
</tr>
<tr>
<td><strong>Street Address:</strong> 3370 Prince Street, Suite 703</td>
<td></td>
</tr>
<tr>
<td><strong>City:</strong> Flushing</td>
<td><strong>State:</strong> NY</td>
</tr>
</tbody>
</table>

If applicable, place an "x" in the appropriate box: (check all that apply)

1. ☐ Small Business (if checked, provide # of employees) 4
2. ☐ Minority Owned Business ☐ New York State Certified
3. ☐ Women-Owned Business ☐ New York State Certified

<table>
<thead>
<tr>
<th><strong>Total number of people employed by firm?</strong> 4</th>
<th><strong>Total number of people employed by firm in New York State?</strong> 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES</td>
<td>☐ NO - If NO, please explain: Not Applicable</td>
</tr>
</tbody>
</table>

Are the prices quoted in your bid the same as, or lower than, that quoted to other corporations, institutions or governmental agencies for similar services and/or like equipment or supplies?

☐ YES ☐ NO

Does your firm agree that all presentations and materials will be free from racial, religious or sexual bias?

☐ YES ☐ NO

Please indicate if you or any officer of your organization, or any party owning or controlling more than ten (10) percent of your equity if you are a corporation or other entity with equity, or any member if you are a firm or association, is an officer or employee of the State of New York, or of a Public Benefit Corporation of the State of New York.

List Names and Titles
NONE

If you are not submitting a bid, place an "x" in the box and return this page only. We are unable to submit a bid at this time because:

**Offeror Signature:**

Title: Executive Vice President
Phone: 718 321 8893
E-mail address: ecapipa@yahoo.com

**Printed Name:** Henry Chen, MD
**Date:** 3/14/14
**Website:**

**Restricted Period**

In accordance with the requirements of New York State Finance Law Sections 138j and 139k ("Lobbying Law"), the restricted period for this procurement is now in effect. Therefore, all communications regarding this procurement must be handled through the State University of New York’s designated contacts only.
ATTACHMENT B:

Registration and Confidentiality Agreement: Request for Proposal (X002654)
Attachment 2
Registration and Confidentiality Agreement

In consideration of registering as an Offeror for Request for Proposal X002654 of the State University of New York ("RFP") and of receiving access to certain information relating to such RFP, Offeror, and its representatives and agents, shall treat all information obtained from SUNY and/or Downstate at LICH Holding Company, Inc. in connection with this RFP (the "Confidential Information") confidentially, and shall not discuss, publish, divulge, disclose or allow to be disclosed the Confidential Information to any other Offerors or any other person, firm or entity, including press or other media, without SUNY's prior written approval. Offerors shall refer all press and other inquiries concerning the RFP and the Confidential Information, without further comment, to SUNY.

Agreed to this _26th_ day of _February__, 2014

Name of Offeror: Chinese Community Accountable Care Organization

By: __________________________

Name: Henry Chen, MD

Title: Chief Executive Officer

Address: 139 Centre Street, Suite 318
New York, NY 10013

email address: admin@ccaco.org; goldenhchen@gmail.com

Telephone: 917 232 8322
Attachment 2
Registration and Confidentiality Agreement

In consideration of registering as an Offeror for Request for Proposal X002654 of the State University of New York ("RFP") and of receiving access to certain information relating to such RFP, Offeror, and its representatives and agents, shall treat all information obtained from SUNY and/or Downstate at LICH Holding Company, Inc. in connection with this RFP (the "Confidential Information") confidentially, and shall not discuss, publish, divulge, disclose or allow to be disclosed the Confidential Information to any other Offerors or any other person, firm or entity, including press or other media, without SUNY's prior written approval. Offerors shall refer all press and other inquiries concerning the RFP and the Confidential Information, without further comment, to SUNY.

Agreed to this 26th day of February, 2014

Name of Offeror: Eastern Chinese American Physicians IPA

By: __________________________

Name: Henry Chen, MD
Title: Executive Vice President
Address: 3370 Prince Street, Suite 703
          Flushing, NY 11354

email address: ecapipav@yahoo.com; goldenhchen@gmail.com
Telephone: 718 321 8836
ATTACHMENT C:

Non-Collusion Form: Request for Proposal (X002654)
BY SUBMISSION OF THIS PROPOSAL, OFFEROR AND EACH PERSON SIGNING ON BEHALF OF OFFEROR CERTIFIES, AND IN THE CASE OF JOINT PROPOSAL, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The proposed non-contingent purchase price of this proposal has been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such price with any other offeror or with any competitor;

[2] Unless otherwise required by law, the price which has been quoted in this proposal has not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other offeror or to any competitor;

[3] No attempt has been made or will be made by the Offeror to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

A PROPOSAL SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE OFFEROR(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE OFFEROR SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this 14th day of March, 2014, as the act and deed of said corporation or partnership.

IF OFFEROR(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS

| FRAMEWORK: COMMUNITY ACCOUNTABLE CARE ORGANIZATION | 139 Centre Street Suite 318, New York, NY 10013 |
| Chinese Community Accountable Care Organization | |

| Eastern Chinese American Physician IPA | 3370 Prince Street Suite 703, Flushing, NY 11354 |

IF OFFEROR(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:

NAMES

| President |
| Secretary |
| Treasurer |

| President |
| Secretary |
| Treasurer |
Joint or combined proposals by companies or firms must be certified on behalf of each participant:

Legal name of person, firm or corporation

Signature

Name

Title

Street Address

City, State Zip

____________________

____________________

____________________

____________________
Attachment 4
Non-Collusion Certification

BY SUBMISSION OF THIS PROPOSAL, OFFEROR AND EACH PERSON SIGNING ON BEHALF OF OFFEROR CERTIFIES, AND IN THE CASE OF JOINT PROPOSAL, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The proposed non-contingent purchase price of this proposal has been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such price with any other offeror or with any competitor;

[2] Unless otherwise required by law, the price which has been quoted in this proposal has not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other offeror or to any competitor; and

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[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this 14th day of March, 2014 as the act and deed of said corporation or partnership.

