

Authorization for Release of Summary Health Information – Self-Funded or OptiFlex Health Plan

Use this form for the Health Plan (employer group) named below to designate their authorized representatives and business associates that the claims administrator (Premera Blue Cross Blue Shield of Alaska) and its subcontractors may disclose members' Protected Personal Information (PPI) or that they are authorized to access identifiable claims information and reports on Insight Reporter™ via the Premera employer website.

PPI disclosures (electronic, written, or verbal) are provided to the designated authorized recipients listed below as directed by the Health Plan. This form must be completed, signed, and returned to Premera as notification of additions, deletions, or changes to the list of the Health Plan's authorized recipient list.

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

Requested Action	Authorized Recipient	Recipient Relationship	PPI Disclosure Type	Insight Reporter Access
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Revoke	Name: Title: Company: Email address (for shared email box):	<input type="checkbox"/> Producer <input type="checkbox"/> Stop Loss Carrier <input type="checkbox"/> Business Associate <input type="checkbox"/> Employee	<input type="checkbox"/> Non-Identifiable Information <input type="checkbox"/> Identifiable Member Claims Information <input type="checkbox"/> Identifiable Eligibility <input type="checkbox"/> Other (specify below):	<input type="checkbox"/> Yes <input type="checkbox"/> No If User ID is already active, provide below:
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Revoke	Name: Title: Company: Email address (for shared email box):	<input type="checkbox"/> Producer <input type="checkbox"/> Stop Loss Carrier <input type="checkbox"/> Business Associate <input type="checkbox"/> Employee	<input type="checkbox"/> Non-Identifiable Information <input type="checkbox"/> Identifiable Member Claims Information <input type="checkbox"/> Identifiable Eligibility <input type="checkbox"/> Other (specify below):	<input type="checkbox"/> Yes <input type="checkbox"/> No If User ID is already active, provide below:
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Revoke	Name: Title: Company: Email address (for shared email box):	<input type="checkbox"/> Producer <input type="checkbox"/> Stop Loss Carrier <input type="checkbox"/> Business Associate <input type="checkbox"/> Employee	<input type="checkbox"/> Non-Identifiable Information <input type="checkbox"/> Identifiable Member Claims Information <input type="checkbox"/> Identifiable Eligibility <input type="checkbox"/> Other (specify below):	<input type="checkbox"/> Yes <input type="checkbox"/> No If User ID is already active, provide below:
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Revoke	Name: Title: Company: Email address (shared email box):	<input type="checkbox"/> Producer <input type="checkbox"/> Stop Loss Carrier <input type="checkbox"/> Business Associate <input type="checkbox"/> Employee	<input type="checkbox"/> Non-Identifiable Information <input type="checkbox"/> Identifiable Member Claims Information <input type="checkbox"/> Identifiable Eligibility <input type="checkbox"/> Other (specify below):	<input type="checkbox"/> Yes <input type="checkbox"/> No If User ID is already active, provide below:

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

Group Name: _____

Group Number: _____

Date: _____

Group Authorized Signature

Authorized Signer's Name and Title (print)

Self-Funded Health Plan Authorized Representative Disclosure – Commonly Used Terms and Definitions

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.
Claims Administrator	The entity that performs administrative services for the group (Premera Blue Cross Blue Shield of Alaska, Premera, the Company).
Disclose/Disclosure	The means to release, transfer, provide access to, or divulge in any other manner PPI outside the Company.
Employer Group	The entity that sponsors this self-funded plan (the Health Plan, the Group)
Group Finance Claims Reports/Invoices	Non-Identifiable: Stop Loss Invoice, claims invoice, Non-Identifiable Paid Claims Detail Report (no member name or ID), F028 Monthly Large Claim Summary (no member name or ID), Non-Identifiable Extended Service Fee Report. Identifiable: Identifiable Paid Claims Detail Report (includes member name, or ID), F029 Monthly Large Claim Summary Report (includes member name or ID), Identifiable Extended Service Fee Report.
Identifiable Eligibility	All members' eligibility information for the purpose of eligibility, enrollment, or other health plan administration.
Identifiable Member Claims Information	Data and/or Protected Personal Information that includes individual(s) identifiable health information. For example: authorized individual group representatives can receive detailed customer service assistance for other health plan administration purposes that includes PPI, such as investigation of a large claim.
Insight Reporter™	Insight Reporter is a web application that is accessible via the Premera secure employer website that contains claims, cost utilization, and enrollment reports, which enables the group or authorized individuals to access the group's reports. Authorized recipients granted access to view reports must use their secure employer website user ID to log in. For Insight Reporter technical assistance contact the Premera Help Desk at (800) 722-9780. The Group defines their HIPAA-related purpose for disclosure by providing their web user ID to authorized individuals to grant access to Insight Reporter.
Non-Identifiable Information	Data and/or Protected Personal Information (PPI) that has been modified to remove any information that could be used to identify an individual.
Other	Ad hoc report requests and Knowledge Management meetings allow you to specify the authorized user is limited to a specific subset of data or the information's purpose (in summary, restricted to accessing information for only one class).
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.
Shared Email Box	Data sent to a shared email box instead of an individual email box.
Summary Health Information	Information that summarizes the claims history, claims expense, or type of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan.

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.