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[www.verifpoint.com](http://www.verifpoint.com)  
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# Request for Information

## CREDENTIALING SERVICES

10/4/2012

Prepared for:



Contact:

Connie Oswald  
WV Department of Administration  
304.558.2157

Prepared by:



Contact:

Jeff Densley  
VP, Business Development  
888.273.3368 x 17  
EIN: 65-0989950

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2012 OCT -4 AM 10:12

WV PURCHASING  
DIVISION

# Description

*The State of WV is seeking information and suggestions regarding possible means, processes and environments which would best serve as providing a statewide CVO.*

Request for Information No. **INS13004**

10/4/2012

Connie Oswald  
Purchasing Division  
2019 Washing Street, East  
PO Box 50130  
Charleston, WV 25305-0130

Dear Connie,

Thank you for the opportunity to submit information to the State of West Virginia for Credentialing Services.

VerifPoint / Credentialing Solutions (VPCS) is currently contracted with over 160 clients to provide credentialing services for over 450,000 healthcare providers. In fact, of the 11,000 practitioners in the VPCS database from West Virginia, 22% have already been credentialed for various clients. VerifPoint currently credentials all practitioner types, including: AUD, CRNA, DC, DDS/DMD, DO, DPM, EdD, LBSW, LCDC, LCSW, LDO, LMFT, LMSW, LMSW-AP, LPC, MD, NP, OD, OPT, OT, PA, PhD, PsyD, PT, PTA, RDH, RDO, RN, SLP as well as Facilities.

As per the guidelines outlined in this RFI, VPCS proposes a Full Service, online, web-based solution for the credentialing verification needs of The State of WV. VPCS will not charge a setup fee, implementation fee, user fees, training fees, etc. VPCS will only bill per Credentialing / Recredentialing report produced. Taking into consideration of the credentialing service level and volume of practitioners, VPCS would propose highly competitive rates.

Regarding the credentialing system and database, this can be owned and operated by VPCS or the State of WV may opt to have a system created whereby the State of WV owns and hosts the system with VPCS performing the verifications. Further, if the State of WV wished to use the VerifPoint system and later wanted to end the partnership, VPCS could supply all data and images related to all practitioners in the state of WV.

As another solution, the State of WV could utilize the UPD from CAQH for the collection of provider information which VPCS would utilize and perform the verifications to produce the end product Credentialing Reports that would be posted on the VerifPoint website. The clients would retrieve this information from the Client Access Portal of [www.verifpoint.com](http://www.verifpoint.com).

In this RFI, VPCS is simply presenting a small portion of the VPCS System as the suggested solution to the credentialing needs of the State of WV.

Continuing, In August of 2007, VerifPoint acquired Credentialing Solutions and as you will see from this proposal, the combined companies represent the best, most cost effective solution for credentialing and document image management available. Both VerifPoint and Credentialing Solutions are NCQA Certified Credentials Verification Organizations (CVOs) and are Accredited by URAC. As a cohesive unit, under the

same ownership and under the same roof, the two organizations will be defined throughout this Proposal as "VerifPoint" or "VPCS".

VerifPoint's state-of-the-art technology and highly scalable platform can handle the addition of any size network without any slowdown in credentialing productivity.

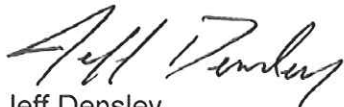
Some of the many benefits VerifPoint credentialing clients receive include:

- *Online provider applications – we can populate physician data from our online form into any privileging or credentialing application form*
- *Virtually paperless, daily reporting system using state-of-the-art technology "Rush" service for those providers who need to be credentialed immediately*
- *The security of knowing your data is stored confidentially and safely on our servers*
- *Freedom from having to follow up on expired medical licenses, DEA certificates, and other time-sensitive documents*
- *Regularly updated Provider Directories and Network Reports that give you the information you need to manage your provider network efficiently*
- *Immediate reporting when a provider has sanctions or adverse actions against their license*
- *Notification of when new physicians join a practice without informing you, inherently building your network size*

On a final note, credentialing providers to the exacting standards of CMS, NCQA, URAC, AAAHC and TJC is our business, and we are experts in quick turnaround, cost-efficiency, and accuracy. With a painstakingly amassed database of over 6.5 million licensed practitioners in the United States, of which all licenses are updated quarterly, there is no better source to root the credentialing verification of your providers!

Thank you again for this opportunity and we very much look forward to the possibility of providing unbeatable credentialing services to THE STATE OF WV.

Sincerely,



Jeff Densley  
VP, Business Development  
VerifPoint  
Credentialing Solutions  
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# Table of Contents

<b>Company Background.....</b>	<b>5-7</b>
<b>Reference List.....</b>	<b>8</b>
<b>Credentialing System.....</b>	<b>9-15</b>
<b>Associates &amp; Training.....</b>	<b>16</b>
<b>Confidentiality &amp; Security.....</b>	<b>17</b>
<b>Quality Assurance.....</b>	<b>19</b>

## Appendix

- #1 Basic Process Flow Diagram**
- #2 Credentialing Report Sample**

# Company Background

## Company History

VerifPoint is a leading credentials verification organization based in Lake Forest, California whose mission is to collect, organize and distribute practitioner data, critical to various healthcare entities.

The company jointly and collectively represents two NCQA Certified Credentials Verification Organizations (CVOs); VerifPoint / CreDENTALS Services, Inc. and Credentialing Solutions are also URAC Accredited. As a cohesive unit, under the same ownership and under the same roof, the two organizations will be defined throughout this Proposal as VerifPoint.

VerifPoint was created from the nationally recognized dental industry credentials verification services of CreDENTALS Services, Inc., a Florida corporation. Founded in 1996, CreDENTALS quickly became the largest dental credentials verification organization in the Nation. Once CreDENTALS dominated the dental credentialing marketplace, CreDENTALS leveraged its efficient systems and highly competitive pricing into all areas of healthcare practitioner verification and data / image management. The result is VerifPoint.

VerifPoint is currently contracted with 160 clients to provide credentialing services for over 450,000 healthcare providers. These clients consist of many types of managed care organizations and other entities such as IMEs, Workers Comp, and healthcare information companies. VerifPoint currently credentials all practitioner types such as: AUD, CRNA, DC, DDS/DMD, DO, DPM, EdD, LBSW, LCDC, LCSW, LDO, LMFT, LMSW, LMSW-AP, LPC, MD, NP, OD, OPT, OT, PA, PhD, PsyD, PT, PTA, RDH, RDO, RN, SLP as well as facilities.

