



Partners in Health Network, Inc.

Request for Information
Selection of Credentialing Verification Organization
Number: INS13004
Opening Date: 09/05/2012
Opening time: 1:30 PM

Bid is not allowed
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Boone County
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of West Virginia

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HISTORY

Partner's in Health Network, Inc.

Credentialing Verification Organization (CVO)

Partners in Health Network, Inc (PIHN)- In December of 1994 administrators from eleven (11) healthcare organizations geographically spread throughout the southern part of West Virginia, joined together to begin discussing the concept of creating an integrated delivery system for West Virginia. The impending emergence of managed care, and the gradual, but certain and necessary reformation of the healthcare system, led these executives to believe that the development of a vertically integrated delivery network would provide a forum for regional, strategic and population-based planning, community needs assessments, better problem solving, communication and access, and management of resources.

In essence, a network that would serve to help initiate a more rational, logical approach to health services delivery and would strive to improve the health status of the population while assuring access to essential health services in the rural communities. It was upon these principals, Partners In Health Network, Inc. (PIHN) was formed. Today, PIHN is the largest and oldest rural health network in West Virginia. There are twenty-six (26) entity members in the network providing health care in a seventeen (17) county area of southern and central West Virginia.

One service provided by PIHN is a Credentialing Verification Organization (PIHN CVO). For over seventeen (17) years, PIHNCVO has provided credentialing verification services to its partner members as well as other facilities. In February of 2010 we achieved certification from the National Commission on Quality Assurance (NCQA) for 10 out of 10 credentialing processes. Our efforts to maintain a center of excellence in credentialing verification continues by implementing practices for reviewing of files, sanction notification and process completion time frames for a standard of operation to ensure their clients medical and/or behavioral candidates who are competent and dedicated to their services, whereby protecting the patient. By receiving and maintaining this certification of quality, PIHNCVO will have the ability to offer our services to a broader market of healthcare entities.

Overview

The procedure of credentialing is an activity that is performed in medical staff offices, provider relations departments and credentialing verification organizations (CVO) across the country. Regardless of the type or size of the organization, credentialing specialists, healthcare facilities, physician leadership, managed care organization executives and governing bodies share the medical and legal responsibility and accountability to conduct a thorough, comprehensive and timely credentialing process. This process includes verification, documentation and approval of a practitioner's credentials to practice in a healthcare facility and/or participate in a healthcare plan. The credentialing process is a labor-intensive and time consuming activity for most health care organizations. For this reason, many hospitals, health maintenance organizations (HMO), independent medical groups and other healthcare organizations seek ways to centralize their credentialing verification activities to save, time, money and to avoid duplication of efforts.

Thru a cooperative effort of healthcare professionals, the Healthcare Administrative Workshop recommended the creation of a single credentialing organization for healthcare practitioners and professionals of West Virginia to the West Virginia Legislature in 2010. The following is our vision, our approach to the creation of a Single Credentialing Verification Organization for the State of West Virginia:

I. SYSTEMS & NETWORK

At present PIHNCVO utilizes the Cactus Software for our organizations process. It is user-friendly and follows a platform similar to the contents layout of the West Virginia Standard Credentialing Application. This process is preferred over an internet based program as PIHNCVO handles the input of provider information and can monitor for changes within the system. We are able to pre-populate applications for practitioners and this software has the capability of expansion with minimal changes. Our hardware is Hewlett-Packard and we currently have functionality to expand our memory.

II. COMPUTER SECURITY SYSTEMS

System Network Database – PIHNCVO utilizes Visual Cactus Multi-Entity software program which offers a 'partition' between organizations while allowing for the information to be shared by organizations. Cactus software programs offer direct access to Prime Source Verification sites, continuous monitoring of practitioners status.

Computer Security – (excerpts from PIHNCVO Policy and Procedures)

- Electronic Access:**
- a. Access to the PIHNCVO software requires a system generated username and password.
 - b. Only PIHNCVO staff is assigned passwords to access the system
 - c. The PIHNCVO Credentialing Specialist control assignment of access based on job descriptions and duties assigned.
 - d. Passwords are activated and controlled, including periodic global password change only through the Information Technology service.
 - e. Upon initial hiring, PIHNCVO personnel are assigned passwords and appropriate authorization levels (e.g.read, update, delete, print, ect.) for their specific job functions.
 - f. At termination of employment, an employee's user account is deactivated from the system.
 - g. Edits to the electronic files is strictly limited to the PIHNCVO Credentialing Specialist
 - h. The electronic credentialing system used by the PIHNCVO providers for historical change tracking of information within the system for each practitioner's electronic file. This historical

tracking includes information on when changes were made to the file, who made the changes and what change was made to that file. This historical tracking information is viewable to all users of the system, only specified authorized users may edit information in the electronic file.

i. Passwords for all current staff are changed intermittently. *Note: listing specific times for password changing or type of passwords utilized is an Information Technology security violation and may provide information that can be utilized to violate security precautions.*

j. All staff are required to lock their workstations when leaving their work area for any period of time.

