Enrollment Center and Ebilling –

Authorization for Release of Detailed Group and Membership Information

Use this form for the Employer Group named below to designate their authorized representatives and business associates that the administrator (Premera Blue Cross) and its subcontractors may disclose members’ Protected Personal Information (PPI) and financial data to those that are authorized to access identifiable information and reports through the Enrollment Center and Ebilling web portals.

PPI and Financial disclosures (electronic, written, or verbal) are provided to the designated and authorized recipients listed below as directed by the Employer Group. This form must be completed, signed, and returned to Premera as notification of additions or removals to the list of the Employer Group’s authorized recipient list.

*Attention: Persons performing plan administrative, human resource functions, or bill payments generally should not be receiving PPI.*

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| Requested Action | Authorized Recipient | Recipient Relationship | Type of Information Disclosures |  Is a Business Agreement in place |
| ☐ Add – Full Access☐ Remove – Full Access | Name:     Title:     Company:     Email address (for shared email box):                 | [ ]  Third Party Administrator[ ]  Producer | [x]  Identifiable Member Information[x]  Identifiable Eligibility[x]  Eligibility Reporting[x]  Group Billing Details[x]  Financial Payment Details[x]  Financial Reporting | [ ] Yes [ ] NoIf User ID is already active, provide below:                |
| ☐ Add – Full Access☐ Remove – Full Access | Name:     Title:     Company:     Email address (for shared email box):                | [ ]  Third Party Administrator[ ]  Producer | [x]  Identifiable Member Information[x]  Identifiable Eligibility[x]  Eligibility Reporting[x]  Group Billing Details[x]  Financial Payment Details[x]  Financial Reporting  | [ ] Yes [ ] NoIf User ID is already active, provide below:                |
| ☐ Add – Full Access☐ Remove – Full Access | Name:     Title:     Company:     Email address (for shared email box):                | [ ]  Third Party Administrator[ ]  Producer | [x]  Identifiable Member Information[x]  Identifiable Eligibility[x]  Eligibility Reporting[x]  Group Billing Details[x]  Financial Payment Details[x]  Financial Reporting  | [ ] Yes [ ] NoIf User ID is already active, provide below:                |
| ☐ Add – Full Access☐ Remove – Full Access | Name:     Title:     Company:     Email address (shared email box):                | [ ]  Third Party Administrator[ ]  Producer | [x]  Identifiable Member Information[x]  Identifiable Eligibility[x]  Eligibility Reporting[x]  Group Billing Details[x]  Financial Payment Details[x]  Financial Reporting  | [ ] Yes [ ] NoIf User ID is already active, provide below:                |

The Health Plan hereby authorizes the administrator and its subcontractors to disclose, or cease disclosing Health Plan financial and members' Protected Personal Information and as shown above.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Group Name: |            |  | Group Number: |       |  | Date: |       |
|                 |  |                 |
| Group Authorized Signature |  | Authorized Signer's Name and Title (print)  |

Authorization for Release of Detailed Group and Membership Information – Commonly Used Terms and Definitions

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| Terms: | Definitions: |
| Business Associate | A person or entity that creates, receives, maintains, or transmits PPI in the performance of a function or activity for the Company. For example: pharmacy benefit managers, vendors, third-party administrators, consultants, and more. |
| Disclose/Disclosure | The means to release, transfer, provide access to, or divulge in any other manner PPI outside the Company. |
| Eligibility Reporting | Subscriber and/or Member reports including but not limited to eligibility status, plan elections, COBRA, census & PPI |
| Employer Group | The entity that sponsors this fully insured plan (the Health Plan, the Group). |
| Enrollment Center and Ebilling | Enrollment Center and eBilling is a web application that is accessible for Premera groups, brokers, and general agents. It contains enrollment capabilities, invoice review, payment options and reporting tools. |
| Group Billing Details | Billing details will include auto draft enablement, delinquency, invoices, invoice summary, member coverage, payment account/s, payment history, previous invoices, and retroactivity. |
| Group Financial Payment Details | Payment details will include details of the group's payment account/s, payment history and any upcoming scheduled payment/s. |
| Group Financial Reports | Reporting that includes payment reports, current invoice report, and scheduled payment report. |
| Identifiable Eligibility | All members’ personal information for the purpose of eligibility, enrollment, or other health plan administration. |
| Identifiable Member Information | Data and/or Protected Personal Information that includes individual(s) identifiable health information. For example, an authorized individual group representative can receive detailed customer service assistance or other health plan data for administration purposes that includes PPI. |
| Protected Personal Information (PPI) | Any information created or received by the Company that identifies, or can readily be associated with the identity of an individual, whether oral or recorded in any form or medium, that relates to: 1) the physical, behavioral health, or condition of an individual; 2) genetic information of the individual or their dependent, or relative of either; 3) payment for the provision of healthcare to an individual; 4) provision of healthcare to an individual; or 5) finances of an individual. |
| Producer | Broker, Agent, Consultant is a person that is licensed and paid commissions to sell, negotiate and service insurance polies on behalf of the company. |
| Third Party Administrator (TPA) | An external organization that processes insurance claims or certain aspects of employee benefit plans on behalf of the plan sponsor or separate entity. |
| Shared e-mailbox | Data sent to a shared email box instead of an individual email box. |

Note: For HIPAA purposes, associates performing plan administration functions that are in a role to use data for hiring, firing, or discrimination should typically only receive summary health de-identified information and should not be given any information related to sensitive information, including sensitive diagnoses.