



## Population Health Management Program

Notice of Privacy Practices from Piedmont WellStar HealthPlans, Inc.

Piedmont WellStar HealthPlans, Inc. (PWHP) provides population health management services to its members. Services include wellness program tools and technology, including this website. Services also include the health assessment, online lifestyle improvement programs and interactive health education provided on this website. Individuals do not need to be enrolled in medical benefits to receive these services.

PWHP additionally provides health plan administrative services. Services provided under health plan administration include provider network access, provider networking management, quality assurance and process improvement, utilization review and management, covered member services and claims administration.

PWHP provides these tools, technology and services through its contract with Evolent Health, and Evolent Health's license with UPMC Health Plan. All references to Piedmont WellStar HealthPlans, Inc. (PWHP) in this notice reference this contract.

The wellness program launches for all employees on October 1, 2013 under Evolent Health's management. PWHP would take over that management as of January 1, 2014.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The PWHP Privacy Statement outlines our commitment to the rights of our prospective, current, and former members, concerning the privacy of their protected health information. PWHP's population health management services are provided under contract with your employer.

However, due to the federal Privacy Rule that was promulgated under the Health Insurance Portability and Accountability Act (HIPAA) (the HIPAA Privacy Rule), there are strict requirements on how health insurers and health care providers involved in providing your health care handle your protected health information (PHI). One of the provisions of this federal rule is the requirement that you be provided with a detailed explanation of how your PHI is protected and the rights that you have concerning the privacy of your PHI. Piedmont WellStar HealthPlans has prepared this Notice of Privacy Practices to fulfill the requirements of the HIPAA Privacy Rule. We are required by law to follow the terms of this notice. If we need to change any of the processes described in this notice, we will send you a revised Notice of Privacy Practices.

PHI is the term used in the HIPAA Privacy Rule to refer to any information—whether in oral, written, or electronic format—that is contained in files or records that a doctor, hospital, other health care provider,

or health plan involved in your health care have that can link or identify that information as belonging to you. These “identifiers” include information such as your name, address, Social Security number, ID number, or other unique identifiers. For doctors, hospitals, and other health care providers, your PHI is found in things such as medical records and clinical charts. For a health plan, your PHI is found in records such as enrollment records, premium bills, medical claims, and data concerning health assessments, biometric screenings, health outreach documentation, and care management program records. Your employer and your healthcare providers have also provided you with, or will also be providing you with the Notice of Privacy Practices that they have developed and that reflect their privacy practices.

### **1. Use and disclosure of your PHI for payment, and healthcare operations**

According to the HIPAA Privacy Rule, your PHI can be used or disclosed by those people or companies that are subject to the Privacy Rule for treatment, payment, and healthcare operations, without your authorization. These activities are often referred to as “TPO”. However, the Privacy Rule usually does not take precedence over state and other federal laws that provide individuals greater privacy protections. When other state or federal law applies and provide greater privacy protections for you, those privacy laws might impose a privacy standard with which we will be required to comply. For example, some states have adopted state privacy laws that provide greater protection for certain specific types of PHI (e.g., information about HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, and/or reproductive health). Where such state laws have been enacted, we will follow those more protective state privacy laws. Subject to those considerations, the following are ways that PWHP will use or disclose your PHI for the population health management program:

#### **Treatment**

While treatment primarily means the care and services provided to you by your doctors and hospitals, there are certain activities that PWHP performs for the health promotion and health management program that may also come under this definition. For example, we may use your PHI to give you or your physician—with your permission—information about alternative medical treatment and programs and about health-related products and services that you may be interested in, or that are part of a wellness program. We may also suggest that you participate in a special disease management program or wellness program that could help to improve your health. If the maintenance or use of psychotherapy notes is necessary for treatment, we must obtain your authorization prior to using or disclosing this information for any purpose.

#### **Payment**

The main payment activity that PWHP performs for the health promotion and health management program is billing your plan sponsor for the administrative fee for the participation of its employees in this population health management program.

#### **Health Care Operations**

This is a term that refers to a wide range of activities that we need to do to administer our health promotion and health management program and to ascertain that we are providing you with quality services. Examples of these operations include the following:

- We use your PHI to identify your needs and contact you concerning wellness education and health coaching.
- We also use your PHI to determine whether you are eligible for any of the wellness programs and care management programs that PWHP has established. Examples of these programs include, but are not limited to, smoking cessation, weight management, physical activity, and stress management, as well as programs for asthma, diabetes, cardiovascular disease, and other types of medical conditions.
- We may use your PHI to determine the need for, and to develop, additional health promotion, health management, and/or wellness programs, and to otherwise manage our business.
- We may also disclose PHI to your physician to provide him/her with information about treatments provided to you by other health care providers, in order, for example, for him/her to manage your health care, to help ensure that if you have a chronic condition, you are getting the appropriate health care, and to help ensure that treatments do not conflict and that adverse drug interactions do not occur.