Practitioner Access: Practitioners do not have direct electronic access to their information on file (accessing, editing or retrieving their information is not allowed), editing any information is done via the paper profile copy. Practitioners may request a pre-populated copy of their personal information (West Virginia Standard Credentialing Application) at any time. If a practitioner disagrees with the information listed on their profiles in direct conflict with a primary source, the primary source will be queried again. If the same information is verified again, the practitioner will be asked to provide PIHNCVO with some documentation listing the information they are disagreeing with, that information will be sent to the primary source with a request to correct the information and provide a corrected verification if applicable. The practitioners will be notified of the findings as soon as possible.

Customer Access: Customers of PIHNCVO do not have direct electronic access to editing or retrieving practitioner's information in the credentialing program. All subpoenas for information will be referred to legal counsel for the individual Client entity, per provisions contained in a written agreement, as well as counsel for PIHN. The determination of what information is protected by Chapter 30, Article 3, Section 3 of the West Virginia Code, or protected based upon other legal authority, must be made on a case by case basis. The legal responsibility to obtain a protective order or other appropriate relief rests with the Client entity. If the Client entity declines the taking of any action on an expeditious basis, PIHN shall release the information. Further clarification of this matter may be found in the written Agreement between PIHN and the Client entity.

III. FINANCIAL SECURITY - RESOURCES

PIHNCVO plans to expand on the infrastructure we currently operate. An increased number of computer systems, servers, software packages, copier/fax/scanners, telephone systems as well as office space will be needed. This single CVO will operate as a pay for service entity, therefore, fees for practitioners information will be a constant source of income. Startup capital will be needed to cover the expanded hardware/software and to carry the CVO thru the transition period of uploading practitioner's applications. A beginning capital sum of Five Hundred Thousand Dollars (\$500,000.00), or possibly less with an established line of credit should be considered.

IV. PERSONNEL

With approximately eighteen thousand practitioners (18,000) to be incorporated into the single credentialing organization, PIHNCVO anticipates eighteen (18) employees with various responsibilities to handle the continuous verification and processing of practitioners information. Those positions include: 1-Chief Executive Officer; 1- Chief Financial Officer; 1- Chief Operating Officer, 5 –Credentialing Specialists and 10-clerk positions.

V. CREDENTIALING PROCESSES & PROCEDURES

When PIHNCVO receives a completed (*) application (with any supporting information/documentation) from a practitioner, an electronic file is created and the verification process begins. Once returned to PIHNCVO, every attempt to primary source verify the credentials of the physician applicant will be made so the file update can be completed in a timely manner and according to guaranteed turn-around-times.

1) Verification letters are sent to primary (direct) sources by fax or mail and needed. Calendar Days 1-3

2) 2nd request/follow-up letters are sent to primary (direct) sources, by fax or mail if necessary.

Calendar Days 4-12

3) Follow-up phone calls are made to primary (direct) sources where 2nd requests were sent to ascertain the correct person received it or to find out who no response was returned to the CVO. 3rd request letters sent, if necessary. Application is held pending receipt of verifications. Calendar Days 13-29

- 4) If all attempts to retrieve this verification have failed, the verification element will be entered as "Unable to Verify". Three documented attempts at verification by web, e-mail, mail; fax or phone will be completed prior to entering an Unable to Verify result for that element. Calendar Day 30.
- 5) CVO application is returned to appropriate practitioner's CVO file until a customer requests a credentialing profile for that practitioner and further attempts will be made within the specific profile order guarantee to obtain the verification for that element until resources are exhausted.
- 6) Prior to release to the customer, the Release Audit Tool and a current copy of the practitioner's profile is utilized as a check sheet to review the file information that will be presented to the customer to ensure that all required verifications, and attachments have been received, entered correctly and that the credentialing profile is complete. Should the audit reveal any deficiencies, errors or inconsistent data, these will be noted and the file returned to the Credentialing Specialist for correction and immediate completion before going back for correction and then verification that corrections were completed prior to final release to customer. Accuracy, productivity and error rate noted both through quality audits and customer services tracking are factors in staff performance evaluations.
- 7) Practitioners will be reappointed/recredentialled by their birth date.
- 8) The 'reappointment/recredentialing' cycle will be annually and by birth month and will be initiated beginning in 2015 to allow for each individual to be reappointed once every two (2) years and to allow for each Customer facility to modify their medical staff bylaws to meet this time frame.
- 9) It is acknowledged that each Customer facility will be encouraged to assist the CVO in establishing the birth month reappointment/recredentialing schedule. Until this system is universally utilized by the Customer facilities using this Service, the following variances will be recognized until such time as all the Customer facilities are signed on for the system and have reappointment/recredentialing scheduled by birth date.
 - a) Practitioners who have just been reappointed/recredentialled to the Customer facility who will have to be reappointed/recredentialled again.
 - b) Practitioners scheduled for reappointment/recredentialing who may need to be granted temporary privileges to prevent their reappointment/recredential from lapsing.
 - c) Customer-specific reappointment/recredential schedules. It is noted that each (alpha, specialty, staff appointment data, etc.) These Customer organizations will have to encourage their organizations' committees to change the practitioners' reappointment/recredentialing by birth date.

Reappointment/Recredentialing Process – PIHNCVO mails reappointment renewal (information updates) to practitioner on the first working day of the month prior to the practitioner's birth month. This is to allow the practitioner a minimum of thirty-one (31) days to complete and return the entire renewal/reappointment packet. Practitioners who do not comply with the completion of the entire packet are reported to their respected licensing board and the practitioner may be scheduled for an appearance before the Board.