IF OFFEROR(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS

Chinese Community Accountable Care Organization

Eastern Chinese American Physician IPA

LEGAL RESIDENCE

139 Centre Street Suite 318, New York, NY 10013

3370 Prince Street Suite 703, Flushing, NY 11354

IF OFFEROR(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:

NAMES

President

Secretary

Treasurer

President

Secretary

Treasurer
Joint or combined proposals by companies or firms must be certified on behalf of each participant:

Legal name of person, firm or corporation
Chinese Community Accountable Care Organization

Signature
Name: Henry Chen, MD
Title: Chief Executive Officer
Street Address
139 Centre Street Suite 318

City, State Zip
New York, NY 10013
ATTACHMENT D:

Procurement Lobbying Act Procedure: Request for Proposal (X002654)
Exhibit B
Procurement Lobbying Act Certification

State Finance Law §§139-j and 139-k, enacted by Ch. 1 L. 2005, as amended by Ch. 596 L. 2005, effective January 1, 2006, regulate lobbying on government procurement, including procurements by State University to obtain commodities and services and to undertake real estate transactions.

Generally, the law restricts communications between a potential vendor or a person acting on behalf of the vendor, including its lobbyist, to communications with the officers and employees of the procuring agency designated in each solicitation to receive such communications. Further, the law prohibits a communication (a “Contact”) that a reasonable person would infer as an attempt to unduly influence the award, denial or amendment of a contract. These restrictions apply to each contract in excess of $15,000 during the “restricted period” (the time commencing with the earliest written notice of the proposed procurement and ending with the later of approval of the final contract by the agency, or, if applicable, the State Comptroller). The agency must record all Contacts, and, generally, must deny an award of contract to a vendor involved in a knowing and willful Contact. Each agency must develop guidelines and procedures regarding Contacts and procedures for the reporting and investigation of Contacts. The agency’s procurement record must demonstrate compliance with these new requirements.

Accordingly, neither a potential offeror nor a person acting on behalf of the offeror should contact any individual at SUNY other than the person designated in this RFP as SUNY’s Designated Contact, nor attempt to unduly influence award of the contract. SUNY will make a record of all Contacts, and such record of Contacts will become part of the procurement record for this RFP. A determination that an offeror or a person acting on behalf of the offeror has made intentionally a Contact or provided inaccurate or incomplete information as to its past compliance with State Finance Law §§139-j and 139-k is likely to result in denial of the award of contract under this RFP. Additional sanctions may apply.

SUNY’s Procedures are available at:
Offeror must complete the following and attach to its proposal:

1. As defined in State Finance Law §§ 139-j (1)(a), has a governmental agency made a determination of non-responsibility with respect to the Offeror within the previous four years where such a finding was due to a violation of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility? NO ☒ YES ☐ If yes, attach explanation

2. Has a governmental entity terminated or withheld a procurement contract with the Offeror because of violations of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility? NO ☒ YES ☐ If yes, attach explanation

CERTIFICATION:

By signing below the Offeror affirms and certifies that it: (1) has reviewed and understands the Policy and Procedure of SUNY, related to SFL §§ 139-j and 139-k, (2) agrees to comply with SUNY’s procedure relating to Contacts with respect to this procurement, and (3) has provided information that is complete, true, and accurate with respect to SFL §§ 139-j and 139-k. Offeror understands that SUNY reserves the right to terminate any resulting contract in the event it is found that the certification filed by the Offeror in accordance State Finance Law §§139-j and 139-k was intentionally false or intentionally incomplete. Upon such finding, SUNY may exercise its termination right by providing written notification to the Offeror in accordance with the written notification terms of the contract.

<table>
<thead>
<tr>
<th>Firm's Name and Address:</th>
<th>Chinese Community Accountable Care Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>139 Centre Street, Suite 318</td>
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<tr>
<td></td>
<td>New York, NY 10013</td>
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<tr>
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<td>(212) 965 - 0222</td>
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<td>Fax Number:</td>
<td>(347) 332 - 1762</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:admin@ccaco.org">admin@ccaco.org</a></td>
</tr>
<tr>
<td>Offeror's Name and Title:</td>
<td>Henry Chen, MD, CEO</td>
</tr>
<tr>
<td>Offeror's Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>3/14/14</td>
</tr>
</tbody>
</table>
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2. Has a governmental entity terminated or withheld a procurement contract with the Offeror because of violations of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility? NO ☒ YES ☐ If yes, attach explanation

CERTIFICATION:
By signing below the Offeror affirms and certifies that it: (1) has reviewed and understands the Policy and Procedure of SUNY, related to SFL §§ 139-j and 139-k, (2) agrees to comply with SUNY’s procedure relating to Contacts with respect to this procurement, and (3) has provided information that is complete, true, and accurate with respect to SFL §§ 139-j and 139-k. Offeror understands that SUNY reserves the right to terminate any resulting contract in the event it is found that the certification filed by the Offeror in accordance State Finance Law §§139-j and 139-k was intentionally false or intentionally incomplete. Upon such finding, SUNY may exercise its termination right by providing written notification to the Offeror in accordance with the written notification terms of the contract.

<table>
<thead>
<tr>
<th>Firms Name and Address:</th>
<th>Eastern Chinese American Physicians IPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3370 Prince Street, Suite 703</td>
</tr>
<tr>
<td></td>
<td>Flushing, NY 11354</td>
</tr>
<tr>
<td>FEIN #:</td>
<td>20-2081661</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(718) 321 - 8893</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>(718) 321 - 8836</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:ecapipa@yahoo.com">ecapipa@yahoo.com</a></td>
</tr>
<tr>
<td>Offeror’s Name and Title:</td>
<td>Henry Chen, MD, Executive Vice President</td>
</tr>
<tr>
<td>Offeror’s Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>3/14/14</td>
</tr>
</tbody>
</table>
ATTACHMENT E:

Term Sheet:
Request for Proposal
(X002654)
Offerors are directed to fill out all sections of the Term Sheet regardless of the project included in an Offeror’s Proposal.

This Term Sheet does not create or give rise to any contractual or other legally binding or enforceable rights, obligations or liabilities of any kind on the part of SUNY, Downstate at LICH Holding Company, Inc. ("Holding Company"), or the Offeror; it being the intent of the parties that only a subsequently formalized written agreement covering the matters set forth herein, if duly authorized, executed and delivered by the respective parties, shall bind such parties and then only with respect to such covered matters. Indicate any deviations from the Term Sheet by marking deletions as strikethrough and additions as underlined. Note: that deviations may not be accepted by SUNY or Holding Company.

