

# 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 user ID and password to any other person.
- I will not attempt to access or look at CHIA-INET/CHIA Submissions data other than what is required to perform my job.
- I will use any data I receive from CHIA-INET/CHIA Submissions only as permitted and only in furtherance of my job.
- I will not share any data I receive from CHIA-INET/CHIA Submissions 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 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 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.

## 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 and 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
- Prescription Drug Rebates