This will initiate the reappointment process:

- a) Renewal/Reappointment update, copy of the practitioners' personal profile, Board Authorization and Release and Renewal and PIHNCVO attestation forms are sent to practitioner.
- b) If packet is returned by the practitioner complete, the process continues. Incomplete packets are returned to the practitioner and the renewal process stops. A documented reminder letter is sent to practitioners within 5-10 days, no further reminder is sent.
- c) If an order has been received, Customer is notified via email, phone or fax of practitioners' failure to complete update and PIHNCVO inability to continue process. The Customer will contact practitioner and the practitioner will be informed that hospital staff appointment cannot proceed until the practitioners has completed the update or provided the required information to the PIHNCVO.

Reappointment process has ended on those practitioners who have not responded.

With a completed reappointment packet the PIHNCVO will initiate the following process:

- a) PIHNCVO staff will review for completeness. If incomplete, the PIHNCVO will contact the practitioners for clarification of his entry or information on his CV that may be inconsistent with a primary (direct) source verification.
- b) PIHNCVO enters renewal/reappointment update into that practitioner's electronic credentialing file and requests any missing verifications – 1st Request. Day 1-5. 2nd and 3rd request letters, phone calls are made or sent to primary (direct) source, if necessary. Day 6-15.
- c) If all attempts to retrieve this verification have failed, the verification element will be entered as "Unable to Verify". Three documented attempts at verification by web, e-mail, mail; fax or phone will be completed prior to entering an Unable to Verify result for that element. Day 16
- d) If there are no customer orders, the information is updated and verifications retrieved and then the renewal packet is filed in the practitioner's PIHNCVO file. If there are orders in the system, regardless of when they are placed or the type of orders, the credentialing profile will be updated and released to all customers at the same time once update has been completed.

VI. PRIMARY (DIRECT) SOURCE VERIFICATIONS

Verifications from primary (direct) source or designated monitoring entities of documentation submitted during the initial application process, as applicable, will be conducted. PIHNCVO will utilize the following entities for prime (direct) source verifications:

State Professional License: Verification of all valid, current licensure will be through the West Virginia State Board of Medicine, the West Virginia Board of Osteopathy and all other state licenses will be verified directly through the applicable state boards via their authorized websites if designated as the primary source, or from their specifically designated agent(s). Verification of West Virginia sanctions, restrictions and/or limitations in the scope of practice will be verified via the West Virginia Boards and via other state board's authorized websites if designated as the primary source, or from their specifically designated agent. Other states will be contracted by mail, telephone, web site or consultation with Internet service or AMA Physician Master file. Verification method and date will be entered in the physician's credentialing file.

Federal DEA Certificate: For practitioners who prescribe medications, a copy of the Federal Drug Enforcement Agency (DEA) and/or State Controlled Dangerous Substance (CDS) certificate, entry into the National /Technical Information Service (NTIS); confirmation with the state pharmaceutical licensing agency, where applicable; the AMA Physician Master file; national Practitioner Data Bank (NPDB); or the DEA Diversion website. Verification will also include all DEA numbers assigned to that practitioner or corresponding clinics, if there are multiple practice location, including other states.

State Controlled Substance (if applicable): West Virginia Board of Osteopathy does require a CDS certificate for physicians. Verification is obtained from the applicable state-licensing agency; certification copy is obtained from the physician; AMA Physician Master file or pharmaceutical licensing agency. Verification method and date will be entered in the physician's credentialing files. The certificate will be effective at the time of release to the customer, if the physician holds a current CDS certificate. If a current certificate is not held, the profile will indicate NONE.

Work History: Verification is obtained from the hospital, organization or employer or designated and approved prime source. Verification for this information will be requested from

each hospital, employer, primary practice location and the method and source will be documented (verbal, fax, direct). If the information cannot be obtained, that statement, including the reason it could not be obtained, will be documented in the file. Every effort will be made to first obtain primary (direct) source verification. Verification method and date will be entered in the practitioner's credentialing file.

Education and Training – Medical School, Internship, Residency, Fellowship, Other: The verification will be obtained from the primary (direct) source, which will be confirmation from the medical school, residency training program, fellowship training program or other Professional training program. This process will be the same for International or Foreign Medical Graduates as well as US or Canadian medical graduates. If verification cannot be obtained from the primary (direct) source, verification may be obtained from other accepted sources such as AMA or AOA Physician Master Files, or confirmation from ECFMG for international medical graduates licensed after 1986 or board certification. All education will be verified, whether completed or in process at the time the credentialing profile is released. Verification method and date will be entered in the practitioner's credentialing file.

International Medical Graduates: IMG verification requirements are the same as for US or Canadian medical school graduates. In cases where the physician graduated from a foreign school, attempts are made to obtain verification from the primary (direct) sources or by ECFMG. Verification method and date will be entered in the physician's credentialing files.

Teaching Appointments: Verifications are obtained from the primary (direct) source, the applicable faculty offices. Verifications are requested and obtained from the organization where the applicant is currently, or has had a teaching appointment. Verification method, source type and date will be entered in the practitioners' credentialing file.