VerifPoint's state-of-the-art technology and highly scalable platform can handle the addition of any size network without any slowdown in credentialing productivity.

Having built a solid Information Technology and Operational platform over the last sixteen years, VerifPoint is now poised for a high growth trajectory. VerifPoint is well funded and has assembled a solid executive and management team to carry out growth plans.

Asim Ashary, CEO is a cofounder of PPONext and has had much experience in planning, implementing and controlling the finances of large health care projects. Jeff Densley, VP Business Development has worked for VerifPoint in implementing similar projects for many large Managed Care Organizations such as WellPoint, APS, Aetna, Prudential, and Cigna. Many of the key employees

have been with the company for many years under the same direction of Mr. Densley.

VerifPoint is considered a small business enterprise and a majority ownership is by a minority (MBE).

**Consolidated Income Statement Summary**  
*(Un-audited)*

	2009	2010	2011	2012 <i>proj.</i>
<b>Revenue</b>	2,594,874.21	2,281,736.73	2,931,227.25	3,210,000.00
<b>Operating Expenses</b>	2,382,771.43	2,263,790.15	2,817,180.05	3,020,000.00
<b>Net Income</b>	212,102.78	17,946.58	(114,047.20)	190,000.00

*VerifPoint is well funded and is currently sacrificing profitability for building volume.*

## Key Executive Biographies

**Asim Ashary, MBA (Principal)** - is the CEO of VerifPoint / Credentialing Solutions. Mr. Ashary is also founder and CEO of Manhattan Data, Inc. (MDI), a healthcare administration outsourcing company based in Irvine, California. Prior to MDI, in 1999 Asim co-founded ppoNEXT, Inc., which has grown to be one of the largest national PPO Services organizations in the USA. ppoNEXT is based in Long Beach, California. Mr. Ashary is a senior healthcare executive, with two decades of experience in business operations, claims administrations, marketing, finance and MIS operations, which includes 15 years in the healthcare industry. Prior to co-founding ppoNEXT, Asim held senior executive positions with BPS Healthcare, Orange Coast Managed Care, Equicore Health Plans, Cigna Health Plans and Maxicare Health Plans. Asim Ashary has an MBA degree from the Institute of Business Administration in Pakistan and has passed all required CPA courses administered by AICPA.

**Fred L. Sharpe, DDS, JD (Principal)** -is partial owner and Administrative Consultant for VerifPoint / Credentialing Solutions. Dr. Sharpe has been Chief Dental Officer for Avesis since 2003. Dr. Sharpe has been in dental benefit administration full time since 1985 and has led dental HMO, PPO and discount programs across the country. He is responsible for the development of the Avesis Preventive Plus and Restorative Plus programs and has overseen the development of the Avesis Medicaid and Medicare Dental programs. Dr. Sharpe and Avesis have been focused on bringing effective quality review and hands-on network administration to our dental programs.

**Jesse Halbleib, DDS (Principal)** - is partial owner and Administrative Consultant for VerifPoint / Credentialing Solutions. Dr Halbleib has been in private practice for over twenty years, and is a lifelong ADA, and CDA member. Through

extensive dental education, Dr. Halbleib maintains membership with the American Academy of Laser Dentistry and the American Academy of Cosmetic Dentistry. Jesse Halbleib received his Bachelor of Science degree in Biology at the University of Pacific and his Doctorate of Dental Surgery degree from Emory University School of Dentistry.

**Jeff Densley, MBA** (Principal) - is Vice President of Business Development at VerifPoint / Credentialing Solutions. Mr. Densley has been with the company since inception in 1996. Mr. Densley holds a Master of Business Administration degree from California State University Long Beach where he was a finalist for Valedictorian. Additionally, he holds a Bachelor of Science degree in Business Administration – Finance from San Diego State University. Prior to VerifPoint, Mr. Densley was Vice President of Operations for the publicly traded company, Premier Brands, Inc.

## Facility Location

The company is located at 23721 Birtcher Drive, Lake Forest, California, 92630. To optimize processes and accommodate large volume influxes, the company utilizes Data Entry and Practitioner Image Indexing by MDI (Manhattan Data, Inc.), located at 92600 Irvine Center Drive, Irvine, CA 92618.

MDI has employees that perform basic data processing and data collection functions for VerifPoint. All databases and information reside in the United States. All phone calls, final verifications and quality checks are done in the Lake Forest, CA office. **If data processing must be done by personnel in the United States, this can be accommodated.**

## Company Contact

*If you need to contact us for any reason you can reach us at:*

VerifPoint  
23721 Birtcher Drive  
Lake Forest, California 92630  
Phone: 888-273-3368  
Fax: 949-470-0838  
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# Reference List

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# Credentialing System

THE STATE OF WV will benefit from years of fine tuning development in a very efficient, powerful, and user-friendly credentialing system. The system allows for multiple entities per main entity and multiple facility locations per practitioner. VerifPoint uses a SQL Server Database with web-based User Interfaces using .net.

VerifPoint hardware and software components are interchangeable and scalable to meet any system requirement THE STATE OF WV necessitates. VerifPoint is completely internet-based with availability 24 hours, 7 days a week. Other system and viewing requirements include:

- Adobe Acrobat Reader 5.0 or greater
- At minimum, 56K dial up connection (DSL/CABLE connection or higher is recommended)
- FTP site is available for moving larger document files efficiently.

At any time, VerifPoint can add additional hardware and staff to accommodate additional technological / operational requirements of THE STATE OF WV.

There are many different data files available to THE STATE OF WV that can be downloaded from the VerifPoint website for use in THE STATE OF WV's in-house database. VerifPoint currently supplies all data files in ASCII Comma Delimited format (see below) but the VerifPoint Credentialing System has the capability to create data files in any format needed upon request.

```
"PlanID", "ProvID", "PracID", "PlanProvID", "PlanPracID", "PlanName", "NxtRptType", "NxtRptDate", "LastRptType", "La:
"999", "1438613", "248814", "1234", "SAMPLE PLAN", "R", "06/26/2009", , , "06/27/2007", "06/27/2007", "C", "True", "Fal:
"999", "1724933", "230523", "5555", "SAMPLE PLAN", "R", "08/30/2006", , , "06/27/2007", "06/27/2007", "C", "True", "Fal:
"999", "1131778", "230553", , "SAMPLE PLAN", "R", "06/26/2009", "C", "07/18/2003", "06/27/2007", "06/27/2007", "R", "F:
"999", "9471", "230523", "7771", "1108", "SAMPLE PLAN", "R", "07/17/2006", , , "06/27/2007", "06/27/2007", "O", "False", '
"999", "668004", "230539", "2122kk", "SAMPLE PLAN", "R", "06/26/2009", "O", "07/18/2003", "06/27/2007", "06/27/2007",
"999", "1724929", "291115", , , "SAMPLE PLAN", "R", "06/26/2009", "C", "07/01/2005", "06/27/2007", "06/27/2007", "R", "Fi:
"999", "668005", "747", "55331", "5858", "SAMPLE PLAN", "R", "06/26/2009", "O", "07/18/2003", "06/27/2007", "06/27/2007"
```

A Data Dictionary can be provided which explains all the fields in the standard credentialing data file that VerifPoint clients use to upload into other systems. These credentialing report data files can be further customized to meet the specific needs of THE STATE OF WV.