Offeror acknowledges that this Term Sheet does not include all terms and conditions for the proposed transactions. Moreover, Offeror acknowledges that the terms and conditions included in this Term Sheet are subject to change.

Note: “Contract of Sale,” “agreement,” “definitive agreement” and "contract" all refer to the formalized written agreement covering the matters set forth in this RFP.

1. Offeror [describe Offeror as required in PART 2.J.1 above of the RFP]

Chinese Community Accountable Care Organization (CCACO)
CCACO is a physician owned and operated accountable care organization (ACO) accepted into the Medicare Shared Savings Program as one of 27 organizations nationwide and, the first in the City of New York on April 1, 2012.

CCACO is a clinically integrated network of physicians, many of who have been in practice for over 10 years in Brooklyn, Queens & Manhattan and will provide quality healthcare to underserved and racially disparate communities that neighbor and surround the LICH campus.

➢ Approved as Accountable Care Organization April 1, 2012
➢ Currently over 230 practicing physician shareholders
➢ Managing a client pool of approximately 200,000 patients including Brooklyn residents
   ▪ Management of Chronic Conditions and At-risk Populations
   ▪ Diabetes Recognition Program (National Committee for Quality Assurance (NCQA)
   ▪ Patient Centered Medical Home (NCQA)
➢ Practicing physicians based in Brooklyn, Manhattan and Queens
➢ Current and on-going graduate level education and training for medical students
➢ Specialized Disease Centers of Excellence
   ▪ Cardiology, Obstetrics, Gastroenterology, Hepatitis, Interventional Radiology, Oncology
Eastern Chinese American Physicians IPA (ECAP)
ECAP is a for profit independent practice association founded in 2005 and is composed of over 200 actively practicing physicians, both Primary Care and Specialists who provide a wide range of healthcare services.

- Manages over 150,000 lives
- 4 major HMO contracts with full risk and capitation
- Over $1.6MM annual share savings and incentives
- Overhead expenses of < 25% of gross revenue

2. Sites – Indicate which properties are included (X) in the proposal including proposed use.

<table>
<thead>
<tr>
<th>X</th>
<th>Building</th>
<th>Address</th>
<th>Proposed Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Fuller Pavilion</td>
<td>339-357 Hicks, 70-76 Atlantic</td>
<td>Residential and/or Commercial,</td>
</tr>
<tr>
<td>X</td>
<td>Othmer Pavilion</td>
<td>91-95 Pacific</td>
<td>Inpatient/Clinical</td>
</tr>
<tr>
<td>X</td>
<td>Henry Street Building</td>
<td>97 Amity, 340 Henry</td>
<td>Inpatient/Clinical</td>
</tr>
<tr>
<td>X</td>
<td>Polak Pavilion</td>
<td>363 Hicks</td>
<td>Inpatient/Clinical</td>
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<tr>
<td>X</td>
<td>Pohlemus Building</td>
<td>348-352 Henry</td>
<td>Residential and/or Commercial</td>
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<td>X</td>
<td>349 Henry Building</td>
<td>349 Henry, 115 Amity</td>
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<td>X</td>
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<td>350-352 Hicks</td>
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<td>Residential and/or Commercial</td>
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<td>184 Sterling</td>
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<td>X</td>
<td>112 Pacific Street</td>
<td>112 Pacific Street</td>
<td>Residential and/or Commercial</td>
</tr>
</tbody>
</table>
C. Health Services – [list services to be provided at which property location]

1) **BUILDING 1 (HENRY STREET BUILDING & POLAK PAVILION)**
   - Ambulance Services, Outpatient Service
   - Ambulatory Surgery and Services, Outpatient Service
   - Disease Specific Centers of Excellence, Outpatient Service
   - Medical/Surgical, Inpatient Service
   - Pediatrics, Inpatient Service
   - Physical Medicine and Rehabilitation, Inpatient Service
   - Primary and Specialty Care, Outpatient Service

   **Specialty Services:**
   - Cardiology
   - Diabetes
   - Gastroenterology
   - Hepatitis
   - Interventional Radiology
   - Obstetrics
   - Oncology

2) **BUILDING 2 (HENRY STREET BUILDING & POLAK PAVILION)**
   - Coronary care, Inpatient Service
   - Emergency Department, Outpatient Service
   - Intensive Care, Inpatient Service
   - Maternity, Inpatient Service
   - Prenatal and Family Planning, Outpatient Service
   - Rehabilitation Therapy (short and long term), Outpatient Service

D. Financial Terms

1. Non-Contingent Cash Purchase price: $210 million

   The cash purchase price will be due upon conveyance of the Property to the Successful Offeror.

2. Taxes

   Successful Offeror shall pay all transfer taxes, mortgage recording taxes and sales taxes imposed by the City and the State of New York in connection with the transaction contemplated herein.

E. Development Requirements

   The Successful Offeror will be required to finance all renovations necessary for the provision of any proposed health services. Describe all necessary renovations for the provision of proposed health services.

   Renovations to the LICH campus will be made to provide the healthcare services of a 150 bed acute care hospital, as described in this proposal.

F. Closing Dates for Contract of Sale

1. The Closing Date shall be no more than six (6) months subsequent to execution and delivery of the contract of sale.

2. Holding Company shall have the right, in its sole discretion, to extend the Closing Date.
3. Upon the request of the Successful Offeror, Holding Company may grant no more than one one-month extension to the Closing Date upon receipt of $170,000.00 in consideration of the extension.

4. Notwithstanding anything to the contrary contained herein, if the conveyance of the Property does not occur on or before the Closing Date as unequivocally established by Holding Company in a "time of the essence closing notice," Holding Company shall have the right to declare a default under the contract of sale and retain the down payment on behalf of itself and SUNY.