Military Service: Letters will be requested and obtained from the National Personnel Records Center, St. Louis, Missouri, or other appropriate entities depending on Active, Reserves, Retired, etc. for verification of the military status and discharge information of practitioners.

Verifications of active duty personnel will be attempted from their current base or commanding officer or other appropriate entity and as allowed by the Department of Homeland Security. If no response is obtained, the practitioner's copy of the DD214 or discharge certificate will be an acceptable Indirect Source verification and a note will be entered in the file indicating that verification was not obtainable and the reason, if known.

Because of base closings, it is not always possible to obtain verifications of military hospital affiliations, requests for military verifications will be obtained through the current commanding office and inactive personnel records submitted to the National Personnel Records Center for verification.

It should be noted that the turn-around time on requests for military verifications from the NPRC ranges four weeks to six months. It should also be noted that there was a fire at the St. Louis facility, which destroyed some records that cannot be duplicated. Verification method and date will be entered in the practitioner's credentialing file.

Malpractice Insurance Coverage: A copy of the most current insurance certificate or face sheet stating dates of coverage and amounts of coverage will be obtained from the primary (direct) source or from the practitioner. Verification method and date will be entered in the practitioner's credentialing file.

If the practitioner does not maintain individual coverage, NONE will be listed in the policy number field on the practitioners profile for that element.

Work History Gaps: Any gaps exceeding three (3) months beginning from the completion of medical or professional school are clarified with the practitioner in writing. This information, including the month and year the gap began and ended, and a brief explanation will be provided on the customer's credentialing profile. Verification will be attempted, documented and provided for employment, whether healthcare related or non-healthcare or non-professional activities related. Verification or documentation may also be provided for other non-employment gaps (moving, vacation, maternity, etc). Verification method and date will be entered in the practitioner's credentialing file.

Professional Liability/Claims History: Practitioners must disclose all malpractice claims, past and pending within the credentialing application. Verification will be obtained from prime (direct) sources and/or the National Practitioner Data Bank (NPDB). Verification method and date will be entered in the practitioner's credentialing file.

Client's designate the PIHN CVO Credentialing Specialist as the authorized representation who will query and receive responses from the National Practitioner Data Bank (NPDB) when required, as defined in NPDB guidelines and Client contracts. PIHN CVO will not be responsible for reporting requirements as defined in the Medical Practice Act of West Virginia and the Federal Health Quality Improvement Act of 1986 (HCQIA).

PIHN CVO will query the NPDB:

1. At the time a practitioner application is received by PIHN to include within the credentialing file.
2. Every two (2) years concerning any practitioner who is applying for the re-credentialing process.
3. By notification of a Hospital client for any practitioner who wishes to add additional privileges.

Peer References: Verification will be obtained from a minimum of three (3) peer references, those who can attest to the competency of the practitioner. References should have sufficient knowledge of the applicant to render a comprehensive evaluation in the following areas: general medical knowledge, interest in patients, reputation among personnel, reputation among peers, ability to work and cooperate with others, professional expertise, ethical conduct and medical record completion. Verification method and date will be entered into the practitioner's credentialing file.

Board Certification Standing: PIHN CVO utilizes the ABMS Certifacts on-line verification service, applicable primary source specialty board certification web sites, or the AMA or AOA profile for osteopathic physicians (D.O.). Verification of Board status will be completed if the practitioner has become board certified or states he/she is board certified. Verification method and date will be entered in the practitioner's credentialing file.

Sanctions, Restrictions and/or Limitation: Status of West Virginia State licensure will be obtained via the appropriate licensing board. Monthly reviews for any adverse actions are printed, placed in a binder, initialed and dated. All PIHN CVO clients will be notified immediately of any adverse actions of an active practitioner. PIHN CVO will utilize the services of the Proactive Disclosure Service (PDS) of the National Practitioner Data Bank (NPDB) and the AMA for verification of malpractice history, initial sanction information, ongoing monitoring, re-credentialing verification of malpractice history and limitations of licensure and sanction information. Upon discovery or notification, PIHN CVO will disclose to relevant clients; loss or limitation of license; state sanctions, limitations, or restrictions in scope of practice of practitioner as defined by the state licensing agent; Medicare or Medicaid sanctions. Verification of the status of Medicare and Medicaid sanctions will be done monthly via the Office of Inspector General (OIG) website. The Cactus System compares the downloaded information with the practitioners in the PIHN CVO database. If the system matches any active practitioner, an exception is generated. PIHN CVO will then verify sanction by using the

practitioner's social security number. If there is a matching social security number for the sanction, the Client will be notified immediately.

Processing Application and Attestation: PIHN CVO requires that a practitioner must provide a current, signed attestation statement regarding the correctness and completeness of the application to ensure that practitioners have the burden of producing adequate information for proper evaluation of their competence, character, ethics, mental and physical health status, and/or other qualifications. By signing the attestation the practitioner agrees to the investigation of the information within the applications and to the disciplinary reporting and information exchange activities of PIHN CVO and Health Care entity as part of the verification and credentialing process. And the attestation releases from liability any and all individuals and organizations who provide information to PIHN CVO in good faith and without malice concerning all acts performed and statements made relating but not limited to verifying, evaluating and acting upon the credentials and qualifications or the practitioner. Verification method and date will be entered in the practitioner's credentialing file.

