

Online Provider Services Agreement (excerpted from [Online Provider Services - New Account Form](#))

UHA Health Insurance is providing an Online Provider Services web portal available to your Provider Organization that renders services to UHA members. The UHA Online Provider Services Agreement hereinafter referred to as the "Agreement," is entered into between University Health Alliance, hereinafter referred to as "UHA" and _____ (printed name of your company), hereinafter referred to as "Provider Organization." This Agreement will allow your user to search member information using UHA's Online Provider Services web portal, which includes: verifying member eligibility and viewing claim status. The use of UHA Online Provider Services requires the Provider Organization agree to the following terms and conditions set forth herein.

User Responsibilities and Obligations

1. **Online Provider Services Terms of Use:** User acknowledges and agrees to the existing UHA Online Provider Services Terms of Use and Privacy Policy. If any Provider Organization user is found responsible for any unauthorized or illegal acts, the Provider Organization which the user represents will be deemed responsible and will indemnify UHA or members for any losses suffered because of its user's actions or omissions.

2. **Protected Health Information (PHI):** The Provider Organization agrees to use PHI solely for the purpose of performing work related tasks as it relates to member eligibility, viewing claim status, and any additional functionality that UHA may develop on the Online Provider Services web portal in the future. The Provider Organization agrees not to use or further disclose PHI in a manner that would violate the requirements of the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule or any other applicable state or federal laws.

3. **Password:** Username and password are intended to protect UHA member PHI information. The user is responsible for ensuring that the username and password is kept confidential and it will not be disclosed to anyone. The Provider Organization will be responsible for all activities and transactions that are tracked to your user by username through the Online Provider Services web portal.

4. **Access to Online Provider Services:** In order to protect UHA member PHI, each user of your Provider Organization must complete a UHA Online Provider Services User Registration Form which must be signed by a legally authorized representative of your Provider Organization.

UHA's Obligations

UHA shall maintain the Online Provider Services Web portal in accordance with all applicable laws and regulations, and shall provide any updates to this web portal in a timely manner. UHA shall also operate its Online Provider Services Web portal in a manner that protects the privacy and security of all member PHI as required by HIPAA Privacy Rule and all other applicable state or federal laws.

Electronic Remittance Advice

The Provider Organization acknowledges that signing this Agreement will provide the Organization with access to receive electronic Remittance Advice (ERA) via the Online Provider Portal effective 15 days after receipt of this Agreement. Upon access to the ERA on the Provider Portal a hard copy of the Remittance Advice will no longer be mailed to the Organization.

Unauthorized Use

The Provider Organization shall be responsible for the actions of the user that has been authorized to use the UHA Online Provider Services Web portal on its behalf. Any misuse of the Online Provider Services information that violates HIPAA Privacy Rules must be pursued and corrective actions taken immediately.

Termination

UHA may terminate this Agreement, and any rights granted hereunder, including each Provider Organization user to access the Online Provider Services, at any time, with or without cause, and without notice or penalty. For any termination of a user, the Provider Organization is responsible to complete a UHA Online Provider Services User Registration Form to notify UHA as soon as possible to terminate the user's access. By signing this agreement and submitting it to UHA, the Provider Organization is in agreement with the terms and conditions set forth.