

Payer Questionnaire

Instructions to Payer

Each Payer that is registering and requesting to exchange data on the CareFirst BlueCross BlueShield (CareFirst) Developer Portal on behalf of their members is required to download, complete and return this Payer Questionnaire using the email address provided on the Payer Registration Form.

The Payer's Authorized Representative will be responsible for providing the responses to the questions below. Upon receipt of the Payer's response, a member of the CareFirst team will review and take follow-up action(s) as needed.

Payer Questions	Response from Payer
What is the Payer's legal name?	
What type of HIPAA Covered Entity is registering via the CareFirst Developer Portal?	
In what country will the patient data be stored?	
What is the Payer's/registrant's corporate website address?	
What endpoint will be invoking the CareFirst Patient Everything API?	
Are your application standards regularly reviewed (at least annually) to account for changes in environment, available security features and/or leading practices?	
Will the Payer obtain members' consent prior to obtaining data from the CareFirst Patient Everything API?	
Will your organization use FHIR standards to invoke the Payer data exchange APIs?	
Does the Payer agree to the Terms of Use?	
What is the name of the Payer app that will be integrated with the CareFirst Patient Everything API?	
What is the callback URL for the Payer's app?	

CareFirst Use Only:

Reviewed by: (print) _____ (signature) _____

Date (mm/dd/yyyy): _____ Approved: _____ Not Approved: _____