AMA/AOA Profile: Verifications will be obtained from the primary (direct) source, the American Medical Association or the American Osteopathic Association. Verification is obtained at initial licensure by the ASMB and as a secondary source when education or Board certification cannot be verified otherwise. The AMA/AOA profile is obtained for use for practitioners where it is determined information on the AMA/AOA profile would be of assistance in file processing or cross-checking information.

VII. ELECTRONIC INFORMATION EXCHANGE

The computer hardware in place at PIHNCVO is capable of handling a large quantity of practitioner information. We have encryption and firewall protection in place and are able to expand up to 48 gigs of memory. We plan on a separate server for our payment system and will have all necessary security certificates for authentication for a service such as PayPal to make the file fees payable through. We have a reputable Information Technology service under contract at this time to help with all processes and maintain a confidentiality agreement with them for support. (Please see attached diagram in exhibits for hardware structure.)

VIII. INFORMATION TRANSITION

Due to the large quantities of practitioners to be enrolled, PIHNCVO suggests that all new practitioners application be sent to the CVO at the same time that state licensure is being applied for and all other practitioners transition information to be done during each practitioner's license renewal period. Beginning in 2014 –

Dentists – 02/01/2014; Physician Assistants – 03/31/2014; MDs – 06/30/2014; DOs- 06/30/2014; DPM-06/30/2014; NP- 10/31/2014; NM– 10/31/2014; CRNA-10/31/2014; etc.

IX. FEE AGREEMENT

PIHNCVO may charge credentialing organizations a reasonable fee for the use of credentialing services as established by rules and regulations. Credentialing Organizations will be charged the following fees for requests for practitioner information:

A.	One time entity setup fee:	\$ 250.00
B.	Annual administrative renewal fee:	\$ 50.00
C.	Fees for individual information requests:	
	Initial Credentialing Information	\$ 75.00
	Recredentialing Information	\$ 60.00
	Recredentialing Information (Out of birth month cycle)	\$ 75.00
	“Expedited Service” Credentialing Information	\$ 250.00
	Credentialing or Recredentialing information concerning Out of state physicians requiring a license (Telemedicine)	\$ 225.00

X. CONFIDENTIALITY

PIHN CVO shall maintain the confidentiality and integrity of information gathered in the credentialing process and will apply confidentiality policies to both paper and electronic files. To ensure confidentiality and integrity of credentials files, PIHN has established the following protective procedures:

Employees: The Employees of PIHN agree to preserve the confidentiality of all confidential information viewed, accessed, or used in the course of credentialing. Each employee/volunteer/consultant/temporary or contracted staff of Partners In Health Network, Inc will sign a 'Confidential Agreement' when they are hired and annually thereafter.

Confidential information includes all records, reports, summaries, minutes, applications, data, and other information, whether in paper or electronic form. PIHN strives to maintain and protect such confidential information by:

Keeping strictly confidential all Confidential Information to which access is gained in connection with training and to strictly observe all PIHN policies and procedures regarding the protection of confidential information.

Observing and complying with all the statutes, rules, and regulations regarding the privacy or non-disclosure of patient, hospital, and practitioner Confidential Information.

Not discussing, communicating, transmitting to others, or making any unauthorized copy or use of Confidential Information for any purpose unrelated to the performance of the job assigned.

Taking all reasonable action to prevent unauthorized use of disclosure of Confidential Information.

All personnel in the PIHN office will be oriented to the policies/procedures of confidentiality and refer any questions to the Credentialing Specialist. All employees will be required to sign confidentiality agreements at the time of employment.

Building Security: is maintained through the utilization of security personnel, locked doors and controlled access to offices after hours. After normal business hours, visitors are required to register their name at the security desk prior to gaining access to leased offices.

Physical Access to Files: Files shall mean any practitioner information gathered, processed and stored in the credentialing process, including physical 'hard copies', as well as electronic copies. During regular business hours, PIHN maintains control of the Confidential Information. All credentialing files will be locked when credentialing personnel are not present to monitor access

to such files. "In-Active" files will be stored in a secure area located within in the building that PIHN office space is leased.

Disposal of Confidential Credentials Information: All discarded 'hard-copy' information related to the credentialing process and Board activity is shredded in bulk by a contracted secure shredding company, paper is placed in the shredding bins and shredded on a regular basis, which is weekly. Shredded paper is bagged in the same fashion as all other shredded waste and disposed of on a regular basis by the approved designated source or shredding company. All other discarded materials are placed in the regular waste bins and disposed of on a nightly basis by the housekeeping staff as routine waste.