G. Preliminary Obligations
1. Successful Offeror is responsible for securing all necessary approvals.
2. Upon submission of its proposal and with confirmation thirty (30) days prior to the Closing Date the Successful Offeror must transmit to Holding Company the following:
   a) Evidence of financing and equity, in the form of executed financial commitments and statements of the availability of dedicated funds, certified by the appropriate officer of Successful Offeror, in an aggregate amount that is sufficient to satisfy the non-contingent purchase price and to renovate any of the properties in which health services will be provided, together with a revised construction budget for such space(s), on terms that Holding Company reasonably determines will permit the proposed development to be completed.
   b) Letters of intent executed by potential tenants of any space(s) in which health services will be provided if by other than the Successful Offeror.
3. If Successful Offeror fails to satisfy any of the preliminary obligations then, at Holding Company's discretion, the agreement shall terminate, upon notice to Successful Offeror from Holding Company. The Successful Offeror, SUNY, and Holding Company shall not have any further rights, duties or obligations hereunder, and Holding Company may retain the down payment on behalf of itself and SUNY as liquidated damages for Successful Offeror's failure to close.

H. Conditions for Closing
1. The Board of Directors of Holding Company shall have approved the disposition of the Property to the Successful Offeror in accordance with the Contract.
2. All approvals necessary to the disposition of the Property to the Successful Offeror in accordance with the Contract shall have been obtained.
3. Successful Offeror shall have paid for or have reimbursed the appropriate party for any additional appraisal for the Property.

I. Additional Conditions of the Sale
1. Due Diligence. The Successful Offeror will be permitted on the Property prior to closing for only non-invasive inspections or minimum work required to develop plans and pursue financing; provided that Holding Company has sufficient security to ensure the Successful Offeror will proceed to closing regardless of the testing results.
2. The Property will be disposed of in "As Is" condition.
J. Deed Provisions

The Deed shall prescribe the following, post-closing, covenants and conditions that shall encumber the Property:

1. If the following conditions are not satisfied, then Holding Company, in consultation with and on behalf of SUNY, shall have the right to declare that it is exercising its right of re-acquisition for condition broken and may thereupon re-enter the Property, without paying Successful Offeror or any subsequent owner of the Site any consideration:
   
   a) The Successful Offeror has not provided health services in accordance with a schedule to be agreed upon with SUNY prior to the execution of a contract of sale.
   
   b) Commencement of construction and/or renovation of the Property to be used for health services has not occurred within twelve (12) months from the date of conveyance.
   
   c) Licensing or similar authorizations necessary for the provision of health services is not in effect by the completion of construction or lapses, or is revoked, suspended, or surrendered, and a substitute provider reasonably acceptable to SUNY is not secured within twelve (12) months of such event.
   
   d) Successful Offeror has not obtained a Temporary Certificate of Occupancy ("TCO") for the properties in which health services are to be provided within a prescribed time period after commencement of construction, such time period to be agreed upon with SUNY prior to the execution of a contract of sale.

The time period for the satisfaction of the above conditions shall be subject to extensions as a result of "Unavoidable Delays". Unavoidable Delays shall mean delays incurred by Successful Offeror or its tenants due to strikes, lockouts or other labor disputes, severe weather conditions, earthquakes or other acts of God, inability to obtain labor or materials due to restrictions of Governmental Authorities, enemy action, civil commotion, fire or other casualty, acts of war or terrorism, or court orders not resulting from any unlawful action or breach of contract of Successful Offeror or any affiliate thereof; provided, in each case. Successful Offeror shall have given SUNY and Holding Company notice of such unavoidable delays promptly following Successful Offeror having obtained knowledge of the occurrence of same, and where and when possible the Successful Offeror diligently pursues the completion of the project.
K. Other

1. As Is

   a) At the closing of the transactions contemplated by the Agreement, the Successful Offeror will covenant that it is fully familiar with the physical condition, state of repair and tenancies or occupancies encumbering the Property, will not make any claim regarding the condition of the Property, and agrees to accept the Property "as is". The Successful Offeror will be responsible for all required environmental remediation.

   b) At the closing of the transactions contemplated by the Agreement, the Successful Offeror will covenant that it has not been induced by and has not relied upon any representations, warranties or statements, whether oral or written, express or implied, made by SUNY or Holding Company, or any agent, employee or other representative of any of them or by any broker or any other person representing or purporting to represent any of them concerning the Property, its state of title, condition or state of repair, the absence or presence of hazardous waste and materials upon or under the Property, or any other matter affecting or relating to the Property or this transaction which are not expressly set forth in the agreement.

2. Continuing Obligations

   a) The Deed for each Property shall provide that no subsequent sale or refinancing shall occur without SUNY or Holding Company’s prior approval (such entity to be designated in the contract of sale) for a period of 1 day after closing, and as to such Property as will be used for health services, for a period of [not less than 20 years] 20 years after closing.

   b) The Deed for each Property to be used for the provision of health services as specified in the contract of sale shall provide that all leases for spaces to be used for health services shall be subject to the prior approval of the New York State Department of Health for a period of 20 years after closing.

   c) The foregoing provisions shall run with the land.
ATTACHMENT F:

MWBE Forms 107, MWBE Utilization Plan: Request for Proposal (X002654)
**M/WBE UTILIZATION PLAN**

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

**Offeror's Name:** Chinese Community Accountable Care Organization  
**Address:** 139 Centre Street, Suite #318  
**City, State, Zip Code:** New York, NY 10013  
**Telephone No.:** 917 232 8322  
**Authorized Representative:** Henry Chen, MD, CEO, CCACO  
**Authorized Signature:**

<table>
<thead>
<tr>
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**Federal Identification No.:** 27-5345710  
**Location of Work:** SUNY at Long Island College Hospital  
**Project No.:** RFP X002654  
**M/WBE Goals in the Contract:** MBE 19% WBE 19%  
**EEO Goals in the Contract:** MBE 19% WBE 19%
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<td>☐ WBE</td>
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6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 104).
PREPARED BY (Signature):  
DATE: 3/14/14  
NAME AND TITLE OF PREPARER (Print or Type): Henry Chen, MD, CEO, CCACO  
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERRED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.
**M/WBE UTILIZATION PLAN**

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

Offeror's Name: Eastern Chinese American Physician IPA,  
Address: 3370 Prince Street, Suite 703,  
City, State, Zip Code: Flushing, NY 11354  
Telephone No.: 718-321-8893  
Authorized Representative: Henry Chen, MD, EVP, ECAP IPA  
Authorized Signature:

<table>
<thead>
<tr>
<th>1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.</th>
<th>2. Classification</th>
<th>3. Federal ID No.</th>
<th>4. Detailed Description of Work (Attach additional sheets, if necessary)</th>
<th>5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.</th>
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<td>1. All M/WBE certified firms will be identified and will meet and/or exceed the required thresholds prior to contract award.</td>
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Federal Identification No.: 20-2081661  
Location of Work: SUNY at Long Island College Hospital  
Project No.: RFP X002654  
M/WBE Goals in the Contract: MBE 19% WBE 19%  
EEO Goals in the Contract: MBE 19% WBE 19%
6. If unable to fully meet the MBE and WBE goals set forth in the contract, offeror must submit a request for waiver form (M/WBE 104).
PREPARED BY (Signature):
DATE: 3/14/14
NAME AND TITLE OF PREPARER (Print or Type): Henry Chen, MD, EVP, ECAP IPA

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.

