



INTEROPERABILITY: APPOINTMENT OF PERSONAL REPRESENTATIVE FOR YOURSELF (Form A)

Use this form to appoint an interoperability personal representative for yourself.

IMPORTANT: Do not use this form if you are a member under the age of 18. If you are between the ages of 12 and 17 and wish to appoint an interoperability personal representative for yourself, you must complete the Interoperability: Appointment of Personal Representative for a Member (Form B).

An interoperability personal representative can manage how your protected health information (PHI) is shared digitally over three application programming interfaces (APIs): the Patient Access API for third-party apps, Provider Access API for health care providers, and Payer-to-Payer API for other health insurers.

* = Required

A. MEMBER INFORMATION

Provide the following information about yourself.

First name* _____ Last name* _____

Date of birth* ____/____/____

Provide one of the following*:

Social Security number _____

OR

Wellmark ID# _____ **AND** last 4 digits of Social Security number _____

Mailing address line 1* _____

Mailing address line 2 _____

City*, State* _____ ZIP* _____

Email address _____

B. INTEROPERABILITY PERSONAL REPRESENTATIVE APPOINTMENT

I appoint the individual named below as my interoperability personal representative. This representative is authorized to manage my opt-in and opt-out preferences for Wellmark's interoperability APIs.

C. INTEROPERABILITY PERSONAL REPRESENTATIVE INFORMATION

Provide the following information about the interoperability personal representative you are appointing for yourself.

Representative first name* _____ Last name* _____

Date of birth* ____/____/____ Phone number* _____

Is this individual a Wellmark member? ☐ Yes ☐ No

If Yes, provide:

Wellmark ID #* _____ OR

Last 4 digits of Social Security number* _____

C. INTEROPERABILITY PERSONAL REPRESENTATIVE INFORMATION cont'd

If No, provide:

Representative mailing address line 1* _____

Mailing address line 2 _____

City*, State* _____ ZIP* _____

Email address* _____

Effective: This appointment of an interoperability personal representative is effective upon Wellmark's receipt of a fully completed and signed form.

Expiration: This appointment and authorization will end when your health plan coverage ends, unless revoked sooner.

Right to Revoke: By signing this appointment form, I understand that I may revoke this appointment and authorization at any time by giving written notice of my revocation to Wellmark at the address stated below or electronically through Wellmark's website. I understand that revocation of this appointment and authorization will not affect any action taken based on this appointment and authorization before Wellmark receives my written notice of revocation.

D. AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Protected Health Information to be Disclosed: I authorize Wellmark to disclose my protected health information via interoperability APIs described in this form with approval from my named interoperability personal representative. **I authorize and consent to the release and disclosure of any and all protected health information, as described in this form, including sensitive health records related to mental health, substance use disorders, reproductive health care, AIDS, and genetic information, if applicable.**

Even if you previously asked your provider to keep certain medical information from being shared, or you paid for a service yourself and asked that it not be disclosed to your health plan, this authorization still allows that information to be disclosed.

Effect of Granting this Authorization: I understand that when I choose to direct health information to a third-party application through interoperability tools (such as the Patient Access API), that health information may no longer be protected by federal or state privacy laws. As a result, the information may be redisclosed by the third-party. This does not apply to disclosures made to health care providers or other health plans (payers) that are subject to applicable privacy laws.

No Conditions: I understand this authorization is voluntary. I understand Wellmark will not condition my enrollment in a health plan, eligibility for benefits or payment of claims on giving this authorization.

E. AUTHORIZATION TO APPOINT PERSONAL REPRESENTATIVE FOR INTEROPERABILITY

By signing this form, I attest that I am the member identified in section A of this form, that the information I have provided on this form is true and accurate, and that I have read and agree to the educational materials described in this form. I understand that Wellmark will rely on this information and is not responsible or liable for any disclosures made based on incorrect, incomplete, or false information I provided.

I have read and considered the contents of this Interoperability Personal Representative Appointment and I understand that, by signing this form, I am authorizing the appointed individual to opt in to and out of APIs for the disclosure of my protected health information, as described in this form.

