



INTEROPERABILITY: API ELECTION FORM

Use this form to authorize Wellmark Blue Cross and Blue Shield to digitally collect or make available certain health information about you or someone you represent through one or more of our secure application programming interfaces ("APIs"). Use a separate form for each member.

This form authorizes you to elect participation in one or more of Wellmark's APIs:

- Provider Access API - allows providers who have a current or upcoming treatment relationship with the member to access the member's health data.
- Payer-to-Payer API - allows Wellmark to receive data from the member's previous insurer, exchange data with the member's concurrent insurer, and to send data to the member's future insurer, as appropriate.
- Patient Access API - allows approved third-party applications ("apps") selected by the member to access their health data.

If you are completing this form on behalf of a Wellmark member, Wellmark must have valid documentation on file verifying your legal authority before processing the request.

If documentation is not already on file, it must be submitted with this form. Acceptable documentation may include a birth certificate, court order, guardianship documentation, power of attorney (POA), or an Interoperability Appointment of Personal Representative form.

* = Required

A. MEMBER AND REQUESTER INFORMATION

- Member's full name*: _____
- Member's date of birth*: ____/____/____
- Wellmark policy ID*: _____
- Phone number*: _____
- Name of individual completing this form*: _____
- Relationship to member (for example: self, interoperability representative, parent, legal guardian, POA)*: _____

B. API ELECTION

Depending on the API and election, the information shared may include data maintained by Wellmark, such as claims information, certain clinical information, prior authorization of medical services, and other information permitted by federal and state law. For a full explanation of each API, please review the detailed information provided on the last page of this form.

Make an election for each API below:

1. Provider Access API

The Provider Access API authorizes Wellmark to make certain information available to providers who have a current or upcoming treatment relationship with the member. This may help providers better understand the member's health history, coordinate care, and support treatment decisions. When authorized, all providers will have the same level of access, meaning you cannot select or exclude specific providers. Members have the right to opt out of this data sharing and can change their elections at any time.

B. API ELECTION cont'd

Select one option:

☐ **I want to opt in.** I authorize Wellmark to make the member's applicable health information available through the Provider Access API for providers who have a current or upcoming treatment relationship with the member, as permitted by law. I understand that this may include sensitive health information Wellmark maintains about the member related to mental health, substance use disorders, reproductive health, AIDS, and genetics.

☐ **I want to opt out.** I do **not** authorize Wellmark to share the member's health information with providers through the Provider Access API. I understand that opting out of Provider Access API does not stop health care providers or health plans from accessing or sharing the member's health information through other methods permitted by law.

2. Payer-to-Payer API

The Payer-to-Payer API authorizes Wellmark to gather health information about the member electronically from another health insurance company ("payer" or "insurer"), which may help Wellmark better understand the member's health history, support care coordination, and support administration of benefits.

Select one option:

☐ **I want to opt in.** I authorize Wellmark to request and receive the member's applicable health information from another health insurance company through the Payer-to-Payer API, as permitted by law and based on the information I provide below. I understand that this may include health information the other health insurance company maintains about the member related to mental health, substance use disorders, reproductive health, AIDS, and genetics.

Note: Wellmark will not send a member's information to another insurer using the Payer-to-Payer API unless that member or their authorized representative opts in to data sharing through that other insurer's own interoperability process.

If you're opting in to the Payer-to-Payer API, please attach a copy of the member's ID card or other documentation from the other insurer, if available.

Enter the name(s), member ID(s), and phone number(s) of the health insurer(s) in the space(s) below.

Health insurer name*: _____

Member ID#: _____

Health insurer phone number*: _____

Circle one: Current health insurer / Former health insurer

Health insurer name*: _____

Member ID#: _____

Health insurer phone number*: _____

Circle one: Current health insurer / Former health insurer

If you have questions, visit wellmark.com/member/share-data or contact Wellmark Customer Service online through myWellmark® or by calling 1-800-990-7689.

☐ **I want to opt out.** I do **not** authorize Wellmark to request and receive the member's health information as follows:

☐ **I want to cancel all previous health insurer opt-in elections.** I do **not** authorize Wellmark to request or receive the member's health information through the Payer-to-Payer API with any other health insurance plans, unless otherwise required or permitted by law.

☐ **I want to cancel my previous opt-in election for a specific health insurer.** I do **not** authorize Wellmark to request or receive the member's health information through the Payer-to-Payer API **with the health insurer(s)** identified below, unless required or permitted by law.