The VerifPoint client website gives THE STATE OF WV a user-friendly interface to set up or locate anything needed from the entire THE STATE OF WV network. These functions include but are never limited to:


- User Accounts
- Provider Search
- Practice Locations
- Credentialing Documents Search
- Credentialing Status
- Provider Communication Requests
- Network Management

**USER ACCOUNTS-** THE STATE OF WV can create different User logins that have different rights to certain areas within our website. For example, if THE STATE OF WV wants to give their Provider Relations Department access to view information and images but not to edit or remove items in the provider network, your website administrator can create a separate login account for this department using the website so there is no delay in set up. Once the new login is created, your Provider Relations Representatives will have instant access to the images they need to help THE STATE OF WV providers complete their credentialing requirements.

Administration of users shows each assigned users' last login date. You are able to lock users out and assign editing or just viewing rights.

	UserName	Email	IsLockedOut	CreateDate	LastLoginDate
Select	jeffhak	jnakamura@verifpoint.com		10/8/2007 3:07:51 PM	10/8/2007 3:07:51 PM
Select	SamUser	SamUser@Mail.com		4/5/2007 4:46:00 PM	6/27/2007 6:46:26 PM

**PROVIDER SEARCH-** This feature gives THE STATE OF WV users the ability to locate any provider within the THE STATE OF WV network. You can search by license state, provider name or unique provider IDs (either VerifPoint IDs or THE STATE OF WV IDs). Basic information on a provider is immediately available and direct links to important credentialing features are made available.



COMPANY INFO | OUR SERVICES | ONLINE CREDENTIALING | LASTAPP | QUICKCHECK | CONTACT US

Home > Provider Search > By State

### Provider Search

We have designated two fields in our system for our clients. One for their unique provider number and the other for their unique practice number. The clients have the access to change/update these numbers from our website.

Search for Provider By:

State:

From the following links you are able to, by provider, view their practices, documents, the status of the provider, you can remove a provider from your network and see the communication to the provider as well.

Legend Page: 1 of 1

Total: 18

Last Name	First Name	Title	License #	Lic. State	Start Date	PracProvID	NPI #	Practice	Imager	Status	Of	Delink	Fax	Com	Lic. Exp.	Iss. Exp.	DEA Exp.	SDC Exp.	ProvID
ADAMS	JOHN	DDS/DMD	1422	CA	11/10/2005	1234		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/28/2007	05/01/2008	02/28/2008	04/17/2008	1438513
BAXTOR	JEFFREY	DDS/DMD	004111SP	CA	12/27/2005	1234		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04/30/2008	05/01/2008	08/31/2008	05/17/2008	1724922
BING	CHANDLER	DDS/DMD	SP1057SP	CA	05/12/2005	4321		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/03/2008	07/23/2008	08/31/2008	04/14/2008	1724929
BLACK	PETTER	DDS/DMD	SP105469SP	CA	06/08/2007	AAA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03/31/2002		08/24/2006	01/07/2007	1724927
BOONE	BRET	MD	11612SP	CA	12/27/2005	7771		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/03/2008	08/01/2008	03/31/2008	03/17/2008	9411
LOUIE	MAE-LAE	OD	OPT00011573T	CA	10/12/2006	AAA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/03/2008	04/07/2008	03/31/2009		1699039
CESTERLING	JOSEPH	OD	ME0057052SP	CA	11/10/2005	SpecialID		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/30/2009	01/01/2009	12/31/2009	06/14/2008	655521
OTT	DANIELLA	DDS/DMD	0309SP	CA	11/10/2005	55531		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/30/2008	05/14/2008	12/30/2008	09/15/2009	668005
RAO	HAROLD	DDS/DMD	11612SP	CA	11/10/2005	5555		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04/30/2009	08/01/2008	03/31/2008	05/10/2008	1724933
SCHMIDT	AMANDA	OD	OPT00010526T	CA	11/10/2005	AAA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/31/2009	11/05/2009	02/28/2010		999230
SMITH	ANTHONY	DDS/DMD	14391	CA	11/10/2005	AAA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02/28/2008	09/01/2008	02/28/2008	12/31/2006	1438502
SMITH	LLOYD	DDS/DMD	23041	CA	11/10/2005	AAA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06/30/2009	05/14/2009	02/28/2009		156366
STREET	ERNE	OD	00198305SP	CA	11/10/2005	212233		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/30/2008	02/14/2009	12/30/2008	04/12/2008	668004
SYLVA	FRANCIS	DDS/DMD	3287	CA	11/10/2005	123		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04/30/2008	11/05/2008	02/28/2009	07/11/2008	1433650
TRIBIANI	JOEY	MD	1234sp	CA	11/10/2005	AAA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/31/2008	08/01/2009	08/31/2008	12/31/2009	1724923
WHITE	BERRY	DDS/DMD	1234SP	CA	03/30/2006	AAA	6546515468	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/31/2009	05/14/2009	11/30/2008	05/31/2009	2785444
WHITE	RICHARD	DDS/DMD	1887544SP	CA	11/10/2005	1234		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09/30/2009	08/01/2008	07/29/2008	08/31/2009	2929
WHITE	RICHARD	DDS/DMD	122355SP	CA	11/10/2005	AAA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/31/2008	09/01/2008	02/28/2009	07/31/2008	1436631

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Page loaded in 4.4633 seconds. 333

**PRACTICE LOCATIONS-** Each practice a provider participates in can be stored and adjusted by THE STATE OF WV users 24/7. Each practice is listed below the provider name along with contact information that can be edited or removed, real-time, so that any new correspondences to the provider is sent to the correct contact location. Locations can also be removed using this feature. To track and accept changes to your account, the initials of the THE STATE OF WV user are required.

