Patient Quick Guide: Sharing Information with Your Doctors

- **What this means for you:** To support your care and prevent duplicate tests, this process allows your in-network doctors to securely access certain health information maintained by your health plan.
- **Your Choice (Opt-Out):** To ensure your care team has the information they need, eligible information may be shared by default. However, if you prefer not to share this information, you have the right to opt out at any time.
- **Your Action:** Sign in to My Highmark. Under Account Management, select Health data sharing to manage your provider access preferences.

Provider Access to Health Information

Provider Access API

Covered Health Plan is required to support secure access to certain health information for in-network health care providers through a standardized electronic process known as the Provider Access API.

Beginning in 2027, the Provider Access API enables participating providers to request access to relevant health information maintained by Covered Health Plan for purposes of treatment and care coordination. This access helps support more informed clinical decision-making and continuity of care.

Information That May Be Shared

Through the Provider Access API, Covered Health Plan may make available the following information, to the extent maintained:

- Claims and encounter data concerning your interactions with health care providers
- Clinical data (consistent with CMS-defined USCDI standards)
- Prior authorization status, decisions, and related information, where applicable

This information is shared electronically using standardized technology designed to improve efficiency and support care coordination.

How Provider Access Works

- Access is limited to in-network providers involved in your care
- Providers may request access to your information through secure electronic systems
- Information is shared only for purposes permitted under applicable law, including treatment, payment, and health care operations

Your Choices and Rights

- You have the right to opt out of having your information shared with providers through the Provider Access API, subject to applicable requirements. To opt out, please sign in to My Highmark with your credentials. Navigate to the "Account Management" section. The "Health data sharing" section provides options to manage consent and opt out of sharing information with providers.
- If you opt out, your information will generally not be made available through this electronic method, although providers may still obtain information through other permitted means
- Covered Health Plan maintains processes to ensure that providers are appropriately identified and authorized before access is granted. This process is sometimes referred to as provider attribution and helps confirm that the requesting provider is involved in your care

Important Information

- Provider Access API capabilities are intended to improve care coordination and reduce the need for manual information exchange, but do not eliminate other methods of sharing information
- Only information maintained by Covered Health Plan and available under applicable standards will be shared
- Providers are subject to HIPAA and other applicable privacy and security requirements when they receive and use your information

Covered Entities and HIPAA Enforcement

The U.S. Department of Health and Human Services' Office for Civil Rights (OCR) enforces the HIPAA Privacy, Security, and Breach Notification Rules. Covered Health Plan and participating providers are subject to HIPAA.

You can find more information about your rights under HIPAA here: https://www.hhs.gov/hipaa/for-individuals/index.html

To file a complaint with Covered Health Plan about its compliance with HIPAA requirements, please call the customer service number located on the back of your member ID card.

Relationship to Other Interoperability Tools

The Provider Access API is part of a broader set of interoperability capabilities required by CMS. Additional tools are available to support:

- Member access to health information (Patient Access API)
- Data sharing between health plans when coverage changes (Payer-to-Payer API)
- Electronic prior authorization processes (Prior Authorization API)

These capabilities are designed to improve access to information, enhance coordination of care, and reduce administrative burden across the health care system.