

Health Plan OnLine Employer Web Application Checklist

To complete the employer web application, the following tasks and requirements need to be addressed:

Identify the complete list of intended users

- Determine the number of users that require access for your employer group.
- Determine whether the users require different levels of access/security: eligibility, enrollment, enrollment changes, or any combination of levels (see Exhibit B on page 6).
- Identify an employer group liaison (primary contact) who will act as the authorized agent regarding matters pertaining to security, named user account administration, and other matters relating to the group's use of the application.

User IDs and Passwords

- Complete required paperwork:
 1. Amendment to the UPMC Group Health Plan Agreement (return both copies).
 2. Exhibit A, Confidentiality Statement, Individual Account—each user, including the group liaison, must complete an Exhibit A form.
 3. Exhibit B, New User Form—each user, including the group liaison, must complete an Exhibit B form.
 4. Exhibit A1, Confidentiality Statement, Liaison (Primary Contact) Account—to be completed by group liaison only. (Group liaison must complete Exhibits A, B, and A1.)

Forms are available by request from your Account Manager.

- Forward the approved original paperwork and request forms to your Account Manager, or mail to:

UPMC Health Plan Employer Group Contracts
One Chatham Center, Suite 900
112 Washington Place
Pittsburgh, PA 15219

Identify location or locations where the web application will be utilized

- Confirm the PC's to be used for access meet minimum system requirements below:

HARDWARE minimum: 133 MHz Pentium class; 64 MB RAM; 56k modem /network or better; ISP Internet access; 800 x 600 monitor/resolution using small fonts.

SOFTWARE: Microsoft Windows 98 or better (NT4.0 MS98, MS2000); MS Internet Explorer (I.E.) 5.5 with Cypher 128 bit encryption strength. The Microsoft site/link for the update/information on the browser update for 128-bit encryption strength is: www.microsoft.com/windows/ie/downloads/recommended/128bit/default.asp

Amendment to the UPMC Health Plan Group Agreement

Please complete and return

This Amendment to the UPMC Health Plan Group Agreement (“Amendment”) is made and entered into as of the date set forth below, by and between (“Group”) and UPMC Health Plan, Inc. (“UPMCHP”).

WHEREAS, UPMCHP and Group entered into a UPMCHP Group Agreement (“Agreement”) pursuant to which UPMCHP agreed to provide health benefit plans to Group; and

WHEREAS, the Group desires to perform certain customer service functions for those persons covered under the Agreement (“Covered Person”); and

WHEREAS, UPMCHP has developed an employer services web application that is an internet online software application to enable the Group to have access to certain Covered Person specific information (“Application”); and

WHEREAS, UPMCHP and the Group wish to set out their respective rights and responsibilities under this Application; and

WHEREAS, the parties desire to memorialize modifications to the Agreement pursuant to the terms and conditions set forth in this Amendment.

NOW THEREFORE, in consideration of the mutual covenants and promises herein contained, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

1. Article 2.0

Article 2.0 of the Agreement shall be amended, and shall contain as new sections, the following:

- a. The Group acknowledges and agrees that the Application will allow the Group to access confidential Covered Person-specific information on its Covered Persons (“CPI”). The Group represents and warrants that it has the consent of all of its Covered Persons to have access to such information. Further, the Group agrees to keep confidential any member-specific information it obtains regarding Covered Persons and will not divulge any information to any person or entity without the express written consent of the UPMCHP and the Covered Persons.
- b. The Group acknowledges and agrees that access to the Application will only be provided on a named user basis to specific employees and agents of the Group, not to departments or positions. The Group shall remain responsible for monitoring such access on a regular basis. The Group shall immediately notify UPMCHP (and have a documented process for notifying UPMCHP) in the event that named user access requirements change or if access is no longer required (due to employment termination, internal transfer, etc.).
- c. The Group acknowledges and agrees that UPMCHP is bound by both federal and state laws and regulations to keep CPI confidential. As such, the Group agrees to abide by such laws and regulations and such additional terms and conditions as UPMCHP may require in the future.
- d. The Group agrees to identify one of its employees or authorized agents to act as a liaison (primary contact) with the UPMCHP regarding matters pertaining to security, named user account administration and other matters relating to Group’s use of the Application. UPMCHP shall provide Group with written procedures regarding named user account administration and the use of the Application.
- e. The Group, on behalf of itself, its agents and its employees agrees to indemnify, defend and hold the UPMCHP harmless from loss, damage or liability, including attorneys’ fees, that the UPMCHP may suffer by reason of any breach by the Group’s employees, agents or others of the confidentiality of any CPI, any improper use of any CPI, and any incorrect interpretation of CPI given to any Covered Person by any person using the Application. The indemnification provisions of this Amendment shall begin on the effective date of this Amendment and shall cover any and all claims made against the UPMCHP. These indemnification provisions survive termination of this Amendment.