## Provider Practices

ADAMS, JOHN M - DDS/DMD

Address	PlanPracID	Delink
7 DAYS DENTAL 24310 MOULTON PKWY., STE. C-1 LAGUNA WOODS, CA 92653 Phone: (949) 859-3988 Fax: (949) 859-3578		Add <input type="checkbox"/>
<a href="#">Edit Practice</a> <a href="#">Link Receipt</a>		

Verification Initials:

[Delink](#)

[Link New Practice](#)

[Delinked Practice Info](#)

**CREDENTIALING DOCUMENT SEARCH-** VerifPoint keeps all supporting documents of a provider available online 24/7. Each image is stored as a TIF file that can easily be downloaded or converted to PDF. Each image is sorted by the verification date so locating a specific document for a specific time period is quick and easy.

Document Type	Date Verified
<a href="#">National Practitioner Data Bank Report</a>	09/18/2007
<a href="#">Attestation</a>	05/22/2007
<a href="#">DEA</a>	05/22/2007
<a href="#">Insurance</a>	05/22/2007
<a href="#">License Certificate</a>	05/22/2007
<a href="#">State Drug Certificate</a>	05/22/2007
<a href="#">State Drug Certificate</a>	05/10/2006
<a href="#">Insurance</a>	05/03/2006
<a href="#">Attestation</a>	04/03/2006
<a href="#">DEA</a>	04/03/2006
<a href="#">Insurance</a>	04/03/2006
<a href="#">License Verification</a>	04/03/2006
<a href="#">Insurance</a>	06/13/2005
<a href="#">DEA</a>	06/13/2005
<a href="#">License Verification</a>	06/13/2005
<a href="#">Attestation</a>	04/05/2005
<a href="#">License Verification</a>	01/14/2005

**ACORD. CERTIFICATE OF LIABILITY INSURANCE** - 09/01/07 04/16/07

INSURANCE ASSOCIATES INC  
94 West Main St  
New Britain, CT 06053  
Phone: 860-225-6936 Fax: 860-223-1373

INSURED: John Adams  
7 DAYS DENTAL  
24310 MOULTON PKWY., STE. C-1  
LAGUNA WOODS CA 92653

INSURANCE COMPANY: CHUBB, FARMERS & MERCHANTS

**COVERAGE**

CLASS	TYPE OF INSURANCE	POLICY NUMBER	INS. EFFECTIVE DATE	INS. EXPIRES DATE	LIMIT
A	COMMERCIAL GENERAL LIABILITY	DLP 027324-28	05/01/04	05/01/05	\$1,000,000
A	Professional Liability	DLP 027324-28	05/01/04	05/01/05	\$1,000,000

**RECEIVED**  
MAY 25 2005  
CREDENTIALS

PROFESSIONAL LIABILITY IS A "CLAIMS MADE" POLICY/RETROACTIVE DATE: 10/01/1995

LIABILITY LIMITS: EACH CLAIM: \$1,000,000/AGGREGATE: \$1,000,000

INSURED: John Adams, DDS

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS OF THE POLICY CONTRACT. THIS POLICY MAY BE CANCELLED BY THE INSURER OR THE INSURED AT ANY TIME WITHOUT NOTICE TO THE OTHER PARTY.

Signature: William J. Adams

**CREDENTIALING STATUS-** Real-time credentialing statuses for all credentialing elements are available 24/7. Each credentialing element is listed and indicators specify whether each element is in good standing, is expired or is incomplete. This feature also lists past credentialing report dates and credentialing types. Clicking on the report date will give you the credentialing report and what was verified back for that reporting period.

ADAMS, JOHN M  
 Plan Prov ID: 1234  
 Next Report Date: 10/01/2007  
 Change Report Date:   
 Verification Initials:

Need Credentialing: YES

Credentialing Item	Current Status
Attestation	Pass
DEA	Pass
Date of Birth	Pass
Insurance	Pass
License	Fail
Multi-License	Fail
School	Pass
Specialty	Pass

\* To view status details, drag mouse over Current Status.

Report History

Inv. Date	CredType	NeedCred
06/27/2007	C	True
05/13/2006	R	False
04/13/2006	C	False

**CREDENTIALING REPORT**

SAMPLE PLAN  
 JOHN MADAMS  
 PlanProvID - 1234

Process Date: 06-27-2007

VerifPoint

PERSONAL INFORMATION							
Specialty Number	Date of Birth	Gender	Marital Status	Medical #	Medical #	Medical #	Medical #
001123456	05/25/1970	M	Single	123456789	123456789	123456789	123456789
PRACTICE INFORMATION							
Practice Name							
EDUCATIONAL							
Address	City	State	Zip	Phone #	HomePhone #	Fax #	Cell #
12345 Main St, Apt. C-1	WV	26000	0000	304-123-4567	304-123-4567	304-123-4567	304-123-4567
WORK HISTORY							
Start Date	End Date	Verif Date					
01/01/2007	01/01/2007	01/01/2007					
STATE LICENSE							
License Number	Expiration Date	Verif Date	Verif Method	Verif Date			
12345	12/31/2007	06/27/2007	State ID#	06/27/2007			
EDUCATION and TRAINING							
School/College/Institution	Specialty	Year	Verif Date	Verif Method	Verif Date		
West Virginia Univ	General Surgery	1997	06/27/2007	Letter	06/27/2007		
PROFESSIONAL LIABILITY INSURANCE							
Insurance Carrier	Policy Number	Verif Date					
ABC Insurance Co	123456789	06/27/2007					
HOSPITAL PRIVILEGES							
Hospital Name	Primary	Verif Date	Verif Method	Verif Date			
ABC Hospital	ABC	06/27/2007	ABC	06/27/2007			
DRUG REGISTRATION							
Drug Category	Certification Number	Exp Date	Verif Date	Verif Method	Verif Date		
12345	123456789	12/31/2007	06/27/2007	State ID#	06/27/2007		
NATIONAL PRACTITIONER DATABASE REPORT							
Verif Date	Verif Date	Verif Date					
06/27/2007	06/27/2007	06/27/2007					

*See Appendix # 2 for a full Credentialing Report sample.*

**PROVIDER COMMUNICATION REQUESTS-** Each correspondence (phone call, fax, email or letter) to the provider is recorded and a history is made available for THE STATE OF WV Provider Relations Representatives as a reference tool when talking to a provider. Each request is sorted by the most recent correspondence date.

