

# AGREEMENT: MCO SUBSCRIPTION TO CIN-BAD

## Organizations using CIN-BAD for their Internal Use only

Organization: \_\_\_\_\_

Our organization hereby contracts with the **Federation of Chiropractic Licensing Boards (FCLB)** for a one-year subscription to CIN-BAD. We agree to the following fees and conditions:

- a **\$550 annual access fee**, payable in advance, providing access to the Official Actions Database, which includes public chiropractic board actions, DHHS exclusions (also referred to as Medicare sanctions), and other license information. Access to the CIN-BAD system will be via Internet, with Microsoft Internet Explorer, Chrome and Firefox browsers supported. This access fee also provides us with other goods and services as described below:
  - Introductory information packet
  - Up to 60 minutes of telephone technical support annually (additional calls at \$25/call)
  - Tip sheets and other subscriber support occasionally throughout the year
  - As many user accounts for individuals as needed at no extra charge
  - Any additional benefits as determined by the FCLB
- a **\$3.50 fee for each search of the Official Actions Database** (any last name search which then accesses a browsable list of names, or any other search which allows the user to browse a section of the database), and a **\$13.50 fee for each Full Report** generated on an individual. Payment for these fees will be made in advance and held by the FCLB as pre-paid funds that will be automatically maintained by the organization. Metered usage funds remaining upon termination of subscription must be claimed within 60 days of termination or the balance will be forfeited..
- Once a browsable section of the Database is accessed, there is no additional charge to print a **negative verification** that an individual is NOT listed in the Official Actions Database.
- A **separate user account** will be maintained for each user from our organization, including at least one person designated as an **administrator level user**.

The period of this agreement is from (dates) \_\_\_\_\_ through \_\_\_\_\_. Renewal may be made 60 days prior to the expiration date, subject to contract provisions in effect at time of renewal. The above subscription fees and benefits are guaranteed for this time period only. No refund or proration of the annual access fee will be given in the event the subscriber discontinues access before the end of the agreement period.

It is agreed that use of information in the Official Actions Database is limited to the official business of our organization, and cannot be resold, either directly or as part of a package of information or credentials. It is further agreed that searches will not be performed for anyone outside our organization. It is further agreed that when any of our files reports that an individual is listed in the FCLB's Official Actions Database, it will also include a dated copy of that individual's Full CIN-BAD Report. A Full CIN-BAD Report details any public chiropractic board actions and also includes any known exclusion of doctors of chiropractic from federal program reimbursements imposed by the US Department of Health and Human Services.

It is further agreed that the Official Actions Database is designed as a "red flag" service to bring attention to matters of potential concern or positive status. Any subsequent actions by our organization will be based on complete information obtained directly from the licensing authority(ies) which took the original board action(s) or other authority(ies) as noted in any Full CIN-BAD Report. The undersigned understands and agrees that information in the Official Actions Database is compiled from information provided by international, state, and provincial chiropractic licensing authorities, the US Department of Health and Human Services, and others. The FCLB is not responsible for any inaccurate or incomplete information provided to it by these sources.

It is also understood that the FCLB may publish a list of those organizations which subscribe to CIN-BAD.

Authorization: (*print name and title*) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FCLB Authorization: _____ Date _____
CIN-BAD Administrator