2. Payer-to-Payer API cont'd

Health insurer name*: _____

Member ID#: _____

Health insurer phone number*: _____

Health insurer name*: _____

Member ID#: _____

Note: If you authorized another insurer to request the member's health information from Wellmark and would like to end that data sharing, you must opt out through that other insurer's own data-sharing process.

3. Patient Access API

The Patient Access API authorizes Wellmark-approved third-party apps you or the member chooses to access their health information.

If you grant a third-party app access to the information through the Patient Access API, all of their data collected while enrolled in Qualified Health Plan (QHP) coverage - including records related to topics like mental health, substance use disorders, reproductive health, AIDS, and genetics - may be shared with the app, until you or the member choose to opt-out.

The health information shared with a third-party app using the Patient Access API may no longer be protected by federal or state privacy laws and may be redisclosed by the third-party application. You should review the app's privacy policy before electing to share information.

For more information and to grant access to an app, visit wellmark.com/data-sharing-apps.

C. EFFECTIVE DATE AND EXPIRATION

The above elections to share or receive health information become effective upon Wellmark's receipt of a fully completed and signed form.

These elections to share health information will expire the day the member's Qualified Health Plan coverage ends unless it is revoked or otherwise expires under Wellmark's procedures.

For members under age 18, a parent or legally authorized individual may elect the sharing and collection of data through an API. Data sharing elections will be turned off automatically upon the member's 18th birthday or as required by applicable policies or laws. Once a member turns 18, an Interoperability Appointment of Personal Representative form will be required before elections can be updated by someone other than the member.

Parents and legal guardians can manage data-sharing elections for their dependents age 11 or younger without the need to be formally appointed as a member's interoperability representative. If, at any time before the member's 18th birthday, the member's health information includes new records related to sensitive medical topics like mental health, substance use disorders, reproductive health, AIDS, or genetics, they will automatically be opted out of data sharing through the Patient Access API and Provider Access API until they choose to opt in again, per federal law.

Right to Revoke: These elections may be updated or revoked at any time by the member or by an individual legally authorized to act on the member's behalf. To change or update a current election, members can log in to their myWellmark account, contact Wellmark Customer Service to opt-out, or complete a new API election form. I understand that revocation will not affect any action taken in reliance on these elections before Wellmark receives notice of revocation. By updating an election to opt out, this will stop future sharing of health information through the identified API(s).

D. AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Protected Health Information to be Disclosed: I authorize Wellmark to disclose protected health information, including claims data, encounter data and clinical data, as necessary through the selected Application Programming Interfaces (APIs).

I understand that some of the information that could be shared with payers, providers and third-party apps may be sensitive,

D. AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION cont'd

including records that contain information related to mental health, substance use disorders, reproductive health, AIDS, and genetics. I understand that information will be accessible until I or the member chooses to opt-out.

This authorization shall include and apply to any and all protected health information related to services and treatments except where the individual has requested a restriction and/or for any health care item or service for which the health care provider has been paid out of pocket in full and Wellmark has not received any record of the service or health care item.

No Conditions: I understand these elections are voluntary. I understand Wellmark will not condition the member's enrollment in a health insurance plan, eligibility for benefits or payment of claims on giving this authorization.

E. SIGNATURE AND ACKNOWLEDGMENT

By signing below, I attest that I am the member or a person legally authorized to act on behalf of the member, that the information provided is true and accurate, and that I understand the elections I have made above.

I understand that Wellmark relies on this information and shall not be held liable for disclosures made based on incorrect or false information I provided.

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

Signature of person completing this form: _____

Printed name: _____

Relationship to member: _____

Signature date: ____/____/____

RETAIN A COPY FOR YOUR RECORDS

Send completed and signed form to:

Wellmark Blue Cross and Blue Shield
ATTN: Customer Service
PO Box 9232
Des Moines, IA 50306

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.

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.

You must choose to authorize (opt in to) this sharing before Wellmark makes your health information available to an app or providers or exchanges information with another insurer. You can revoke access at any time.

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 QHP coverage.

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 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.

INTEROPERABILITY: UNDERSTANDING YOUR OPTIONS cont'd

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 means 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 may not be 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).

တရားဝင်ပြောဆိုမှုကိစ္စများကို ကူညီပေးရန်အတွက် အခမဲ့ဘာသာစကား အကူအညီဝန်ဆောင်မှုကို ၈၀၀-၅၂၄-၉၂၄၂ (TTY: ၈၈၈-၇၈၁-၄၂၆၂) နှင့် ဆက်သွယ်ပါ။

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) quunnaama.

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)