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<thead>
<tr>
<th>TELEPHONE NO.</th>
<th>EMAIL ADDRESS</th>
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</thead>
<tbody>
<tr>
<td>718-321-8893</td>
<td><a href="mailto:ecapipa@yahoo.com">ecapipa@yahoo.com</a></td>
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FOR M/WBE USE ONLY

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<th>DATE</th>
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<td>Project No. (if applicable):</td>
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Contract Award Date:
Estimated Date of Completion:
Amount Obligated Under the Contract:
Description of Work:

NOTICE OF DEFICIENCY ISSUED | YES | NO |
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NOTICE OF ACCEPTANCE ISSUED | YES | NO |
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MWBE Form 107
ATTACHMENT G:

MWBE Forms 108, EEO Staffing Plan: Request for Proposal (X002654)
Enter the total number of employees for each classification in each of the EEO-Job Categories identified.

<table>
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<tr>
<th>EEO-Job Category</th>
<th>Total Workforce</th>
<th>Workforce by Gender</th>
<th>Workforce by Race/Ethnic Identification</th>
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<td>Total Female (F)</td>
<td>White (M)</td>
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<tr>
<td>Professionals</td>
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<tr>
<td>Technicians</td>
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<td>Craft Workers</td>
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<td>Laborers</td>
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<td>Service Workers</td>
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<td>Temporary/Apprentices</td>
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<tr>
<td>Totals</td>
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PREPARED BY (Signature):

NAME AND TITLE OF PREPARE (Print or Type):
Henry Chen, MD, EVP, ECAP IPA

TELEPHONE NO.: 718-321-8893
EMAIL ADDRESS: ecapipa@yahoo.com
DATE: 3/14/14

Submit completed with bid or proposal
General Instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (ADM/EOO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total workforce, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:
1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offeror's total work force.
4. Enter the total work force by EEO job category.
5. Breakdown the anticipated total work force by gender and enter under the heading 'Work force by Gender'.
6. Breakdown the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the M/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION
Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE ISLANDER**
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE) a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES
- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER** Male or Female
**EEO STAFFING PLAN**

**Instructions on page 2**

**Solicitation No.:** RFP X002654  
**Reporting Entity:**
- Report includes Contractor's/Subcontractor's:
  - Work force to be utilized on this contract
  - Total work force
  - Offerer 
  - Subcontractor
  - Subcontractor's name

**Offeror's Name:** Chinese Community Accountable Care Organization

**Offeror's Address:** 139 Centre Street, Suite #318, New York, NY 10013

---

Enter the total number of employees for each classification in each of the EEO-Job Categories identified:

<table>
<thead>
<tr>
<th>EEO-Job Category</th>
<th>Total Workforce</th>
<th>Workforce by Gender</th>
<th>Workforce by Race/Ethnic Identification</th>
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<tr>
<td></td>
<td>Total Male (M)</td>
<td>Total Female (F)</td>
<td>White (M) (F)  Black (M) (F)  Hispanic (M) (F)</td>
</tr>
<tr>
<td>Officials/Administrators</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office/Clerical</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Craft Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laborers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary/Apprentices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**PREPARED BY (Signature):**

**TELEPHONE NO.:** 917 232 8322  
**EMAIL ADDRESS:** admin@ccaco.org  
**DATE:** 3/14/14

**NAME AND TITLE OF PREPARER (Print or Type):**
Henry Chen, MD, CEO, CCACO

Submit completed with bid or proposal
General Instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (ADM/EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:
1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading ‘Work force by Gender’
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading ‘Work force by Race/Ethnic Identification’. Contact the MWBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

Race/Ethnic Identification
Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- WHITE (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- HISPANIC A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN & PACIFIC A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE) A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Other Categories
- DISABLED INDIVIDUAL Any person who: - has a physical or mental impairment that substantially limits one or more major life activity(ies)
- has a record of such an impairment; or
- is regarded as having such an impairment.
- VIETNAM ERA VETERAN A veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- GENDER Male or Female
ATTACHMENT H:

MWBE Forms 104, Equal Employment Opportunity Policy Statement:
Request for Proposal (X002654)
MINORITY AND WOMEN’S BUSINESS - EQUAL EMPLOYMENT OPPORTUNITY PROGRAM POLICY STATEMENT

Policy Statement

The Chinese Community Accountable Care Organization commits to carrying out the intent of the New York State Executive Law, Article 15-A which assures the meaningful participation of minority and women’s business enterprises in contracting and the meaningful participation of minorities and women in the workforce on activities financed by public funds.

Minority Business Officer

____________________ Henry Chen, MD
(Name of Designated Officer)

is designated as the Minority Business Enterprise Officer responsible for administering the Minority and Women’s Business-Equal Employment Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

___19___% Minority Business Enterprise Participation

___19___% Women’s Business Enterprise Participation

EEO Contract Goals

19% Minority Labor Force Participation

19% Female Labor Force Participation

____________________
(Authorized Representative)

Title: Chief Executive Officer, CCACO

Date: 3/14/14
MINORITY AND WOMEN'S BUSINESS - EQUAL EMPLOYMENT OPPORTUNITY PROGRAM POLICY STATEMENT

Policy Statement

The Eastern Chinese American Physician IPA commits to carrying out the intent of the New York State Executive Law, Article 15-A which assures the meaningful participation of minority and women's business enterprises in contracting and the meaningful participation of minorities and women in the workforce on activities financed by public funds.