**Current Provider Requests (CPR)**

Dr. BERRY WHITE

License: CA-1234SP

Plan Provider ID:

Date Sent	Replied	Type	Description	Practice
08/01/2007		Fax	Fax for provider In Cycle (FX)	Dental
08/22/2007		Fax	Fax for provider In Cycle (FX)	Dental
09/11/2007	09/18/2007	Letter	Letter for provider In Cycle (LT)	Dental

**NETWORK MANAGEMENT-** Many companies have a wealth of information but have a hard time providing the right forum for users to get this information to them in a timely fashion. The VerifPoint network management feature was created to solve this problem. Everything you would want to know about your provider network is just a click away!

This real-time feature was developed in partnership with our credentialing clients to give key information that may be needed on a daily basis.

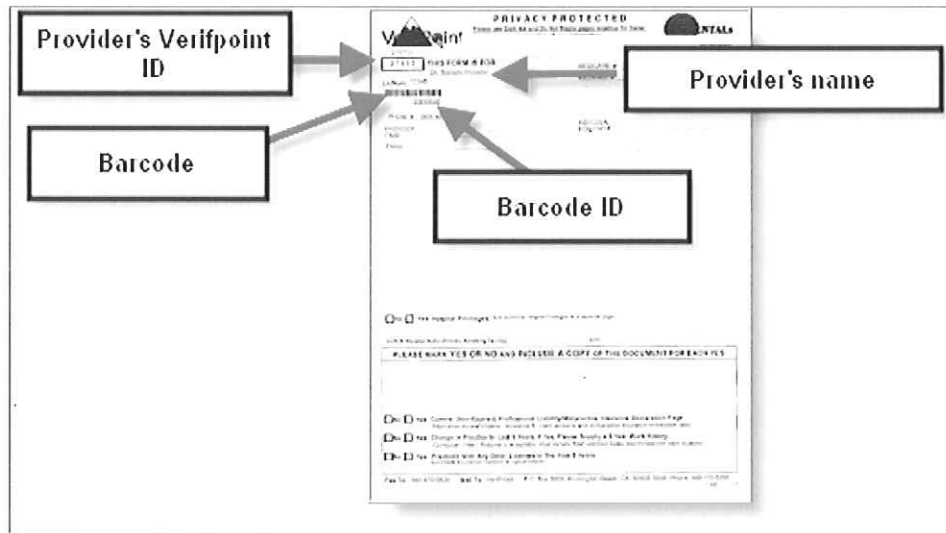
<h2>Network Alerts</h2>	
<small>Percentages are calculated from a total of 42 providers in your network.</small>	
<u>CMS Sanctions</u>	2 / 2
<u>Deceased or Retired Providers</u>	3
<u>Deroogatory Providers</u>	15
<u>Duplicate Providers</u>	0
<u>Providers Delinked</u>	22 / 22
<u>Providers On Hold</u>	1
<u>Providers with Invalid State License</u>	10
<u>Providers without a Practice</u>	13
<u>Sanctions Against License</u>	4 / 11
<u>Updated SAL Verifications</u>	1 / 2
<u>Updated School Verifications</u>	0
<u>Providers Credentialed</u>	66.67 %
<u>Providers Reported (Not Completed)</u>	11.90 %
<u>Providers in Credentialing Cycle</u>	23.81 %
<u>Providers Scheduled for Reporting</u>	0.00 %

By clicking on the line item, a detailed spreadsheet of the data you wish to see is available to download or use as a reference tool. For example, clicking on "CMS Sanctions" will provide you with information on the 2 providers in your entire provider network that have CMS sanctions. Clicking on "Providers Reported (Not Completed)," will provide you with a list of those providers that received an incomplete credentialing report and the reason VerifPoint was unable to furnish a fully complete credentialing report.



## Imaging

VerifPoint's in-house mailroom process allows them to process provider applications with very little delay. If THE STATE OF WV re-credentialing applications are sent out through VerifPoint, a barcode will be affixed to the cover page and first page of the application similar to the image you see below.



This allows the VerifPoint mailroom to instantly record and sort out THE STATE OF WV applications from the state applications and other incoming mail received.

## Scanning and Indexing -

The provider file will be prepped before being scanned; this includes removing of staples, paper clips, and the arrangement of pages consecutively.

Then, during scanning, employees will assign a name to the file if not provided. This name includes a date and a provider ID to easily identify and avoid duplications.

The date should be the chronological date THE STATE OF WV would like for the file and the provider ID could be the ID THE STATE OF WV has assigned to the provider or a provider ID that we will assign. Once the documents are scanned, employees will check the quality of the images.



Once the provider file has been scanned and checked for the quality of images, it is then sent for Indexing. Indexing is the process in which each image section will be separated by document type, i.e. THE STATE OF WV application along with any additional documents such as state license, drug certificates, insurance certificate and other forms of verification. THE STATE OF WV will be able to see the images of all providers at any time by just logging in to the VerifPoint website. The images will be listed per provider, in chronological order and separated by document type.



# Associates and Training

When searching for a high quality credentialing service, VerifPoint has continually proven to be a leader in this industry. This is because of the experience and knowledge of staff.

VerifPoint has specialized in credentialing since 1996. The VerifPoint staff is comprised of over 24 managers and knowledge workers who specialize in credentialing and document imaging and devote themselves to continual improvement to maintain leadership. 50% of the staff have college educations, 17% have had advanced degrees and postgraduate studies. There are 2 CPCS certified staff members with two additional registered to become CPCS. Additionally, there are 60 scanning, data entry processors, and verification workers.

All of these employees focus on only one thing – electronic credentialing with document imaging.

## Employee Training

The VerifPoint employees having Human Resource duties will provide formal orientation to all new employees, which will include general information pertaining to the company, its policies and employee benefits.

VerifPoint management will provide formal training to all new employees on credentialing policies, services, and responsibilities/expectations of the position. Additionally, VerifPoint management will provide on-going training through various activities including: 1) Staff meetings; 2) Training Workshops; 3) Individual training; 4) Periodic Assessments; 5) manuals; 6) Conferences/Certifications.

Each new employee will be provided an Orientation Checklist and a Training Schedule designed uniquely for their position to assure each employee is provided the adequate training, resources and information to successfully accomplish their job tasks.

