Web-Based Applications Access Instructions and Agreement

If you are a provider *enrolled with Wellmark*, you may apply for access to Wellmark Blue Cross and Blue Shield's secure tools.

Registering for Wellmark is a two-step process.

Step 1: Complete this Agreement

- Print and complete this agreement.
- Sign the agreement (see page 3 of the agreement).
- Mail to:

  Wellmark Blue Cross and Blue Shield
  P.O. Box 14509
  Des Moines, IA 50306-3509

NOTE:

- The Taxpayer Identification Number (TIN) and e-mail address provided on the agreement and on your online registration (see Step 2 link below) must match.

Step 2: Access and Complete Online Steps

- Accept the Terms and Conditions
- Complete Designated Security Coordinator (DSC) Registration
- Select OK

If you complete both steps, you will receive your activation date and one copy of the Web-Based Applications Access Agreement signed by a Wellmark representative.

Wellmark of South Dakota, Inc.
Web-Based Applications Access Agreement

This Web-Based Applications Access Agreement ("Agreement") is entered into this _____ day of _____, 20__ by and between Wellmark of South Dakota, Inc. doing business as Wellmark Blue Cross and Blue Shield of South Dakota ("Wellmark") on behalf of itself and its subsidiaries and the undersigned Provider ("Provider").

Name of Organization or Provider	Tax ID#

Address	City	State	Zip

Phone Number	Fax Number

Email Address (designated security coordinator email address required)

Recitals:

A. Provider desires access to the membership system maintained by Wellmark or on Wellmark's behalf by its designee, by accessing Wellmark's website and using an application referred to as Eligibility Verification on the Internet at Wellmark.com, for the purpose of determining patient eligibility for insurance benefits.

B. Provider further desires certain limited access to the claims system maintained by Wellmark or on Wellmark's behalf by its designee, by accessing Wellmark's website and using an application referred to as Claim Summary Information ("CSI") on the Internet, for the purpose of verifying claim status and reimbursement of services rendered to patients;

C. Provider also desires access to additional web-based applications as they are developed, by allowing limited access to additional information in the mainframe system maintained by Wellmark or on Wellmark's behalf by its designee for the purpose of self research for information needed to understand patient benefits, provider's liability and claim adjudication, subject to appropriate security restrictions applicable to such applications.

D. Wellmark shall provide the access designated herein subject to the Terms and Conditions attached and Wellmark's security rules provided or made available to Provider from time to time in writing or electronically.

NOW, THEREFORE, the parties agree as follows:

1. Scope

These terms and conditions apply to access made available by Wellmark to a Wellmark.com interactive web application and all written, visual and oral information to which a party using such application (hereinafter described as "User") may have access by utilizing Personal Identification Number(s) ("PINs") and/or Security Password(s) provided by Wellmark.

2. Provider Duties

Provider shall identify and name a "designated security coordinator" who shall act as Provider's key contact person for receipt of notices or other information from Wellmark pertaining to this Agreement

and access to the applications. Provider shall maintain a “designated security coordinator” at all times. This individual shall also have full authority to modify the list of individuals who may access the applications on Provider’s behalf and Wellmark can rely upon any modifications to such list obtained electronically through the security application at Wellmark.com from the “designated security coordinator”. Provider, through its “designated security coordinator”, shall have the responsibility to maintain an accurate, up-to-date list of authorized individuals and their appropriate level of access. Wellmark.com interactive web applications access shall only be utilized by the authorized employee or other designee as identified on a list from Provider, as may be amended from time to time. Provider shall ensure that all individuals for whom it is responsible shall only access the applications for the sole purposes identified in the initial request or a subsequent request and consistent with the access granted by Wellmark’s Security Administration. Provider shall ensure the ID’s and passwords/PINs or other security devices provided by Wellmark are not shared, i.e., shall ensure that each user must have and use his/her own unique sign in information. The same notification will be made regarding provider changes. Additions and deletion of provider numbers for access is necessary for display of appropriate information.

3. Audit Rights

Wellmark may designate certain audit individual to review the use of the Wellmark.com interactive web applications by Provider’s employees and to examine supporting documentation, records and associated information regarding same. Provider shall permit these individuals reasonable access during normal business hours to any premises where these functions are being performed and access is provided.

4. Acceptance of Terms and Conditions

Provider hereby accepts and agrees to the attached Terms and Conditions on behalf of itself and its employees or other authorized representatives and agrees to accept and abide by the provisions contained therein. Provider also agrees to ensure that its employees and any other authorized individuals will abide by said terms. Provider also agrees to be responsible for any of the financial obligations of Users arising under the Terms and Conditions or Wellmark’s written or electronic notification of security provisions related to accessing a Wellmark.com interactive web application or other information on a system of records maintained by or on behalf of Wellmark.

5. Indemnification

Provider agrees to indemnify and hold Wellmark harmless for any loss, cost, or expense including but not limited to reasonable attorney’s fees directly related to the inappropriate use of a Wellmark.com interactive web application, access to confidential information contained therein, the inappropriate release of any confidential information to any unauthorized individuals or entities, or the breach of this Agreement by Provider or anyone acting on its behalf.

6. Miscellaneous Provisions

To the extent any provision of this Agreement should become prohibited by or invalid under applicable state or federal law or determined invalid or unenforceable by a court of competent jurisdiction or any other governmental authority with jurisdiction over the parties hereto, such provision shall be ineffective to the extent of such prohibition, invalidity or unenforceability without invalidating the remainder of the provision or remaining provisions of this Agreement. This Agreement will be construed according to Iowa law. Any notice provision requiring a written notice shall be satisfied if notice is provided electronically to the “designated security coordinator” on behalf of the Provider or to Security Administration on behalf of Wellmark. All confidentiality obligations and indemnification obligations shall survive the termination of this Agreement.

IN WITNEESS WHEREOF, the parties have executed this Agreement.

Wellmark of South Dakota, Inc.

By: _____
David Brown
Its: Executive Vice President, Chief Financial Officer and Treasurer

_____
Name of Organization

By:_____
(Officers' signature)

_____
Print Name

Title:_____
(must be CEO, CFO, Clinic or Business Manager)

_____
Email Address