Signatures must be handwritten. Typed signatures will not be accepted.

Your signature: _____ **Date:** ____/____/____

F. FORM SUBMISSION**Send completed and signed form to:**

Wellmark Blue Cross and Blue Shield

ATTN: Customer Service

PO Box 9232

Des Moines, IA 50306

Before submission, we recommend saving a copy of this document for your records.

INTEROPERABILITY: UNDERSTANDING YOUR OPTIONS

Note: Wellmark's interoperability APIs are only available to members enrolled in Qualified Health Plan (QHP) coverage, as defined by the Affordable Care Act (ACA).

When you visit a health care provider or receive medical care in some way, your provider may send information about your care to Wellmark so we can process and pay your claims. With your approval, that health information can be securely shared with trusted people and organizations to help support care coordination and improve your health care experience.

When authorized, your health data can be accessed through one or more "application programming interfaces," or "APIs":

- **Patient Access API** — allows [approved third-party apps](#) you choose to access your health data.
- **Provider Access API** — allows any provider who has a current or future treatment relationship with you as a Wellmark member to access your health data.
- **Payer-to-Payer API** — allows Wellmark to receive data from your previous insurer, exchange data with your concurrent insurer, and to send data to your future insurer, as appropriate.

Sharing data like this - also known as "interoperability" in the world of health care - comes with several benefits. For example:

- **Better outcomes** — When you and your providers can see your medical history, it makes it easier to get care that's right for you and improve your overall health care experience.
- **Faster decisions** — In some cases, data-sharing can help providers and insurers make decisions about your care, including prior authorization requests, more quickly.
- **Lower costs** — Sharing your data can help providers identify and address health issues early before they require expensive treatments, as well as reduce the risk of duplicate tests and procedures.

Data-sharing enables access to "encounter data"¹ and records about you while you were enrolled in QHP coverage such as (but not limited to):

- | | | |
|------------------------------|---------------------------------------|---------------------|
| • Allergies and intolerances | • Claims history and details | • Test results |
| • Care plans | • Immunization and medication records | • Treatment history |

¹"Encounter" data is information about office visits and other interactions with providers that are paid for under a monthly (or annual) fee that Wellmark pays a provider for giving care to members. This type of payment arrangement is referred to as a "capitation arrangement."

It may also include clinical data we collect in the process of providing case management, care coordination, or other services to you. Note: The disclosed information may include information about treatment for substance use disorders, mental health treatment, HIV status, or other sensitive information.

Patient Access API

Wellmark allows you to connect your health information to Wellmark-approved third-party applications ("apps") of your choice. The information available through the Patient Access API includes information we collect about you while you have been enrolled in a Wellmark health insurance plan through the Marketplace since Jan. 1, 2019.

Provider Access API

This allows health care providers to access your health information when they have a current or upcoming treatment relationship with you, helping them better understand your medical history and coordinate your care. This helps providers make more informed decisions about your care. Providers who are involved in your care may be able to request and access your information without obtaining your approval each time, as permitted by law. You may choose to opt out of this data sharing at any time and later opt back in if you change your mind. If you allow this sharing, all of your providers will have the same level of access, meaning you cannot select or exclude specific providers individually.

Payer-to-Payer API

This allows your health information to be securely shared between former and current health insurers, which helps ensure continuity of care. This can help reduce delays when moving to a new health insurance plan. Health insurers may send Wellmark your claims, encounter, and clinical information, including prior authorizations, when you switch plans or are currently

INTEROPERABILITY: UNDERSTANDING YOUR OPTIONS cont'd

covered by another plan, if you choose to allow (opt in to) this data sharing and provide the necessary information about your previous or concurrent insurer. In some cases, insurers may share information from the past five years to help create a more complete record of your care. If your coverage with the other insurer continues after you opt in, Wellmark will attempt to retrieve new data about you from that insurer every three months. Wellmark will not send your data to other insurers through the Payer-to-Payer API unless you provide consent through that other insurer's own interoperability process.

