

ClaimsLinkSM Addendum to Administrative Services Agreement
(Revised 4/2008)



CAROLINA CARE PLAN[®]
A MEDICAL MUTUAL OF OHIO COMPANY

ClaimsLinkSM Addendum to Administrative Services Agreement

Once the Addendum and Confidentiality Statements are completed, please return them to the appropriate Carolina Care Account Representative.

This is a ClaimsLinkSM Addendum to the Administrative Services Agreement ("Agreement") between The _____ (the "Group") and Carolina Care Plan ("Carolina Care").

RECITALS

- A. The Group and Carolina Care entered into the Agreement (Group No. _____) effective _____.
- B. The Group desires to perform certain customer service and/or claims administration functions for those persons covered under the Agreement (hereinafter the "Covered Person").
- C. Carolina Care has developed the ClaimsLink Internet application to enable the Group to have access to certain claim information.
- D. Carolina Care and the Group wish to set out their respective rights and responsibilities under the ClaimsLink application.

In consideration of the mutual promises contained herein, the parties agree as follows:

PROVISIONS

1. Carolina Care will provide maintenance for and service to the online web application.
2. The Group acknowledges that the ClaimsLink application will allow access only to information regarding the Group's Covered Persons.
3. The Group acknowledges that ClaimsLink will allow access to confidential medical and claim information on its Covered Persons. The Group agrees to keep confidential any medical and claim information it obtains regarding Covered Persons and will not divulge any claim information to any person or entity except as specifically permitted by the HIPAA privacy regulations or other applicable privacy regulation. Notwithstanding the forgoing, the Group agrees that it will not disclose any information regarding the pricing or discount for any specific claims or providers. Such information is considered proprietary trade secret information of Carolina Care.
4. The Group, on behalf of itself, its agents and its employees agrees to indemnify, defend and hold Carolina Care harmless from loss, damage or liability, including attorney fees, that Carolina Care may suffer by reason of any breach by the Group's employees of this Agreement, any improper use of any medical claim information and any incorrect interpretation of claims information given to any Covered Person by any person using the ClaimsLink system.

ClaimsLinkSM Addendum to Administrative Services Agreement
(Revised 4/2008)

5. The Group agrees to instruct its employees that claim information may only be accessed on ClaimsLink in response to a specific inquiry from a Covered Person or as necessary to update enrollment or other membership information or as necessary for the administration of the plan.
6. The Group agrees to adhere to proper security procedures and to allow access to ClaimsLink only by those employees who have been properly trained in its use and who have signed Confidentiality Statements (attached as Exhibit A) to keep information obtained from ClaimsLink strictly confidential. Each employee of the Group who has access to ClaimsLink must sign a Confidentiality Statement.
7. Carolina Care makes no representations or warranties as to the accuracy or reliability of any conclusions or interpretations made by the Group, its agents or its employees from ClaimsLink information.
8. The ClaimsLink application and any materials related to the ClaimsLink application are the sole and exclusive property of Carolina Care.
9. Carolina Care reserves the right to alter, amend, modify, terminate or discontinue the ClaimsLink application, and if necessary to gain access to the ClaimsLink application at any time and without notice.
10. Carolina Care reserves the right to withdraw or revoke without cause any consent or approval previously granted. Either party may terminate this ClaimsLink Addendum without cause by giving the other party thirty (30) days advance written notice.
11. The effective date of this ClaimsLink Addendum is _____ regardless of the date it is signed by the parties.

IN WITNESS WHEREOF, the parties have signed this ClaimsLink Addendum on the dates indicated below.

	Carolina Care Plan
Signature (Company Officer)	Signature
Name (type or print)	Name (type or printed)
Title	Title
Date	Date

EXHIBIT A
CONFIDENTIALITY STATEMENT

I have been advised and understand that Carolina Care Plan ("Carolina Care") has an agreement with

_____ (the "Group"), Group Number _____, to administer health care benefits. As part of this Agreement, Carolina Care has agreed to provide the Group with the ClaimsLink application that will enable the Group to have access to certain claim information via the internet to the Group and will allow the Group's employees to perform customer service on behalf of Covered Persons. I further understand that Carolina Care and the Group enforce a strong policy on the confidentiality of all medical claim records and that enforcement of the policy is essential to meet the needs of the Group's Covered Persons and is in accord with responsible business practices. For these reasons, I acknowledge the policy of confidentiality and agree to adhere to the following statement:

I am not to disclose to anyone other than a Covered Person, nor am I to use in an improper manner, any confidential information, including but not limited to, claims information, computer system information and medical information either during or after the term of the above-referenced agreement except as specifically permitted by the HIPAA privacy regulations or other applicable privacy regulation. Notwithstanding the forgoing, I agree that I will not disclose any information regarding the pricing or discount for any specific claims or providers. Such information is considered proprietary trade secret information of Carolina Care. I agree not to access the ClaimsLink application except in response to a specific customer service inquiry. I agree only to disclose limited claim information to Covered Persons, and I am not to discuss or disclose specific diagnosis codes. Additionally, I will not disclose my password or allow any access to the ClaimsLink application to any unauthorized person.

CLAIMSLINK OPTIONS REQUESTED

Please check the appropriate box:

Please check the optional features desired:

View claims and request replacement ID cards.

Submit enrollment information.

Request faxed claim image.
Fax Number _____

Approve or deny claim payments.
Eligibility feature – Benefit Determination

Assist in the adjudication/processing of claims.
Adjudication feature – Benefit Determination

SIGNED BY

Signature (Company Employee)

Print Name & Title

Social Security Number

Company Name

Company Address

Company Phone

Email Address

Sales Representative

Mail Zone

Date