Appendix A

Name of Associate: _____

Name of Agency(ies) (the Covered Entity): **The West Virginia Public Employees Insurance Agency (PEIA)**

Describe the PHI. If not applicable please indicate the same.

Per 45 CFR, Part 160.103

Health information means any information, whether oral or recorded in any form or medium, that:

(1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Individually identifiable health information is information that is a subset of health information, including demographic information collected from an individual, and:

(1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

(2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

(i) That identifies the individual; or

(ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected health information means individually identifiable health information:

(1) Except as provided in paragraph (2) of this definition, that is:

(i) Transmitted by electronic media;

(ii) Maintained in electronic media; or

(iii) Transmitted or maintained in any other form or medium.

The information provided to, transmitted by, and/or created by the Associate and/or stored and/or maintained by the Associate in electronic form(s) on platform(s) owned, managed and/or

administered by the Associate, pursuant to the Agreement will include the minimum necessary to perform the scope of services defined in the RFQ, e.g. Emergency Department Coding auditing and recovery services to ensure that the Agency pays only covered services for truly eligible members; that these services are appropriate, justified and provided in accordance with Plan policies and procedures; that the services are billed within standard coding conventions, including, but not limited to ICD-9 and ICD-10, HCPCS, and NCCI; and to identify member or prescriber outliers that may indicate potential fraud, waste or abuse, and subsequent Agreement(s) thereunder and will specifically include, but may not be limited to:

a) The Associate, as the defined "Business Partner" will provide direct and indirect compliance, fraud detection, abuse identification, and/or related services to the Covered Entity for the Covered Entity's Compliance, Integrity, and Fraud/Abuse Identification Program(s) by reviewing PEIA member and/or dependent(s) medical claims record(s) including, but not limited to: member/dependent(s) identifier(s) (PII); member/dependent(s) medical claim(s) information; date(s) of service; claim(s) paid; provider billing pattern(s); billing coding; claim(s) trend(s); and/or identified billing/coding outliers.
b) The Associate, as the defined "Business Partner" will provide administrative, technical, and/or procedural support to the Covered Entity for the Covered Entity's Compliance and Fraud/Abuse Identification Program(s) by reviewing PEIA member and/or dependent(s) medical claims record(s) including, but not limited to: member/dependent(s) identifier(s) (PII); member/dependent(s) medical claim(s) information; date(s) of service; claim(s) paid; provider billing pattern(s); billing coding; claim(s) trend(s); and/or identified billing/coding outliers.
c) The Associate may have access to the Covered Entity's member/dependent PII/PHI via access to information used, stored, and/or maintained by other Business Associates of the Covered Entity, including but not limited to: the Third Party Claims Administrator, the Pharmacy Benefits Manager, The Data "Warehouse" or repository, the Covered Entity's Subrogation services provider, etc.
d) The Associate shall comply with any and/or all provisions of Titles I & II of the Health Insurance Portability and Accountability Act of 1996, Pub.L. 104–191, 110 Stat. 1936, as amended, and the Health Information Technology for Economic and Clinical Health Act (HITECH) enacted as part of the American Reinvestment and Reauthorization Act of 2009 (ARRA), including the Final Omnibus Rule.