# Confidentiality & Security

**Confidentiality** - The protection of confidential business information, company trade secrets, and THE STATE OF WV provider information, is vital to the interests and the success of VerifPoint. Such confidential information includes, but is not limited to, the following examples: Client provider lists, Provider information and documents, systems and system designs, financial information, marketing strategies, new materials research, ending projects and proposals, etc.

It is the policy of VerifPoint / Credentialing Solutions (VPCS) that all verifications and/or information obtained by VPCS which is not publicly available shall be treated as confidential. Release of such information to other than professional peer review bodies involved in formal decision-making, may be prejudicial to the interests of the provider and requires provider authorization unless otherwise permitted or required by law.

## ***Disaster Recovery & Protection of Stored Data***

Back-ups of all data servers (Network, SQL) are performed every 15 minutes. VerifPoint utilizes a software program and a dedicated server to perform the automatic backups. A specialized 3<sup>rd</sup> party monitors the complete process, and notifies system administrators by e-mail and phone when any issue occurs. System administrators are required to fix any backup issue within 12 hours. The 3<sup>rd</sup> party monitoring company's staff is not able to view or copy the backup content. The backup server is capable of virtualizing a defective server, utilizing the last 15 minutes backup.

Archived data is automatically sent off-site every night to a 3<sup>rd</sup> party secured west-coast datacenter over the internet in an encrypted fashion. This datacenter then duplicates the encrypted data to a second secured east coast datacenter, for an increased disaster (i.e. earthquake) proof protection.

***The network is monitored 24 hours a day, 7 days a week by a specialized 3<sup>rd</sup> party. In the event of a system failure, the 3<sup>rd</sup> party notifies a VerifPoint administrator immediately by e-mail and phone, for immediate troubleshooting.***

If a server becomes non-functioning, it will be instantly virtualized within the backup appliance, leaving ample time to repair the server.

In the event of a disaster (Due to Fire, Earthquake, etc.), we will notify the backup server manufacturer, which has a contractual commitment to overnight a new backup appliance with the latest 24h backup to the

location of our choice. Once received, all servers can be virtualized and provide a full functioning operation. We would be up and running within 24 hours.

***In addition, disaster recovery tests shall be performed on a periodic basis (at least biannually) to ensure that data tapes are available, secure, and contain identical information to the credentialing database.***

#### **Problem detection and corrective actions**

All servers have a monitoring program installed, which checks every 2 minutes the status of the operating system status, the utilization of storage, CPU, and memory, as well as all applications running. Should any of these metrics indicate an abnormality or failure, a phone call is generated to the IT department staff, which takes immediate action on-site as well as remotely.

#### **HIPAA Regulations**

VPCS agrees to not use or disclose Protected Health Information other than as permitted or required by Law. VPCS agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information. VPCS agrees to mitigate, to the extent practicable, any harmful effect that is known to be caused by a use or disclosure of Protected Health Information by VPCS. VPCS agrees to report to CLIENT any use or disclosure of the Protected Health Information of which it becomes aware.

VPCS agrees that any agent, including a subcontractor, to whom it provides Protected Health Information, will agree to the same restrictions and conditions that apply to VPCS with respect to such information.

VPCS agrees to provide access, at the request of CLIENT to Protected Health Information in a Designated Record Set, to CLIENT or, as directed by CLIENT, to an Individual in order to meet the requirements under 45 CFR § 164.524.

VPCS agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the CLIENT directs or agrees to pursuant to 45 CFR § 164.526 at the request of CLIENT or an Individual

VPCS agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by VPCS on behalf of CLIENT for purposes of determining CLIENT's compliance with the Privacy Rule.

# Quality Assurance

The main goal of the Quality Improvement (QI) Department is to insure that credentialing reports or files used by clients are accurate, complete and meet their credentialing needs. To perform this goal, the objective of QI is the implementation of policies and procedures that create or enhance the quality checks for each department. The following sections describe the steps taken to insure that this goal is met:

*MAIL ROOM DEPARTMENT-* The Quality Improvement (QI) Department will run an analysis of the letter elements each month to track and trend the response and accuracy of provider information received through our mailings. Most checks are run electronically and problems are logged in our electronic Error Log feature on our Intranet for any credentialing-related department review and assess.

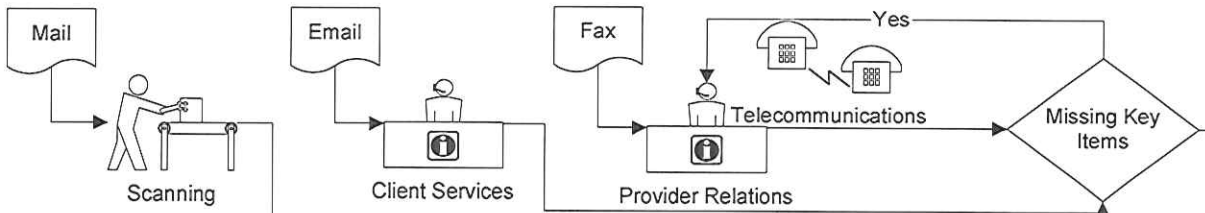
*PRODUCTION DEPARTMENT-* For the purpose of quality assurance, each data entry packet is visually inspected and researched a minimum of three times, (by the mail room operator, data processor, and the Data Processing Supervisor). Visual inspection involves the review of information that the provider entered for the requested information and the review of documents attached to the letter.

If a correspondence was not completed in its entirety or if documentation is missing, these are recorded in the department problem log and minor errors are routed to Provider Relations to complete. Other issues are routed to the correspondence process that will display the error to the provider on the cover page and how to correct it<sup>1</sup>.

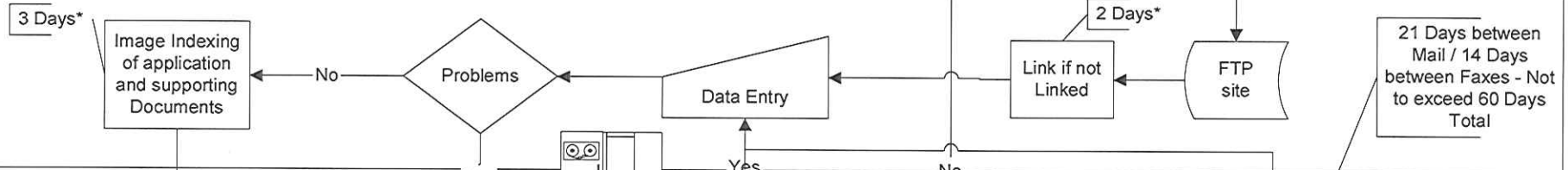
Provider Relations will contact providers to explain why the correspondence they sent to us was incomplete and ask for the missing information required to complete their credentials. Once Provider Relations has retrieved the required information, the providers are brought to Data Entry for data processing and verification.