XI. DISPUTE RESOLUTION

It is acknowledged that physicians may supply different information to the PIHNCVO than is supplied to customers during each application, update or renewal. Because of this, there may be inconsistencies in the data reported on the profile. PIHNCVO will always list the information the primary (direct) source has verified, as opposed to what the practitioner may state. If there is an inconsistency, the information will be re-verified and the information the practitioner states will be provided to the source. If the source cannot verify the practitioner's information, PIHNCVO will accept the primary source. PIHNCVO will request re-verification or clarification of the same element a maximum of three (3) times to satisfy the customer and/or practitioner. If there is still disagreement over the information, the practitioner will be required to contact the organization specifically and present to the organization whatever information he/she has to substantiate his/her claim. PIHNCVO will, at any time the practitioner or organization provides documentation, assist in contacting the organization to obtain the correct information. Customer organizations cannot request re-verification of information that has already been verified by PIHNCVO. This is considered duplication. Customers should send an e-mail to the PIHNCVO address: [pihncvo@pihn.org](mailto:pihnvcvo@pihn.org) and this will allow documentation for quality purposes and error tracking. PIHNCVO will audit that element entry or obtain that missing verification for the customer. If a change is made to the profile information for any reason, PIHNCVO will provide an updated profile at no additional charge.

XII. MEDICARE - MEDICAID

By offering continuous verification of a practitioner's information, PIHNCVO meets Standards and Conditions of Participation requirements as information is available to customers in the format that is needed.

XIII. OTHER INFORMATION

The greatest need to make this single credentialing organization a success is to make it mandatory for all healthcare practitioners to submit their applications for verification and for all health care user organizations/facilities/networks be mandated to utilize this service only in gathering information concerning a practitioner interested in enrolling in a network, seeking employment or privileges at a facility.

Consideration of a possible penalty for a practitioner not submitting an application may need to be tied to licensure to be effective.

Another factor to be considered is the state licensing boards own verification of practitioners. As the process begins with licensing, eliminating the duplicity from the beginning would be a benefit.

While verification with the National Practitioners Data Bank is a standard to be met for NCQA compliance, each NPDB report is entity specific and cannot be shared. At present PIHNCVO is the Delegated Agent for all Clients, but on a larger scale the CVO cannot be the Designated Agent for each and every organization client, thus those organizations will have to gather their own report for each practitioner.

XIV. DISASTER RECOVERY

Data/Disaster Recovery: Backups are conducted nightly to assure that information is recoverable in the event of a disaster.

- a. All daily backups are kept for a period of no less than one (1) week and are maintained by the PIHN contracted Information Technology service. Weekly data backups are preformed by PIHN staff and kept in a secure area within PIHN offices.

b. The Information Technology staff will monitor back-up processes to assure that data are routinely backed up.

c. The software logging mechanism monitors and tracks backups to the servers and is checked daily by Information Technology staff. Daily EMAIL ALERTS are sent to PIHN CVO computer systems to report successful data recovery.

d. The network server is maintained in a locked, climate controlled room. Access to this room is limited to the PIHN staff.

e. In the event of a disaster, data recovery will be accomplished within the minimal time required to restore or reestablish the necessary connections to the system.

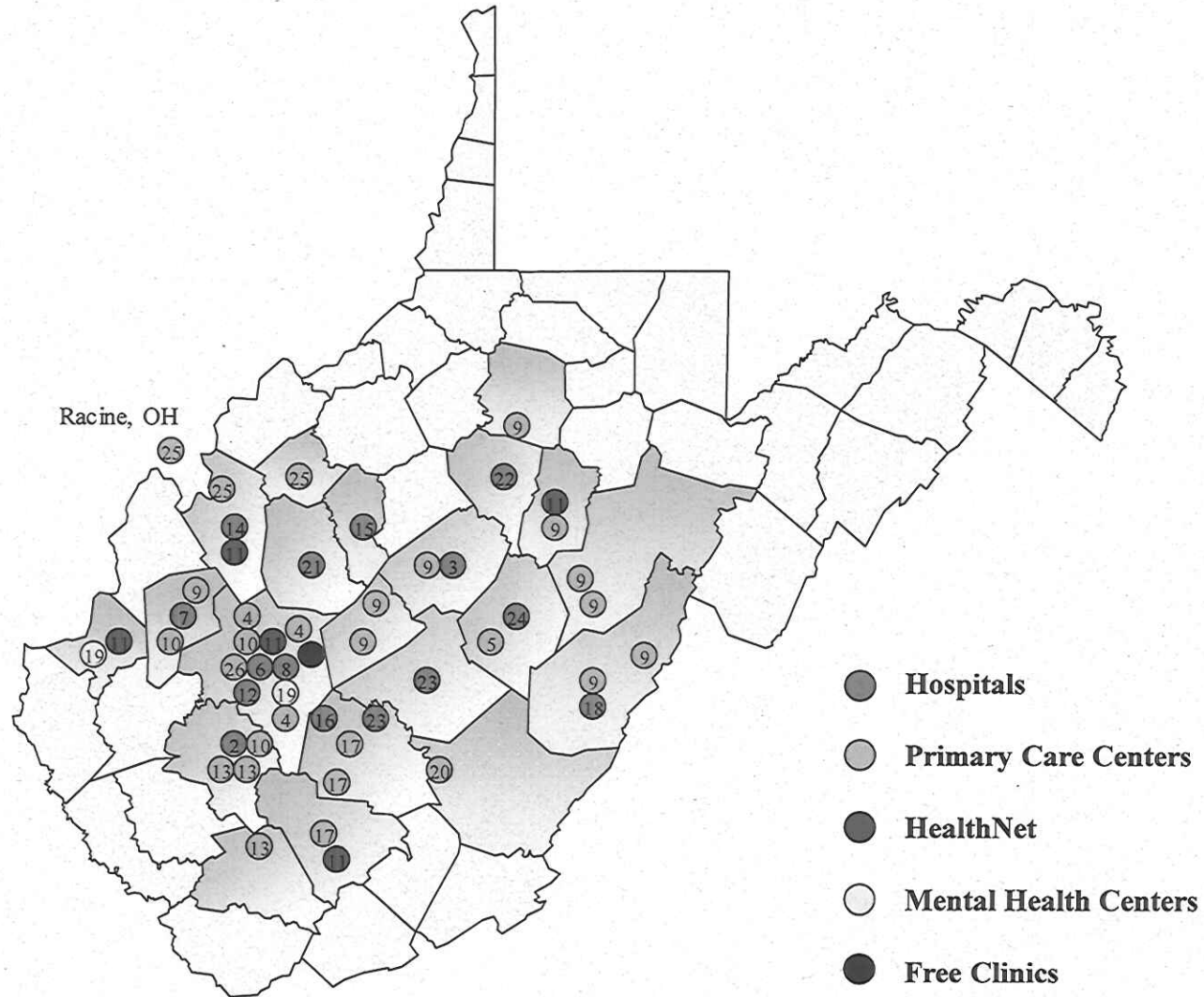
Archived Data:

a. Quarterly backup data is stored in a secure offsite location.

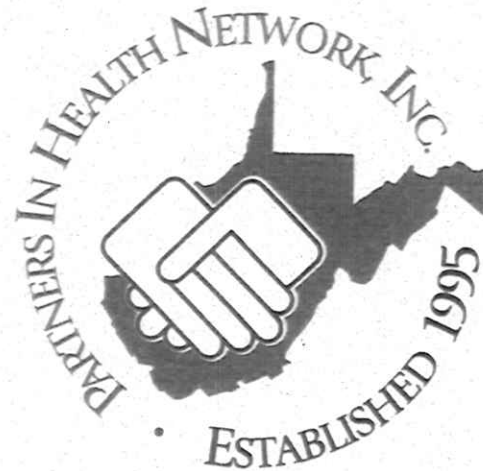
b. Practitioner files that have no activity (i.e either appointed or re-appointed) for 6 months will be pulled, logged as 'inactive' and stored in the secure file storage area.

EXHIBIT ONE

Partners In Health Network, Inc.



- ② Boone Memorial Hospital
- ③ Braxton County Memorial Hospital
- ④ Cabin Creek Health Systems
- ⑤ Camden-On-Gauley Medical Center
- ⑥ Charleston Area Medical Center
– Includes General, Memorial & Women and Children’s Hospitals
- ⑦ CAMC Teays Valley Hospital
- ⑧ Charleston Surgical Hospital
- ⑨ Community Care of WV
- ⑩ FamilyCare Health Center
- ⑪ HealthNet Aeromedical Services
- ⑫ Highland Hospital
- ⑬ Hygeia Facilities Foundation
- ⑭ Jackson General Hospital
- ⑮ Minnie Hamilton Health System
- ⑯ Montgomery General Hospital
- ⑰ New River Health Association
- ⑱ Pocahontas Memorial Hospital
- ⑲ Prestera Center for Mental Health
- ⑳ Rainelle Medical Center
- ㉑ Roane General Hospital
- ㉒ Stonewall Jackson Memorial Hospital
- ㉓ Summersville Regional Medical Center
- ㉔ Webster County Memorial Hospital
- ㉕ Wirt County Health Services Association
- ㉖ Women’s Health Center of WV
- West Virginia Health Right



Mission:

The Members of Partners in Health Network, Inc. will meet the health care needs of our communities striving for quality care throughout the network by leveraging existing resources while working collaboratively to improve organizational efficiencies.

(304) 388-7385

www.pihn.org

EXHIBIT TWO

Partners in Health Network is a non-profit organization dedicated to improving access to high quality health care through a seamless continuum of care.

Below is a list of our members

- Boone Memorial Hospital
- Braxton County Memorial Hospital
- Cabin Creek Health Systems
- Camden-on-Gauley Medical Center
- Charleston Area Medical Center
- CAMC Teays Valley Hospital
- Charleston Surgical Hospital (The Eye & Ear)
- FamilyCare HealthCenter
- HealthNet Aeromedical Services
- Highland Hospital
- Hygeia Facilities Foundation
- Jackson General Hospital
- Minnie Hamilton Health Systems
- Montgomery General Hospital
- New River Health Association
- Pocahontas Memorial Hospital
- Prestera Center for Mental Health
- Primary Care Systems, Inc.(Clay)
- Rainelle Medical Center
- Roane General Hospital
- Stonewall Jackson Memorial Hospital
- Summersville Regional Medical Center
- Webster County Memorial Hospital
- Wirt County Health Services
- Women's Health Center of West Virginia

PIHN offers credentialing verification services to a broad range of healthcare organizations including: hospitals, FQHC's, ambulatory surgery centers, office-based surgical practices, networks and medical practices. For more information, go to our web site www.pihn.org or call our **Credentialing Specialist Brenda Greene at:**

Partners in Health Network, Inc.
405 Capitol Street, Suite 505
Charleston, West Virginia 25301