How to protect your information

When you choose to grant a third-party app access to your health information through the Patient Access API, different considerations apply. Health care providers and health plans are generally subject to federal and state privacy laws, but third-party apps may not be.

It is important to understand the app you select will have access to your health information. Reference to "app" in this document includes the entity offering the app. The app may not be subject to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (<http://www.hhs.gov/hipaa/for-individuals/faq/187/what-does-the-hipaa-privacy-rule-do/index.html>) and other privacy laws (<http://www.consumer.ftc.gov/articles/0018-understanding-mobile-apps#privacy>), which generally protect your health information. Instead, the app's privacy policy describes self-imposed limitations on how the app will use, disclose and possibly sell information about you. An app that publishes a privacy notice is required to comply with the terms of its notice, but generally is not subject to other privacy laws.

If you decide to grant access to your information through the Patient Access API, you should carefully review the privacy policy of any app you are considering to ensure you are comfortable with what the app will do with your information.

Health care providers and health plans that access or share your information through the Provider Access API or Payer-to-Payer API are generally subject to federal and state privacy laws, including HIPAA. These entities may use your information only for permitted purposes, such as supporting your care or coordinating coverage. You may have the ability to opt out of provider access or choose whether to allow payer-to-payer data sharing, depending on the type of API.

If you're thinking about sharing your health information with an app, review this privacy policy and consider the following:

- What security measures does the app use to protect your data?
- Will the app sell or disclose your data to third parties? If so, for what purposes, and can you control it?
- Can you control how the app uses, discloses, or sells your data?
- What happens to your data if you revoke access, delete your account on the app, or leave Wellmark?
- Will the app collect non-health-related data, like your location or audio/voice recordings?
- How will the app notify you about changes to its privacy policy?
- Does the app have a process for collecting and responding to user complaints?

If the app's privacy policy does not answer these questions to your satisfaction, you may want to reconsider using the app to access your health information. Your health information may include very sensitive information. You should therefore be careful to choose an app with strong privacy and security standards to protect it.

Report suspicious behavior

The Federal Trade Commission Act protects against deceptive acts, such as an app that discloses personal data in violation of its privacy notice. An app that violates the terms of its privacy notice is subject to the jurisdiction of the Federal Trade Commission (FTC). If you believe an app inappropriately used, disclosed, or sold your information, you should contact the FTC. You may file a complaint with the FTC using the FTC complaint assistant (<https://reportfraud.ftc.gov/>). The FTC provides information about mobile app privacy (<https://www.consumer.ftc.gov/articles/0018-understanding-mobile-apps>) and security for consumers.

The U.S. Department of Health and Human Services' Office for Civil Rights (OCR) enforces the HIPAA Privacy, Security, and Breach Notification Rules. Along with most health care providers, such as hospitals, doctors, clinics and dentists, Wellmark is subject to HIPAA, so your health information is protected. Find more information about your rights under HIPAA (<https://www.hhs.gov/hipaa/for-individuals/index.html>) and who is obligated to comply with HIPAA. Learn about filing a complaint (<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>) with OCR related to HIPAA requirements or file a complaint with Wellmark by contacting the Privacy Office at (877) 610-6395.

Wellmark Language Assistance

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY 888-781-4262, Fax 515-376-9055, Email CRC@Wellmark.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobu oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم (٢٦٢٤-١٨٧-٨٨٨) أو (خدمة الهاتف النصي: ٢٤٢٩-٤٢٥-٠٠٨).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານ ໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262).

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें: अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: Si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิด ค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyon sa tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တရားဝင်ပြောဆိုမှုကို ကူညီပေးရန်, ကျွန်ုပ်တို့၏ဘာသာစကားကို အသုံးပြုသူများအတွက် လိုအပ်သည့် အကူအညီများကို (TTY: 888-781-4262) ဖုန်းဖြင့် ပေးအပ်ပါသည်။

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከግርግር ግሚና፣ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም በ(TTY: 888-781-4262) ደውለው ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)