Minority Business Officer

Henry Chen, MD is designated as the Minority Business Enterprise Officer responsible for administering the Minority and Women's Business-Equal Employment Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

19% Minority Business Enterprise Participation

19% Women's Business Enterprise Participation

EEO Contract Goals

19% Minority Labor Force Participation

19% Female Labor Force Participation

________________________________________
(Authorized Representative)

Title: EVP, ECAP

Date: 3/14/14
ATTACHMENT I:

New York State Vendor Responsibility Questionnaire
Request for Proposal (X002654)
1.0 Legal Business Entity Type – Check appropriate box and provide additional information:

- [x] Corporation (including PC)
- [ ] Limited Liability Company (LLC or PLLC)
- [ ] Partnership (including LLP, LP or General)
- [ ] Sole Proprietor
- [ ] Other

Type | Name | EIN | Status
--- | --- | --- | ---

Date of Incorporation: 2/11/2011

1.1 Was the Legal Business Entity formed or incorporated in New York State? [x] Yes  [ ] No

If ‘No,’ indicate jurisdiction where Legal Business Entity was formed or incorporated and attach a Certificate of Good Standing from the applicable jurisdiction or provide an explanation if a Certificate of Good Standing is not available.

- [ ] United States State ______
- [ ] Other Country ______

If not available:

1.2 Is the Legal Business Entity publicly traded? [ ] Yes  [x] No

If “Yes,” provide CIK Code or Ticker Symbol

1.3 Does the Legal Business Entity have a DUNS Number? [x] Yes  [ ] No

If “Yes,” Enter DUNS Number 071458658

---

*All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf.
NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

1. LEGAL BUSINESS ENTITY INFORMATION

1.4 If the Legal Business Entity’s Principal Place of Business is not in New York State, does the Legal Business Entity maintain an office in New York State?
(Select “N/A,” if Principal Place of Business is in New York State.)

If “Yes,” provide the address and telephone number for one office located in New York State.

1.5 Is the Legal Business Entity a New York State certified Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), New York State Small Business (SB) or a federally certified Disadvantaged Business Enterprise (DBE)?

If “Yes,” check all that apply:
- [ ] New York State certified Minority-Owned Business Enterprise (MBE)
- [ ] New York State certified Women-Owned Business Enterprise (WBE)
- [ ] New York State Small Business (SB)
- [ ] Federally certified Disadvantaged Business Enterprise (DBE)

1.6 Identify Officials and Principal Owners, if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Percentage Ownership (Enter 0% if not applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Chen, MD</td>
<td>Chief Executive Officer</td>
<td>09%</td>
</tr>
</tbody>
</table>
II. REPORTING ENTITY INFORMATION

2.0 The Reporting Entity for this questionnaire is:
   - Select only one.
   - Legal Business Entity  [X]
   - Organizational Unit within and operating under the authority of the Legal Business Entity

Note: If selecting this option, “Reporting Entity” refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)

SEE DEFINITIONS OF “REPORTING ENTITY” AND “ORGANIZATIONAL UNIT” FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

Note: If selecting this option, “Reporting Entity” refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)

IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>a) Reporting Entity Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of the Primary Place of Business (street, city, state, zip code)</td>
</tr>
<tr>
<td>ext.</td>
</tr>
</tbody>
</table>

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number? [ ] Yes [ ] No

If “Yes,” enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity.
   For each person, include name and title. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

### III. LEADERSHIP INTEGRITY

*Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:*

<table>
<thead>
<tr>
<th>3.0 Sanctioned relative to any business or professional permit and/or license?</th>
<th>☐ Yes ☒ No ☐ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Suspended, debarred, or disqualified from any government contracting process?</td>
<td>☐ Yes ☒ No ☐ Other</td>
</tr>
<tr>
<td>3.2 The subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business-related conduct?</td>
<td>☐ Yes ☒ No ☐ Other</td>
</tr>
<tr>
<td>3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:</td>
<td>☐ Yes ☒ No ☐ Other</td>
</tr>
<tr>
<td>a) Any business-related activity; or</td>
<td></td>
</tr>
<tr>
<td>b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?</td>
<td></td>
</tr>
</tbody>
</table>

For each “Yes” or “Other” explain:

### IV. INTEGRITY – CONTRACT BIDDING

*Within the past five (5) years, has the reporting entity:*

<table>
<thead>
<tr>
<th>4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, debarment for a violation of New York State Workers’ Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Been subject to a denial or revocation of a government prequalification?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4.2 Been denied a contract award or had a bid rejected based upon a non-responsibility finding by a government entity?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4.3 Had a low bid rejected on a government contract for failure to make good faith efforts on any Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4.4 Agreed to a voluntary exclusion from bidding/contracting with a government entity?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4.5 Initiated a request to withdraw a bid submitted to a government entity in lieu of responding to an information request or subsequent to a formal request to appear before the government entity?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

For each “Yes,” explain:
## NEW YORK STATE
### VENDOR RESPONSIBILITY QUESTIONNAIRE
#### FOR-PROFIT BUSINESS ENTITY

### V. INTEGRITY – CONTRACT AWARD
**Within the past five (5) years, has the reporting entity:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0 Been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

For each “Yes,” explain:

### VI. CERTIFICATIONS/LICENSES
**Within the past five (5) years, has the reporting entity:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0 Had a revocation, suspension or disbarment of any business or professional permit and/or license?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise or federal certification of Disadvantaged Business Enterprise status for other than a change of ownership?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

For each “Yes,” explain:

### VII. LEGAL PROCEEDINGS
**Within the past five (5) years, has the reporting entity:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7.3 Had a government entity find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any government entity involving a violation of federal, state or local environmental laws?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

7.5 Other than previously disclosed:

a) Been subject to fines or penalties imposed by government entities which in the aggregate total $25,000 or more; or
b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?

For each “Yes,” explain:

---

Page 6 of 10
## VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY

8.0 Within the past five (5) years, has the Reporting Entity received any formal unsatisfactory performance assessment(s) from any government entity on any contract?  
- Yes  
- No

If “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

8.1 Within the past five (5) years, has the Reporting Entity had any liquidated damages assessed over $25,000?  
- Yes  
- No

If “Yes,” provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

8.2 Within the past five (5) years, have any liens or judgments (not including UCC filings) over $25,000 been filed against the Reporting Entity which remain undischarged?  
- Yes  
- No

If “Yes,” provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant’s name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

8.3 In the last seven (7) years, has the Reporting Entity initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?  
- Yes  
- No

If “Yes,” provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as “Initiated,” “Pending” or “Closed.” Provide answer below or attach additional sheets with numbered responses.

