

Opala Application Registration Form

To submit your SMART Application for review, please fill out this form and email it to Opala Developer Support. (You can find the email address on the home page of your Premera Developer Portal.)

Application Name *

Name of the application as it appears in supported app stores and download sites

Operating Systems Supported *

Check all that apply.

Web iOS Android

Application Home Page URL *

The URL where the application's download sites can be found. Use your home page if no specific application page exists.

Application Privacy Policy URL *

The URL of a web page describing the application's privacy policy

Application Terms of Service URL *

The URL of a web page describing the application's terms of service

Default OAuth Redirect URL *

The default URL to which users are redirected upon successful authentication

Additional OAuth Redirect URLs

Additional URLs required for the application to work. Please put each URL on a separate line.

Web Application Launch URL

(For web applications only.) The URL used to start the authentication process.

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Application Icon *

Please attach your application's icon to the email when you send in this form. Use the same icon used on other app stores and download sites.

Short Application Description *

This description will appear on the App Gallery home page. 20-150 characters maximum.

Long Application Description *

This description will appear on the App Detail page. 200-1000 characters maximum.

Application Details

For the sections below, select all that apply. This information will help users find your application.

Audience Category *

- Payer Provider Pharma Patient Developer

Application Use Category *

- Health and Therapy Management Provider Care Coordination Clinical Applications
 Data Monitoring Analysis Research

FHIR Version Supported *

- DSTU 1 DSTU 2 STU 3 R4

Privacy and Security Compliance

- HIPAA

Select if your organization is HIPAA compliant. You may be asked to provide supporting documents.

- CARIN Code of Conduct

Select if your organization attests to following the CARIN Code of Conduct. You may be asked to provide supporting documents.

- ONC Model Privacy Notice

Select if your organization has completed the ONC Privacy Notice. You may be asked to provide supporting documents.

Confidentiality *

Select one. Choose "Confidential" if the application runs in an execution environment that enables the application to protect secrets. If not, choose "Public".

- Public Confidential

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Request Scopes *

Enter the SMART scopes required for the application. Each scope should be separated by a space.

Reviewer Notes

Enter any notes you would like the reviewer to consider when evaluating your submission.

If this is a re-submission, please summarize the changes made.

Contact Information

Company Name *

Address *

This should be your company's mailing address.

Address 1 *

Address 2

City

State/Province

ZIP/Postal Code

Country

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Primary Technical Contact *

The person we should contact if we have technical questions.

First Name *

Last Name *

Email Address *

Phone Number

Primary Business Contact

The person we should contact if we have non-technical questions.

Check here if this is the same person as above

First Name

Last Name

Email Address

Phone Number

Terms and Conditions *

Please read the Terms and Conditions at the end of this document.

I have read and considered the Terms and Conditions, and I understand that by checking the box to the left, I am confirming my acceptance of the Terms and Conditions, as described below.

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Application Developer Patient Access API • Legal Attestations

Premera Blue Cross (Premera) asks that any App developer planning to access Premera's Patient Access Application Programming Interface (API) attest that it complies with the following statements. If you do not attest to compliance with these statements, we will notify any member that requests their protected health information using the selected App of that fact and suggest that the member select an App that has attested to complying with these statements:

- The App has a publicly available privacy policy, written in plain language, that has been affirmatively shared with the member prior to the member authorizing the App access to their health information. To "affirmatively share" means that the members must take an action to indicate they saw the privacy policy, such as click or check a box.
- The App's privacy policy includes, at a minimum, the following important information:
 - How a member's health information may be accessed, exchanged, or used by any person or other entity, including whether the member's health information may be shared or sold at any time (including in the future);
 - A requirement for express consent from a member before the member's health information is accessed, exchanged, or used, including receiving express consent before a member's health information is shared or sold (other than disclosures required by law or disclosures necessary in connection with the sale of the application or a similar transaction);
 - If an App will access any other information from a member's device; and
 - How members can discontinue the App's access to their data and what the App's policy and process is for disposing of their data once the member has withdrawn consent.
- The App follows these security best practices:
 - Data is encrypted at rest and while in transit.
 - Data is stored in the U.S.
 - App development follows security best practices (e.g., OWASP Top 10 for Web, Mobile & API).
 - If cloud technology is used, the app uses a cloud application security framework (e.g., CSA Security Guidance).
- The App developer has reviewed the HL7-FHIR Security and Privacy Module.

Premera Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association
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Signature

Date

Print Name