VerifPoint also uses a cover page to follow provider-credentialing information throughout the entire credentialing verification process. Each packet of data received in the mailroom is assigned a unique packet number and is then tracked from the initial entry in temporary tables, through optical scanning and data entry as well as verification of the data. This assures the Production supervisor that all provider data is safely and accurately a part of VerifPoint's database.

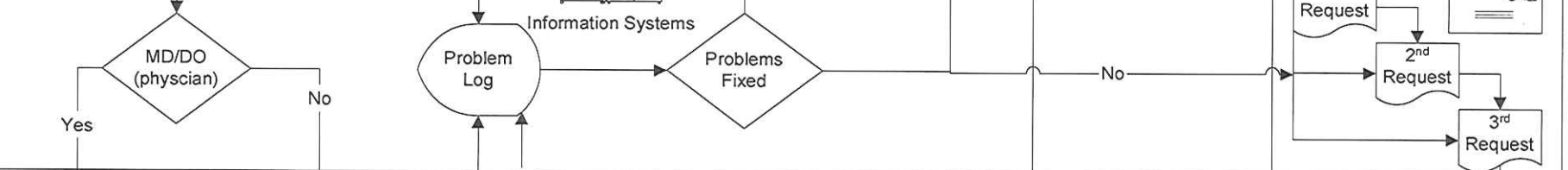
Inbound Applications & Documents



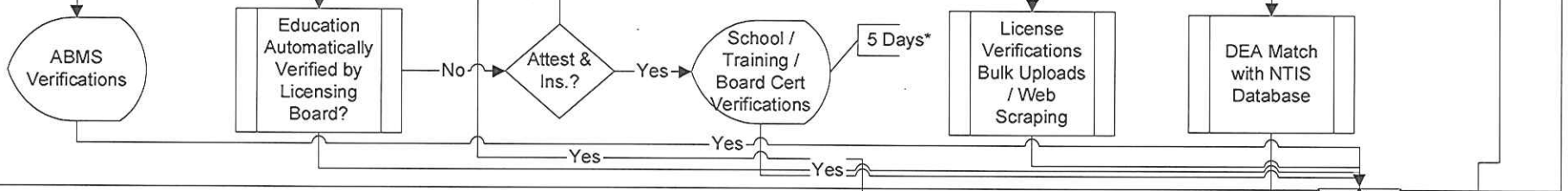
MDI Processing



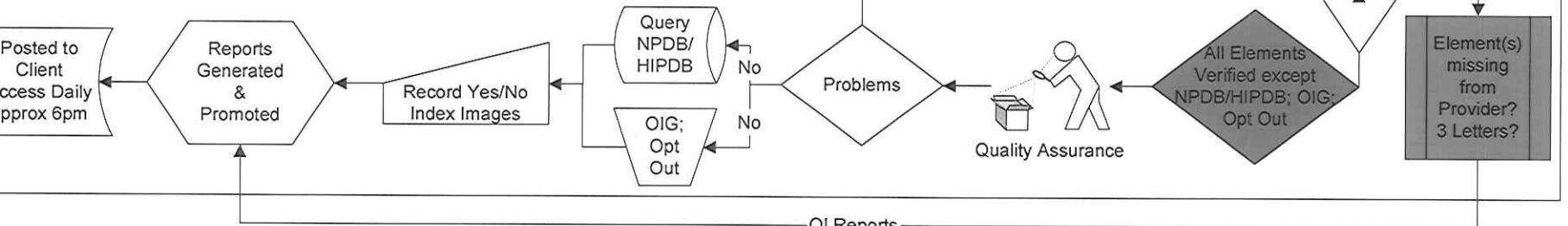
VPCS Production



Data Collections / Verifications



Quality Check / Reporting





RFQ No. INS13004

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**MANDATE:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

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

**DEFINITIONS:**

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

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: CREDENTIALS Services, Inc. DBA VeriPoint/CredentiaLing Solutions

Authorized Signature: [Signature] Date: 10/3/12

State of California

State of California, County of Orange

County of Orange, to-wit:

Subscribed and sworn to (or affirmed) Before me on this 3 day of Oct, 2012, by

Taken, subscribed, and sworn to before me this 3 day of Oct

Asim Abba's Ashary  
Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

My Commission expires sep 16 - 2014, 2014

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 07/01/2012)



State of West Virginia

VENDOR PREFERENCE CERTIFICATE

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

- 1. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. Application is made for 5% resident vendor preference for the reason checked: Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules. Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

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

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

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

Bidder: \_\_\_\_\_
Date: \_\_\_\_\_

Signed: [Signature]
Title: VPO



WV-96A  
Rev. 9/11

**AGREEMENT ADDENDUM FOR SOFTWARE**

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.
2. **HOLD HARMLESS** - Any provision requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.
3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.
4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.
5. **PAYMENT** - Any references to prepayment are deleted. *Fees for software licenses, subscriptions, or maintenance are payable annually in advance.* Payment for services will be in arrears.
6. **INTEREST** - Any provision for interest or charges on late payments is deleted. The Agency has no statutory authority to pay interest or late fees.
7. **NO WAIVER** - Any language in the agreement requiring the Agency to waive any rights, claims or defenses is hereby deleted.
8. **FISCAL YEAR FUNDING** - Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.
9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.
10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.
11. **FEES OR COSTS** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.
13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.
14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination. *In such event, Agency will not be entitled to a refund of any software license, subscription or maintenance fees paid.*
15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.
16. **RENEWAL** - Any reference to automatic renewal is deleted. The agreement may be renewed only upon mutual written agreement of the parties.
17. **INSURANCE** - Any provision requiring the Agency to purchase insurance for Vendor's property is deleted. The State of West Virginia is insured through the Board of Risk and Insurance Management, and will provide a certificate of property insurance upon request.
18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.
19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.
20. **CONFIDENTIALITY** - Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.
21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

ACCEPTED BY:

**STATE OF WEST VIRGINIA**

Spending Unit: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Date: \_\_\_\_\_

**VENDOR**

Company Name: Verifpoint / Credentialing Solutions

Signed: *[Signature]*

Title: VPO

Date: 10/3/2012

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Verifpoint / Credentialing Solutions  
(Company)

  
(Authorized Signature)

AMIR ASHARY, VPO  
(Representative Name, Title)