8.4 During the past three (3) years, has the Reporting Entity failed to file or pay any tax returns required by federal, state or local tax laws?  
- Yes  
- No

If “Yes,” provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the Reporting Entity failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.

8.5 During the past three (3) years, has the Reporting Entity failed to file or pay any New York State unemployment insurance returns?  
- Yes  
- No

If “Yes,” provide the years the Reporting Entity failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

8.6 During the past three (3) years, has the Reporting Entity had any government audit(s) completed?  
- Yes  
- No

a) If “Yes,” did any audit of the Reporting Entity identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any material disallowance?  
- Yes  
- No

If “Yes” to 8.6 a), provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.
IX. ASSOCIATED ENTITIES

This section pertains to any entity(ies) that either controls or is controlled by the reporting entity. (See definition of “associated entity” for additional information to complete this section.)

9.0 Does the Reporting Entity have any Associated Entities?

Note: All questions in this section must be answered if the Reporting Entity is either:
- An Organizational Unit; or
- The entire Legal Business Entity which controls, or is controlled by, any other entity(ies).

If “No,” SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1</td>
<td>Within the past five (5) years, has any Associated Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Any business-related activity; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If “Yes,” provide an explanation of the issue(s), the individual involved, his/her title and role in the Associated Entity, his/her relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.2</td>
<td>Does any Associated Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC filings) over $50,000?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the Lien holder or Claimant’s name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.3</td>
<td>Within the past five (5) years, has any Associated Entity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>Been disqualified, suspended or debarred from any federal, New York State, New York City or other New York local government contracting process?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City, or New York local government entity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>Been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or New York local government contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>Been the subject of an investigation, whether open or closed, by any federal, New York State, New York City, or New York local government entity for a civil or criminal violation with a penalty in excess of $500,000?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>Been the subject of an indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) for conduct constituting a crime?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City, or New York local government entity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g)</td>
<td>Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.
NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

X. FREEDOM OF INFORMATION LAW (FOIL)

10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL).
   Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.

   □ Yes  ☒ No

   If "Yes," indicate the question number(s) and explain the basis for the claim.

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josephine Wu, DDS, Esq.</td>
<td>(917) 232-8322  ext.</td>
<td>(347) 332-1762</td>
</tr>
<tr>
<td>Title</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td><a href="mailto:admin@ccaco.org">admin@ccaco.org</a></td>
<td></td>
</tr>
</tbody>
</table>
NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official

Printed Name of Signatory
Henry Chen, MD

Title
Chief Executive Officer

Name of Business
Chinese Community Accountable Care Organization

Address
139 Centre Street, Suite 318

City, State, Zip
New York, NY 10013

Sworn to before me this 17th day of March, 2014

JOSPEHINE WU
NOTARY PUBLIC-STATE OF NEW YORK
No. 02WU0621983
Qualified in New York County
My Commission Expires November 29, 2018
NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor’s business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the OSC Help Desk at cioshelpdesk@ose.state.ny.us or call 866-370-4672.

DEFINITIONS

All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” found at www.ose.state.ny.us/vendrep/documents/questionnaire/definitions.pdf. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

REPORTING ENTITY

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of “Reporting Entity” but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

ASSOCIATED ENTITY

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does not include “sibling organizations” (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

STRUCTURE OF THE QUESTIONNAIRE

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officers/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.
# NEW YORK STATE
## VENDOR RESPONSIBILITY QUESTIONNAIRE
### FOR-PROFIT BUSINESS ENTITY

### I. LEGAL BUSINESS ENTITY INFORMATION

<table>
<thead>
<tr>
<th>Legal Business Entity Name*</th>
<th>EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Chinese American Physician IPA, Inc</td>
<td>20-2081661</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of the Principal Place of Business (street, city, state, zip code)</th>
<th>New York State Vendor Identification Number pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>3370 Prince Street, Suite 703, Flushing, NY 11354</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:ecapip@yahoo.com">ecapip@yahoo.com</a></td>
<td></td>
</tr>
</tbody>
</table>

Additional Legal Business Entity Identities: If applicable, list any other DBA, Trade Name, Former Name, Other Identity, or EIN used in the last five (5) years and the status (active or inactive).

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>EIN</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.0 Legal Business Entity Type – Check appropriate box and provide additional information:

- [x] Corporation (including PC)
- [ ] Limited Liability Company (LLC or PLLC)
- [ ] Partnership (including LLP, LP or General)
- [ ] Sole Proprietor
- [ ] Other

If Other, explain:

1.1 Was the Legal Business Entity formed or incorporated in New York State? [x] Yes [ ] No

If ‘No,’ indicate jurisdiction where Legal Business Entity was formed or incorporated and attach a Certificate of Good Standing from the applicable jurisdiction or provide an explanation if a Certificate of Good Standing is not available.

- [ ] United States State ______
- [ ] Other Country ______

If not available, explain:

1.2 Is the Legal Business Entity publicly traded? [ ] Yes [x] No

If “Yes,” provide CIK Code or Ticker Symbol

1.3 Does the Legal Business Entity have a DUNS Number? [ ] Yes [x] No

If “Yes,” Enter DUNS Number

*All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf.
I. LEGAL BUSINESS ENTITY INFORMATION

1.4 If the Legal Business Entity’s Principal Place of Business is not in New York State, does the Legal Business Entity maintain an office in New York State? (Select “N/A,” if Principal Place of Business is in New York State.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☒</td>
</tr>
</tbody>
</table>

If “Yes,” provide the address and telephone number for one office located in New York State.