Please return

- f. The Group agrees to instruct its agents and employees that CPI may only be obtained via the Application in response to a specific inquiry from a Covered Person.
- g. The Group acknowledges that the Application will allow access only to CPI regarding the Group's Covered Persons.
- h. The Group agrees to adhere to proper security procedures and to allow access to the Application only by those agents and employees who have signed a Confidentiality Statement in the form attached as Exhibit A hereto to keep CPI obtained from the Application strictly confidential. Each agent and employee of the Group who has access to the Application must sign such a Confidentiality Statement.
- i. UPMCHP makes no representations or warranties as to the accuracy or reliability of any conclusions or interpretations regarding CPI obtained from the Application made by the Group, its agents or its employees.
- j. The Application and any materials related to the Application are the sole and exclusive property of UPMCHP.
- k. UPMCHP reserves the right to alter, amend, modify, terminate or discontinue the Application and, if necessary, to gain access to the Application at any time and without notice.
- l. UPMCHP will provide maintenance for and service to the Application.
- m. UPMCHP reserves the right to withdraw or revoke without cause any consent or approval previously granted. Either party may terminate this Amendment without cause by giving the other party thirty (30) days advance written notice.
- n. The effective date of this Amendment is the date set forth below, regardless of the date it is signed by the parties.

2. No Other Changes.

Except as changed by this Amendment, all other terms of the Agreement, Exhibits and Attachments remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the date written below.

Please complete and return

GROUP

UPMC Health Plan, Inc.

Print Name of Group

By:
Anthony Benevento,
Vice President,
Commercial Products

By: _____
Signature

Title:

Date:

Is group's liaison (primary contact) same as above?

YES NO

If NO:

Print Name of Liaison (Primary Contact)

Signature

Title

Date

EXHIBIT A

Confidentiality Statement

Individual Account

Please complete and return

I have been advised and understand that UPMC Health Plan, Inc. (“UPMCHP”) has an agreement (“Agreement”) with the employer group _____ (“Group”) to administer health care benefits for its Covered Persons.

As part of that Agreement, UPMCHP has agreed to provide the Group with a web-based application (“Application”) that will enable certain designated employees and agents of the Group to have access to Group’s Covered Persons specific information (“CPI”) via the Internet. The Application will allow the Group’s designated employees and agents to perform health care benefits administration for Group and on behalf of Covered Persons.

By signing this Statement I understand that:

1. I am being granted access to the Application and the CPI.
2. I am obligated to keep the CPI confidential and use such CPI only for work-related activities as directed by the Group and the Covered Persons.
3. I will not disclose my password or allow any access to the Application by any other person.
4. In the event that I believe that my password may have been learned by any person, I shall immediately notify my liaison (primary contact) and/or UPMCHP and change my password.
5. If I no longer require access to the Application, I will immediately notify my liaison (primary contact).
6. Any work done under my account and password will be attributed to me.

SIGNED BY

Signature (Group Employee)

Print Name & Title

Last Four Digits of Social Security Number Requested

Company Name

Date

Liaison (Primary Contact) Signature

Print Liaison (Primary Contact) Name & Title

Please complete and return

EXHIBIT B
UPMC Health Plan OnLine
New User Form

Please complete one form for every user who will access Health Plan OnLine.

