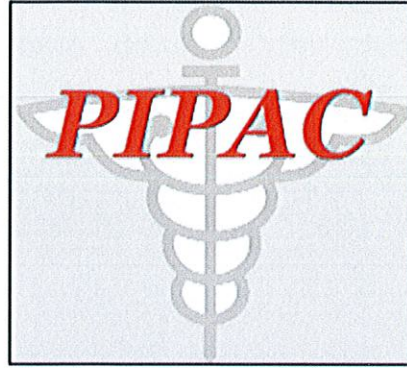


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PIPAC Services:

Credentialing: PIPAC offers full-service credentialing and recredentialing for all members. **PIPAC has 8 delegated insurance contracts plus aids in credentialing for non-delegated plans.** PIPAC also offers maintenance of online portals, including CAQH.

Contracting: PIPAC guarantees enrollment in our delegated contracts once a member. In addition, PIPAC aids in contracting with non-delegated companies and maintains updated contract terms and conditions.

Claims Assistance: PIPAC offers claims assistance by having direct correspondence with provider representatives, billing managers, and legal counsel. PIPAC has recouped hundreds of thousands of dollars for West Virginia providers, with as much as \$50,000 recouped for a single provider.

Our Time ~ your peace of mind

Who are we?

Preferred Integrated Provider Access Corporation (PIPAC) is a West Virginia owned and operated non-profit Independent Practice Association. Since 1995, PIPAC has been representing independent providers in the ever-evolving healthcare market. PIPAC offers a variety of services that can help reduce the time, cost, labor, and hassle associated with running an office and allow providers to focus on the needs of their patients.

Our services equate to employing an entire contracting staff, claims staff, and credentialing staff in your office. PIPAC can greatly reduce administration costs and burdens and allow less disruptions in your practice!

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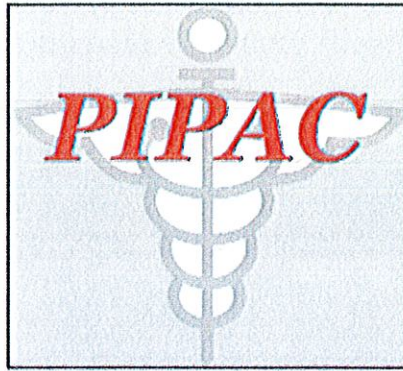
Malpractice Insurance: PIPAC offers malpractice insurance through a physician-owned, A-rated, Risk Retention Group (RRG). Plans are offered through AMS RRG (the largest multi-specialty RRG in the US) and is an exclusive option only for PIPAC members.

Site Reviews: PIPAC conducts site reviews for Primary Care Providers on behalf of Medicare, Medicaid, and other insurance companies. As a member of PIPAC, your office will not be visited by insurance companies for any reviews or inspections.

Maintenance of Services: PIPAC offers continuous maintenance and upkeep of contracts, fee schedules, and provider information. We continually update provider information through CAQH and other electronic formats to allow insurance companies access to the most recent information.



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Benefits of PIPAC Membership

As a member of PIPAC, you would be a part of West Virginia's largest private Independent Practice Association (IPA) with over 170 individual members. With our knowledge and expertise, we can reduce the burdens, costs, labor, and hassle of independent providers in the healthcare world. With over 25 years of experience, PIPAC has aided hundreds of West Virginia providers in navigating the ever-changing and exhausting work of healthcare. PIPAC can help your practice by offering credentialing, claim reimbursement assistance, and contracting, all with costs much lower than employing a costly staff!

Contracting:

- PIPAC currently holds 8 delegated contracts with insurance payers. Our delegated contracts are agreements between PIPAC and an insurance company that delegates much of the responsibility to PIPAC and allows us to aid your office with credentialing, contracting, and additional claims assistance. The benefits a provider receives from using our delegated contracts include: no completion of applications by the provider, no sending updated information to every company, guaranteed enrollment for all delegated plans, possibility of higher fee schedules, and reduced time for enrollment, recredentialing, and claim reimbursement. CIGNA, Healthsmart, Aetna, Aetna Better Health of WV, ChoiceCare/Humana, Unicare, the Health Plan, and Multiplan are the 8 companies PIPAC has delegated contracts with. PIPAC also completes enrollment in individual contracts for providers and practices with companies that do not offer delegated plans, such as Highmark, PEIA, UnitedHealthcare, Tricare, and Zelis/Stratose. Enrollment in additional companies can be completed for providers once provider becomes a PIPAC member.

Claims Assistance:

- PIPAC can aid in reimbursement of inaccurate or incorrect claims by sourcing information from our data storage base and using discovery and follow-up with insurance companies to recoup lost income. PIPAC has been able to recoup hundreds of thousands of dollars for individual providers over the years by providing the needed information and communication with our

provider representatives to find a solution. Most recently, PIPAC helped an individual provider recoup approximately \$50,000 after an insurance company incorrectly denied claims for an inaccuracy in their enrollment system.