1.5 Is the Legal Business Entity a New York State certified Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), New York State Small Business (SB) or a federally certified Disadvantaged Business Enterprise (DBE)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☒</td>
</tr>
</tbody>
</table>

If “Yes,” check all that apply:

- [ ] New York State certified Minority-Owned Business Enterprise (MBE)
- [ ] New York State certified Women-Owned Business Enterprise (WBE)
- [ ] New York State Small Business (SB)
- [ ] Federally certified Disadvantaged Business Enterprise (DBE)

1.6 Identify Officials and Principal Owners, if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Percentage Ownership (Enter 0% if not applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Chen</td>
<td>Vice President</td>
<td>0.9</td>
</tr>
</tbody>
</table>
II. REPORTING ENTITY INFORMATION

2.0 The Reporting Entity for this questionnaire is:

Note: Select only one.

☒ Legal Business Entity

Note: If selecting this option, "Reporting Entity" refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)

☐ Organizational Unit within and operating under the authority of the Legal Business Entity

SEE DEFINITIONS OF “REPORTING ENTITY” AND “ORGANIZATIONAL UNIT” FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

Note: If selecting this option, "Reporting Entity" refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)

IDENTIFYING INFORMATION

a) Reporting Entity Name

Address of the Primary Place of Business (street, city, state, zip code) | Telephone
ext.

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number? ☐ Yes ☒ No

If "Yes," enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity.
For each person, include name and title. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each "Yes," provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each "Other," provide an explanation which provides the basis for not definitively responding "Yes" or "No." Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

### III. LEADERSHIP INTEGRITY

Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0 Sanctioned relative to any business or professional permit and/or license?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Suspended, debarred, or disqualified from any government contracting process?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 The subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business-related conduct?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Any business-related activity; or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each "Yes" or "Other" explain:

### IV. INTEGRITY - CONTRACT BIDDING

Within the past five (5) years, has the reporting entity:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, debarment for a violation of New York State Workers’ Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Been subject to a denial or revocation of a government prequalification?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Been denied a contract award or had a bid rejected based upon a non-responsibility finding by a government entity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Had a low bid rejected on a government contract for failure to make good faith efforts on any Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 Agreed to a voluntary exclusion from bidding/contracting with a government entity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5 Initiated a request to withdraw a bid submitted to a government entity in lieu of responding to an information request or subsequent to a formal request to appear before the government entity?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each "Yes," explain:
**V. INTEGRITY – CONTRACT AWARD**  
*Within the past five (5) years, has the reporting entity:*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0 Been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each “Yes,” explain:

**VI. CERTIFICATIONS/LICENSES**  
*Within the past five (5) years, has the reporting entity:*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0 Had a revocation, suspension or disbarment of any business or professional permit and/or license?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise or federal certification of Disadvantaged Business Enterprise status for other than a change of ownership?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each “Yes,” explain:

**VII. LEGAL PROCEEDINGS**  
*Within the past five (5) years, has the reporting entity:*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3 Had a government entity find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any government entity involving a violation of federal, state or local environmental laws?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5 Other than previously disclosed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Been subject to fines or penalties imposed by government entities which in the aggregate total $25,000 or more; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each “Yes,” explain:
### VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.0 Within the past five (5) years, has the Reporting Entity received any formal unsatisfactory performance assessment(s) from any government entity on any contract?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>If “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1 Within the past five (5) years, has the Reporting Entity had any liquidated damages assessed over $25,000?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>If “Yes,” provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2 Within the past five (5) years, have any liens or judgments (not including UCC filings) over $25,000 been filed against the Reporting Entity which remain undischarged?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>If “Yes,” provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant’s name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.3 In the last seven (7) years, has the Reporting Entity initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>If “Yes,” provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as “Initiated,” “Pending” or “Closed.” Provide answer below or attach additional sheets with numbered responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.4 During the past three (3) years, has the Reporting Entity failed to file or pay any tax returns required by federal, state or local tax laws?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>If “Yes,” provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the Reporting Entity failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.5 During the past three (3) years, has the Reporting Entity failed to file or pay any New York State unemployment insurance returns?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>If “Yes,” provide the years the Reporting Entity failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.6 During the past three (3) years, has the Reporting Entity had any government audit(s) completed?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>a) If “Yes,” did any audit of the Reporting Entity identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any material disallowance?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>If “Yes” to 8.6 a), provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IX. ASSOCIATED ENTITIES

This section pertains to any entity(ies) that either controls or is controlled by the reporting entity. (See definition of “associated entity” for additional information to complete this section.)

9.0 Does the Reporting Entity have any Associated Entities?
Note: All questions in this section must be answered if the Reporting Entity is either:
- An Organizational Unit; or
- The entire Legal Business Entity which controls, or is controlled by, any other entity(ies).
If “No,” SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.

9.1 Within the past five (5) years, has any Associated Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:
   a) Any business-related activity; or
   b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?

If “Yes,” provide an explanation of the issue(s), the individual involved, his/her title and role in the Associated Entity, his/her relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).

9.2 Does any Associated Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC filings) over $50,000?

If “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the Lien holder or Claimant’s name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

9.3 Within the past five (5) years, has any Associated Entity:

   a) Been disqualified, suspended or debarred from any federal, New York State, New York City or other New York local government contracting process?
   b) Been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City, or New York local government entity?
   c) Been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or New York local government contract?
   d) Been the subject of an investigation, whether open or closed, by any federal, New York State, New York City, or New York local government entity for a civil or criminal violation with a penalty in excess of $500,000?
   e) Been the subject of an indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) for conduct constituting a crime?
   f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City, or New York local government entity?
   g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?

For each “Yes,” provide an explanation of the issue(s), identify the Associated Entity’s name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.
NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

X. FREEDOM OF INFORMATION LAW (FOIL)

10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL).

   □ Yes  ☒ No

   Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.

   If “Yes,” indicate the question number(s) and explain the basis for the claim.

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Chen, MD</td>
<td>(718) 567-8899</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:goldenhchen@gmail.com">goldenhchen@gmail.com</a></td>
<td></td>
</tr>
</tbody>
</table>
NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official

Printed Name of Signatory Henry Chen, MD

Title Vice President

Name of Business Eastern Chinese American Physician IPA, Inc

Address 3370 Prince Street, Suite 703

City, State, Zip Flushing, NY 11354

Sworn to before me this __________ day of __________, 201__;

Notary Public

JOSEPHINE WU
NOTARY PUBLIC-STATE OF NEW YORK
No. 02WU6251983
Qualified in New York County
My Commission Expires November 28, 2015