Public Education Employees'
Health Insurance Program

HEALTHCARE PROVIDER SCREENING FORM

ADPH Wellness Program
201 Monroe Street, Suite 986
Montgomery, AL 36104
Fax: 334.206.0385 or 334.206.0394

Prior Authorization (Must complete before the Screening): I have read the enclosed Notice Regarding Wellness Program, understand the policies and procedures set out in the Notice to protect the privacy and confidentiality of my personally identifiable health information, and agree that my personally identifiable health information contained on this Screening Form and in other Wellness Program requirements may be disclosed and/or used in the manner described in the Notice. I further acknowledge that I am participating in this Wellness Program voluntarily in order to identify whether I am at increased risk for certain medical conditions resulting from high blood pressure, obesity, high cholesterol, or diabetes.

Participant Signature

SECTION 1: (To Be Completed by Active or Retired Employee or Spouse) **PRINT CLEARLY WITH A BLACK INK PEN.** **DARKEN BOXES COMPLETELY.**

PEEHIP PID: (not contract number)

Patient SSN: (required) – –

☐ Male ☐ Female ☐ Contract Holder ☐ Spouse

Screen Date: – –

Birth Date: – –

Zip Code:

Last Name:

First Name:

Middle Initial:

Have you used a tobacco product or electronic smoking device in the last 12 months? ☐ Yes ☐ No

What best describes your race/ethnicity?

- ☐ White
- ☐ Hispanic / Latino
- ☐ Black / African American
- ☐ Native Hawaiian / Pacific Islander
- ☐ Asian
- ☐ Other
- ☐ Native American / Alaska Native

Do you have (or have you been told you had) any of the following?

☐ High Cholesterol ☐ High Blood Pressure ☐ Diabetes

Do you take any medication for any of the following?

☐ High Cholesterol ☐ High Blood Pressure ☐ Diabetes

SECTION 2: (To Be Completed by Provider)

Blood Pressure: /

Total Cholesterol: mg/dl

HDL Cholesterol: mg/dl

LDL Cholesterol: mg/dl

Triglycerides mg/dl

Blood Glucose: mg/dl

Height: ft in

Weight: lbs

BMI:

Screening not performed due to: ☐ Pregnancy ☐ Disability

CLAIMS FILING INSTRUCTIONS FOR COPAYMENT WAIVER: Only one routine office visit is covered per calendar year under the PEEHIP benefits. No copayment is required for one annual preventive routine office visit obtained through an in-network provider (not applicable if a diagnosis associated with the visit). File the claim for the member's office visit with BC/BS for PEEHIP Group #14000. Use the appropriate CPT code for the office visit in order to be reimbursed at 100% of the allowable fee. The patient will be responsible for any other applicable copays, such as lab tests. Incomplete forms will not be processed.

Healthcare Provider Name (Please Print)

Healthcare Provider Signature

Healthcare Provider Type (Please Print)

Healthcare Provider Address & Phone Number (Please Print)

PEEHIP ALABAMA PUBLIC HEALTH

Please FAX or mail to the **ADPH Wellness Program.**

Notice Regarding Wellness Program

The PEEHIP wellness program is a voluntary wellness program available to all PEEHIP subscribers and covered spouses who are enrolled in PEEHIP's Hospital Medical (Group #14000) Plan while not Medicare-eligible and covered on a retiree contract. 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 choose to participate in the wellness program you will be asked to complete a wellness screening, which will include a blood test for glucose, cholesterol, and triglycerides. You are not required to participate in the wellness screening or other wellness activities.

However, members who choose to participate in the wellness program by the annual August 31 deadline will receive an incentive in the form of a $50 monthly waiver of the wellness premium for the entire plan year. Although you are not required to participate in the wellness screening or other wellness activities, only those members who complete a wellness screening will receive the wellness premium waiver. Additional incentives of up to a $50 per month premium waiver may be available for members who are non-tobacco users or who participate in a tobacco cessation program (see the PEEHIP Member Handbook for additional details).

If you are unable to obtain a wellness screening due to pregnancy, disability, or other infirmity, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting PEEHIP at 877.517.0020.

The results from your wellness screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness coaching and/or disease management coaching. You also are encouraged to share your results or concerns with your own doctor.

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 PEEHIP wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, PEEHIP 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) nurses, doctors, health coaches, and staff from PEEHIP and our business associates in order to provide you with services under the wellness program.

PEEHIP and its business associates are required by federal law to comply with certain privacy and security requirements. This means, for example, that all medical information obtained through the wellness program will be transmitted and stored in a secure manner as required by law, and no information you provide as part of the wellness program will be used in making any employment decision or in making any decision about your eligibility to enroll in PEEHIP. 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 the PEEHIP Section 1557 Coordinator at 877.517.0020.