949 770 5290      949 900 6267  
(Phone Number)                      (Fax Number)

10/3/2012  
(Date)



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

**Solicitation**

NUMBER
INS13004

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
CONNIE OSWALD 304-558-2157

V  
E  
N  
D  
O  
R

**VerifPoint Credentials Services, Inc.**  
 23721 Birtcher Drive  
 Lake Forest, CA 92630

S  
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INSURANCE COMMISSION  
  
 1124 SMITH STREET  
 CHARLESTON, WV  
 25305-0540 304-558-3707

DATE PRINTED
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09/25/2012

BID OPENING DATE:

10/04/2012

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 01						
1. TO MOVE THE BID OPENING DATE FROM: 09/27/2012 @ 1:30 PM TO 10/04/2012 AT 1:30 PM. LOCATION IS THE SAME. 2. TO PROVIDE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 1						

SIGNATURE	<i>[Signature]</i>	TELEPHONE	949.770.5290	DATE	10/3/2012
TITLE	VPO	FEIN	65-0989950	ADDRESS CHANGES TO BE NOTED ABOVE	

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

SOLICITATION NUMBER: INS13004  
Addendum Number: 01

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The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

To move the bid opening to October 4, 2012 at 1:30 pm  
Same location.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.:** INS13004

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

VeriPoint / Credentialing Solutions  
Company

*[Signature]*

Authorized Signature

10/3/2012  
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.  
 Revised 6/8/2012

# RE-CREDENTIALING REPORT



**SAMPLE PLAN**  
**JEFFREY D. BAXTOR**  
 Plan Provider ID: 1234

Provider ID: 1724922  
 Process Date: 10/01/2008

TITLE
DDS/DMD

### PERSONAL INFORMATION

Social Security #:	149-36-2588	Gender:	Male	Languages:	
Date of Birth:	06/25/1973	Email:	JNakamura@VerifPoint.com		
Address:	Not on File				

### PRACTICE LOCATION(S)

Name:	ABINGDON DENTAL ASSOCIATES	Phone:	(410) 569-1990	Fax:	
Address:	RALPH H WEINER DDS, 53 KENSINGTON PKWY.	Primary Office:	No	Plan Practice ID:	4321
	ABINGDON, MD 21009			Tax ID:	No Response
Contact:		Contact Phone:		Contact Fax:	
Address Type:	Practice,Other				
Name:	HARFORD TOWN DENTISTRY	Phone:	(410) 836-2256	Fax:	
Address:	1014 PHILADELPHIA RD	Primary Office:	No	Plan Practice ID:	1234
	ABINGDON, MD 21009			Tax ID:	No Response
Contact:		Contact Phone:		Contact Fax:	
Address Type:	Practice,Other				
Name:	Gentle Dental - Mission Viejo	Phone:	(949) 768-1800	Fax:	(949) 768-0432
Address:	25523 Marguerite Pkwy #C	Primary Office:	No	Plan Practice ID:	
	Mission Viejo, CA 92262			Tax ID:	012345679
Contact:		Contact Phone:		Contact Fax:	
Address Type:	Practice,Other				

### STATE LICENSES

Type	State	Number	Status	Expires	Verif. By	Verif. Method	Verif. Date
Primary License:	CA	004111SP	Active	04/30/2011	MRA	Web	10/01/2008
Sanction Against License:		Issue Reported:	YES		SJN	SAL5	10/01/2008

### ID NUMBERS

Type	State	Drug Schedule	Number	Status	Expires	Verif. By	Verif. Method	Verif. Date
(SDC) State:	CA		D06816511		05/17/2011	MRA	State Disk	10/01/2008
DEA:	CA	22N 33N 4 5	SP4067876		08/31/2011	JKN	NTIS	10/01/2008
TPA:	CA		N/A			SCD	State Disk	08/08/2008
TPA:	CA		N/A			SCD	State Disk	08/08/2008
Radio/Fluoro #:			No Response					
NPI:			1254789563					
Medicaid #:			987546					
Medicare #:			52348					
ECFMG #:			No Response					
UPIN:			No Response					
CAQH ID:			No Response					

### DEROGATORY INFORMATION

Type	Issue Reported	Process Date	Verif. By	Verif. Method	Verif. Date
Professional Questions:	YES	10/31/2007	ARY		11/09/2007
CMS Sanctions:	NO		SMW	DHHS	10/01/2008
NPDB Report:	NO	04/29/2008	MRA		04/29/2008

**DEROGATORY INFORMATION**

Type	Issue Reported	Process Date	Verif. By	Verif. Method	Verif. Date
HIPDB Report:	N/A				

**PROFESSIONAL REFERENCES**

No Reference Information on File					
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**EDUCATION AND TRAINING**

School	Grad. Yr.	Verif. By	Verif. Method	Verif. Date
The University of Alabama at Birmingham	1998	OLG	Letter	10/01/2008
Date Started: Not Given	Date Ended: Not Given	Degree:		
Specialty: General			Primary: Yes	
Board: American Board of General Dentistry		JKN	Letter	10/01/2008
Board Status: CERTIFIED	Board Exp.:	Cert. Date:	Lifetime Cert.:	Yes
Internship				
Date Started: Not Given	Date Ended: Not Given			
Residency: NONE		JKN	N/A	07/05/2008
Date Started: Not Given	Date Ended: Not Given			
Fellowship				
Date Started: Not Given	Date Ended: Not Given			

**WORK HISTORY**

Verif. By: YP	Verif. Date: 11/09/2008	Gap in Work History (See Attached): NO
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**HOSPITAL PRIVILEGES**

Hospital: NO PRIVILEGES			
Status: N/A	Date Started:	Date Ended:	
Verif. By: ARY	Verif. Method:	Verif. Date: 11/09/2007	
Hospital: Academy of Health Science			
Status: N/A	Date Started:	Date Ended:	
Verif. By: ARY	Verif. Method:	Verif. Date: 11/09/2007	

**PROFESSIONAL LIABILITY INSURANCE**

Carrier: FRONTIER INSURANCE COMPANY OF NEW YORK			
Address: 195 LAKE LOUISE MARIE RD.			
ROCK HILL, NY 12775	Each Claim: \$1,000,000.00	Aggregate Claim: \$3,000,000.00	
Policy #: PPS 32583835	Effective Date:	Expires: 05/01/2011	
Agent:		Agent Phone:	
Verif. By: MRA		Verif. Date: 10/01/2008	
Has Claims:	Verif. By:	Verif. Date:	