

CHIA INET/CHIA Submissions Platform User Agreement Insurance Carrier

As an employee of _____

OR as an employee of a contractor of _____

I will be allowed to access CHIA-INET/CHIA Submissions, the data reporting system provided to _____ by the Center for Health Information and Analysis subject to the following terms and conditions:

- I will not disclose my CHIA-INET/CHIA Submissions Platform user ID and password to any other person.
- I will not attempt to access or look at CHIA-INET/CHIA Submissions Platform data other than what is required to perform my job.
- I will use any data I receive from CHIA-INET/CHIA Submissions Platform only as permitted and only in furtherance of my job.
- I will not share any data I receive from CHIA-INET/CHIA Submissions Platform with others unless doing so is necessary to do my job.(pertains to patient level confidential data only).
- I will discuss data I receive from CHIA-INET/CHIA Submissions Platform with others only as required to perform my job and will conduct such conversations only in secure areas where I am unlikely to be overheard (pertains to patient level confidential data only).
- I will not disclose any data that I receive from CHIA-INET/CHIA Submissions Platform to any third party unless I have specific written permission from my supervisor or the legal order of a court (pertains to patient level confidential data only).
- I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of CHIA-INET/CHIA Submissions Platform.

REQUIRED INFORMATION – please print and no abbreviations

Mr. Ms.

Mrs. Dr. Name: _____
(Please provide middle name initial)

Job Title: _____

Company Name and Department: _____

Work Mailing Address: _____

E-mail Address: _____
(Required to send User ID and Password information)

Work Telephone: _____

Work Fax: _____

User Signature: _____ Date: _____

USER'S INET/Submissions Platform SECURITY ITEMS – required

City or Town of Birth: _____

Security Questions - please select a Security Question below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Favorite Singer | <input type="checkbox"/> Favorite Pet's Name | <input type="checkbox"/> Father's Middle Name |
| <input type="checkbox"/> Favorite Vacation Location | <input type="checkbox"/> Favorite Teacher's Name | <input type="checkbox"/> First Child's Middle Name |
| <input type="checkbox"/> Favorite Sports Team | <input type="checkbox"/> Anniversary Date | <input type="checkbox"/> Make, Model, and Year of First Car |
| <input type="checkbox"/> Favorite Hobby | | |

Answer: _____

Security questions are used by the Help Desk staff to ensure they are speaking with the correct person. When an INET/Submissions User calls for assistance and requires using confidential information or sensitive issues, the Help Desk will use security questions as a means to confirm the identity of the caller.

Check the type of access for this User Agreement

User Profile (check one)	Functions
<input type="checkbox"/> Data Reporter's INET Administrator	The person responsible for CHIA-INET/CHIA Submissions Administration (creates and maintains web user accounts online and via paper forms). Also has the ability to: submit information, download, edit, view and print reports.
<input type="checkbox"/> Data Reporter's Individual INET User	Ability to: submit information, download, edit, view and print reports.

Insurance Carrier Submissions - Only check the submissions that User will submit or have access to under this Agreement

- All Payer Claims Datasets (APCD) Medical Claim
- APCD Dental Claim
- APCD Pharmacy Claim
- APCD Member Eligibility
- APCD Product
- APCD Provider
- APCD Benefit Plan Control (for Risk Adjustment carriers only)
- APCD Supplemental Diagnosis (for Risk Adjustment carriers only)
- SFTP APCD Carrier Submitter
- Chapter 288: Relative Prices
- Chapter 288: Total Medical Expenses
- Ch. 224: Alternative Payment Methods