Phone (304) 388-7385
Fax (304) 388-7390

Credentialing Specialist

Brenda Greene
brenda.greene@pihn.org



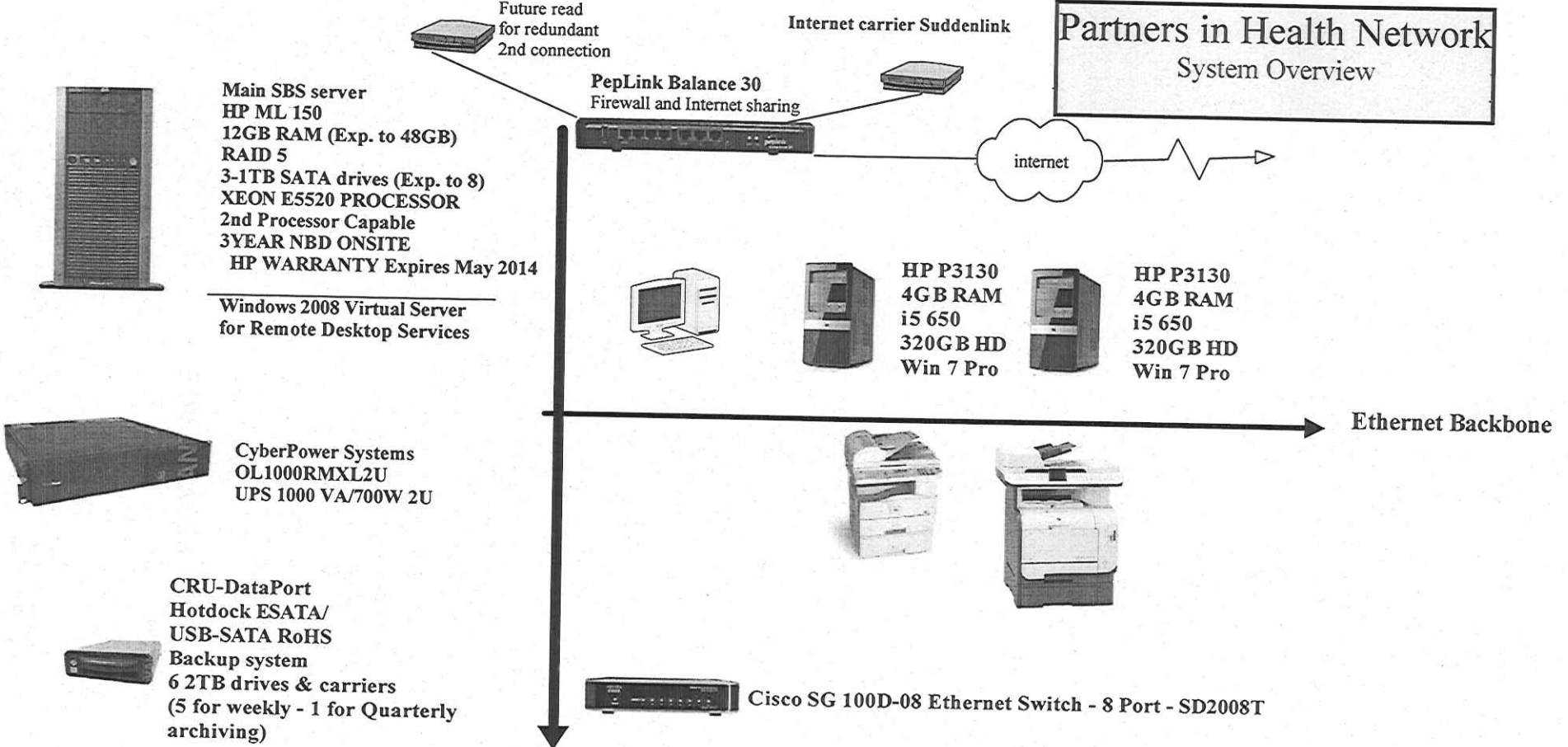
Credentials Verification Service



**Certified by NCQA
for 10 out of 10
Credentialing
Verification
Services**

EXHIBIT THREE

Partners in Health Network System Overview



Main SBS server
HP ML 150
12GB RAM (Exp. to 48GB)
RAID 5
3-1TB SATA drives (Exp. to 8)
XEON E5520 PROCESSOR
2nd Processor Capable
3YEAR NBD ONSITE
HP WARRANTY Expires May 2014

Windows 2008 Virtual Server
for Remote Desktop Services

CyberPower Systems
OL1000RMXL2U
UPS 1000 VA/700W 2U

CRU-DataPort
Hotdock ESATA/
USB-SATA RoHS
Backup system
6 2TB drives & carriers
(5 for weekly - 1 for Quarterly archiving)

HP P3130
4GB RAM
i5 650
320GB HD
Win 7 Pro

HP P3130
4GB RAM
i5 650
320GB HD
Win 7 Pro

Cisco SG 100D-08 Ethernet Switch - 8 Port - SD2008T

Ethernet Backbone

SOFTWARE
Microsoft ~
Small Business 2011 Premium 10 CALS
Windows Server 2008 R2
Remote Desktop services 5 CALS
Symantec~
Backup Exec for SBS 2010

prepared by NetSolutions
 Rick Ramsburg