Group Information

Group Name: _____

Address: _____

User Name: _____

Last name and first initial

Phone: _____

E-mail Address: _____

Please check the optional features desired:

- Ability to view eligibility information
- Ability to submit new enrollment
- Ability to submit enrollment changes

Group (6 digits)

Subgroup (3 digits) *previously referred to as "Division"*

EXHIBIT A1

Confidentiality Statement

Liaison (Primary Contact) Account

Please complete and return

I have been advised and understand that UPMC Health Plan, Inc. ("UPMCHP") has an agreement ("Agreement") with the employer group _____ ("Group") to administer health care benefits for its Covered Persons.

As part of that Agreement, UPMCHP has agreed to provide the Group with a web-based application ("Application") that will enable certain designated employees and agents of the Group to have access to Group's Covered Persons specific information ("CPI") via the Internet. The Application will allow the Group's designated employees and agents to perform health care benefits administration for Group and on behalf of Covered Persons.

By signing this Statement I understand that:

1. I am being granted access to the Application and the CPI.
2. I am obligated to keep the CPI confidential and use such CPI only for work-related activities as directed by the Group and the Covered Persons.
3. I will not disclose my password or allow any access to the Application by any other person.
4. In the event that I believe my password or any user passwords may have been learned by another person, I shall immediately notify UPMCHP and have the passwords reset.
5. Any work done under my account and password will be attributed to me.
6. I will notify UPMCHP immediately of any and all users no longer needing access to Health Plan OnLine.
7. I will maintain the confidentiality of our group password by limiting access to Health Plan OnLine to only those users registered with UPMCHP.
8. I will notify UPMCHP of any and all new users requiring access to Health Plan OnLine.

SIGNED BY

Signature (Group Employee)

Print Name & Title

Last Four Digits of Social Security Number Requested

Company Name

Date

UPMC Health Plan Process Manual

Procedure: Liaison (Primary
Contact)
Named User Account Administration

UPMC Health Plan OnLine Employer Web Application

Administrative Information:

Owner: Health Plan Data Security

Affected Area(s): Health Plan OnLine Users

Revised: May 18, 2005

Procedure Statement

- Policy

The liaison (primary contact) is the employer group's authorized agent regarding matters pertaining to security, named user account administration, and other matters relating to group's use of the application.

- Application Access

- New Users to Existing Employer Group Accounts

We require the liaison (primary contact) to authorize and submit a completed Confidentiality Statement (Exhibit A) and a New User Form (Exhibit B) for all new individual account requests.

We require the original completed documents be mailed to:

UPMC Health Plan Employer Group Contracts
One Chatham Center, Suite 900
112 Washington Place
Pittsburgh, PA 15219

New User Confirmation Forms will be provided to the employer group liaison either by the Account Manager or by mail. A Personal Unique Identifier (PUI) is assigned with every user ID and password.

- Password Resets and Changes

These can be requested by individual users and/or liaison (primary contact) by calling the help desk at 1- 800-937-0438 or e-mailing HPOnline@upmc.edu. You will be required to provide the PUI listed on the New User Confirmation Form.

- Account Changes and Deletions

The group liaison (primary contact) is responsible for authorizing all changes and deletions to existing named user account ID's.

EXHIBIT C

UPMC Health Plan OnLine

User Access Termination Request

Employer Group Name as shown on the Addendum

Employer Group Number as shown on Exhibit B

The following UPMC Health Plan Employer Group users should be removed from the above group's access:

User Name _____ User ID

Effective date of access termination*

User Name _____ User ID

Effective date of access termination*

User Name _____ User ID

Effective date of access termination*

User Name _____ User ID

Effective date of access termination*

Liaison (Primary Contact) Signature

Please complete, sign, and mail this to:

Employer Group Contracts
UPMC Health Plan
One Chatham Center, Suite 900
112 Washington Place
Pittsburgh, PA 15219-9533

* A future effective date may be used if applicable. If no future date is provided, UPMC Health Plan will use a current date.