Credentialing:

- PIPAC coordinates with our delegated and non-delegated insurance companies to enroll providers in virtually any insurance company that the provider wishes. PIPAC adheres to NCQA and URAC guidelines to stay in compliance with the most recently updated information and rules to ensure legality throughout the entire process. PIPAC conducts and covers the cost of background checks on initial applications, as well as completing a check every three years to stay in compliance with NCQA. PIPAC also maintains online portals for each provider, including CAQH (website where most insurance companies pull updated provider information) and online portals for the insurance companies. Providers will only need to send updated information (insurance coverage, license, etc.) to PIPAC and not each individual company. PIPAC takes on the responsibility of passing along all updated information to all companies that the provider is enrolled in.

Timeline for Enrollment:

- To become a PIPAC member and receive the benefits we offer, each provider must complete and return to us the West Virginia State Mandated Application. This application is then sent to our Credentialing Verification Office (CVO) where a background check is completed for each provider. Once the background check is cleared, each provider is given a date that corresponds to the date of the CVO completion. This date is the effective date that is given to each of the delegated companies and each company will backdate claims to this date. The background check on average takes around 14 days to complete.

Once the CVO report is completed and sent back to PIPAC, we begin the process of credentialing by enrolling providers in the insurance companies. PIPAC completes each application for enrollment and sends them to the proper representative for enrollment. The timeline for enrollment in each company varies depending on the speed of their internal process. Some companies, such as PEIA, can have the enrollment completed in less than 24 hours. Other companies, such as Tricare, can take up to 180 days for them to process and enroll each provider. Most of the companies will have enrollment completed within 60 days and allow providers to begin billing for reimbursement. PIPAC will continuously receive confirmations of provider enrollment and pass along the information to the provider.

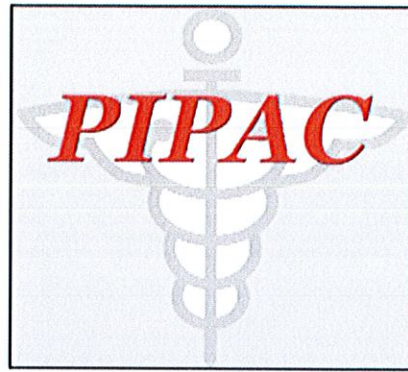
Each of the insurance companies we work with has a provider representative that we directly correspond with to get status updates and receive confirmation of enrollments. This is a large benefit for providers because it allows PIPAC to view enrollment status in real-time, allows faster correspondence, and relay of incorrect or missing information on a provider's application. If an issue arises in enrollment due to incorrect information, past issues, lawsuits, or missing information, PIPAC can quickly react and correspond with our provider representatives to correct the information and ensure that enrollment continues unburdened.

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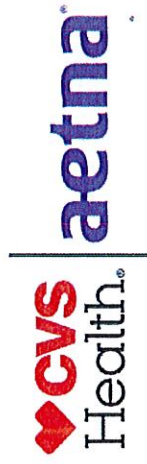
Benefits of Joining an IPA

An Independent Practice Association (IPA) is comprised of individual healthcare providers that can unite to make changes in the healthcare world. IPAs can pull resources, gather opinions and information, and work towards the common goal of providing the best healthcare possible for their patients. By becoming a member of PIPAC, a provider would then become a member of the largest private IPA in West Virginia.

PIPAC as an IPA has been providing better representation in the healthcare market for over 25 years. With our high membership and our connections to provider representatives and legal counsels, PIPAC has successfully fought for individual healthcare providers and overturned irresponsible government legislation and overreaching insurance policies. Most recently, PIPAC stood up to an insurance network that was requiring practices to divulge business charges before they could be given the allowable information. PIPAC pursued legal action against the network and were successful in overturning the contract terminology, which also led to changes in the West Virginia law to prevent such overreach. By joining together, PIPAC and West Virginia healthcare providers can and have successfully made meaningful changes that resulted in improvement of healthcare for West Virginia patients.

PIPAC also offers services through connecting groups that are exclusive options for PIPAC IPA members. West Virginia Caring (hospice) is a group that works with PIPAC members to help provide aid and instructional help for the care of elderly patients. We also work with Atlantic Health Partners, the largest vaccine distributor to healthcare providers across the United States, to offer aid, claim reimbursement assistance for certain vaccinations, and group purchasing rates that are only offered to PIPAC members. Members also receive an exclusive option from PIPAC for malpractice insurance. AMS Risk Retention Group, the largest multi-specialty RRG in the United States, offers insurance coverage for PIPAC members with large discounts based on service location, risk management, and claims-free status. Members who have taken advantage of this option have reported extremely high satisfaction from AMS and many have continued to use AMS malpractice coverage for the entirety of their healthcare profession.

Delegated Contracts with:



Aetna Better Health[®] of West Virginia

