



**DHMP Nevada EPO – 2018 WELLNESS PROGRAM
VERIFICATION FORM**

As a member (employee or covered adult) of the DHMP Nevada EPO, you have the opportunity to participate in the DHMP Nevada EPO Wellness Program. If you choose to participate, you are required to: 1) have an annual preventive physical done by your Tier 1 PCP and 2) have a complete blood panel, between January 1, 2018 and June 30, 2018. By meeting these two requirements/criteria, you will qualify for a \$10 credit towards your biweekly DHMP Nevada EPO plan premium in the following calendar year.

Please have this form completed by your provider, acknowledging that you have completed these services as directed under your PCP’s care. The completed form must be submitted to UMR. Should you have any questions about the DHMP Nevada EPO Wellness Program, please feel free to call UMR at 1.866.868.2701.

I. DHMP Nevada EPO Member Section: (Completed by Member)

Patient’s Name: _____
Patient’s Medical Plan ID # _____

II. Provider’s Section: (Completed by Provider)

Completed annual preventive Physical? YES NO

Date of Physical: _____
Provider’s Name: _____

Provider’s Signature: _____

Complete blood panel? YES NO

Date of Blood Draw: _____
Provider’s Name: _____

Provider’s Signature: _____

III. Patient’s Acknowledgement:

I certify that the information contained in this DHMP Nevada EPO – 2018 Wellness Program Verification Form is correct to the best of my knowledge.

Patient’s Signature: _____ Date: _____

Patient must return the completed form to UMR no later than July 15, 2018 by:

- Email: DHMPwellness@umr.com, or
- Fax: 855-240-5370

(See reverse for the DHMP Nevada EPO 2018 Notice Regarding Wellness Program)

Dignity Health Medical Plan Nevada EPO (DHMP Nevada EPO)

2018 NOTICE REGARDING WELLNESS PROGRAM

The Dignity Health Nevada Wellness Program, through the Dignity Health Medical Plan Nevada EPO (DHMP Nevada EPO) is a voluntary wellness program available to all adults who are enrolled in the DHMP Nevada EPO. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you are enrolled in the DHMP Nevada EPO and coverage was in effect on January 1, 2018, and you and your covered adult choose to participate in the wellness program you will be asked to comply with the following wellness criteria, prior to July 1, 2018:

- Have an annual physical with your Tier 1 PCP*.
- Have a complete blood panel.

If a covered dependent adult resides outside of Nevada, they may have their annual physical performed by a Tier 2 PCP*.

**For purposes of the Wellness Program, only Family Practice, General Practice or Internal Medicine physicians are considered a PCP.*

Employees who choose to participate in the wellness program and comply with the program, may be eligible to receive a credit towards the DHMP Nevada EPO's premium in the following calendar year. Eligibility to earn a credit towards the DHMP Nevada EPO's premiums is limited to those employees whose medical plan coverage is effective on the 1st day of each calendar year.

The information from your annual exam and the results from your complete blood panel will be used to provide you with information to help you understand your current health status and potential risks, and this information may also be referenced used to provide you information on relevant services through the wellness program, such as chronic disease management, exercise and healthy eating classes.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Dignity Health may use aggregate information it collects to design a program based on identified health risks in the workplace, the Nevada Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your doctor, a medical assistant, a member navigator, and a care coordinator, or health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact UMR at 1.866.868.2701.