**Please remember that PWHP uses your PHI for the activities involved in payment and health care operations. Furthermore, when we use your PHI, we take all appropriate measures to use only the minimum necessary for the job at hand.**

Disclosure is different than use. To “disclose” your information means that we share it with someone outside of our company. We disclose your PHI for payment, or operations, either to:

- Others who are subject to these Privacy Rules who are also involved in your health care
- Those vendors, agents, or subcontractors with whom we have contracted to assist us in providing your healthcare services.

**PWHP takes special precautions to ensure your employer does not get any individual PHI. We provide employers only with the information allowed under federal law, such as data about their group. This includes information concerning level/percentage of overall participation in the program, and summary information of the programs that are of most interest to their membership.**

If an activity is combined with a reward or incentive for participation in this wellness program (such as a gift card), we will provide your employer’s benefits personnel with a list of members who have completed the required assessments so that the reward can be distributed. Additionally, while we are always able to discuss your PHI with you, if you have someone else in your family contact Piedmont WellStar HealthPlans to ask about your wellness benefits, in most instances, we must get your approval prior to being able to talk to that person. The HIPAA Privacy Rule allows you to designate a personal representative to act on your behalf. We have no way of knowing if the person who has contacted us has your permission to discuss your PHI unless you confirm that to us. Piedmont WellStar HealthPlans has developed a Personal Representative Designation Form for this purpose.

## **2. Uses and disclosures of your PHI that do not require your written authorization**

The HIPAA Privacy Rule also states that there are certain activities beyond treatment, payment, and healthcare operations that do not require your authorization for the use or disclosure of your PHI. There are specific HIPAA requirements and limitations associated with use and disclosure of PHI for some of these activities. If we use or disclose PHI for such activities, we will comply with those requirements and limitations. These activities, and examples of what they involve, are as follows:

- When required by law: For example, if a law requires us to provide information to any federal or state agency, we may use or disclose files containing your PHI. If the U.S. Department of Health & Human Services asks for records or documentation to show our compliance with the requirements of the HIPAA regulations, we would be required to disclose files containing your PHI in response to such request
- For public health reasons: We may disclose your PHI for public health actions. For example, we may disclose your PHI to prevent or control disease, injury, or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- In cases of abuse, neglect, or domestic violence: For example, if a government agency or social services agency authorized by law to receive reports of abuse, neglect, or domestic violence contacted us concerning a case of domestic violence and asked us for records or information, we may comply with the request, disclosure if you agree, or when required or authorized by law..
- For health oversight activities: For example, if the Department of Health or the Insurance Department were to perform an audit, an accreditation survey, or a compliance examination of PWHP, the examiners might review files containing some of your PHI.
- Legal proceedings: For example, if we were served a subpoena or a court order, we would provide whatever information was required. We may also disclose your PHI in a response to a

subpoena, or other lawful process by someone else involved in a dispute with you, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- Law enforcement: For example, if a law enforcement officer were to require information needed for purposes of identifying a missing person or material witness or information about a victim of crime (if, under certain limited circumstances, we are able to obtain the victim's agreement or other requirements are met), we may provide the information requested.
- Coroners, medical examiners, and funeral directors: We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or for other duties, as authorized by law. We may also share information with a funeral director consistent with applicable law, to allow them to carry out his/her duties with respect to the decedent.
- For purposes of cadaveric organ, eye, or tissue donation: If an organization involved in organ procurement, banking, or transplantation of cadaveric organs, eyes, or tissues needed information concerning a members' decision to donate an organ or to undergo a transplant, we may provide information to facilitate our members' wishes.
- To avert serious threat to health or safety: If there were some emergency and any of the PHI that we have in our files could be used to either prevent or lessen the seriousness of the emergency, we may use or disclose the PHI to do so. Any disclosure, however, would only be to someone able to help prevent that threat.
- For special government functions, such as national security and intelligence activities: In the event that federal or state agencies informed PWHP of a need to access PHI for national security purposes or for protective services for the President and others, we may provide PHI in response to their request.
- Workers' compensation: We may need to report information concerning records that we have that are relevant to any job-related injuries that by state law are considered to be involved in workers' compensation coverage.

Any and all other uses or disclosures of your PHI beyond those needed for treatment, payment or operations or other than described in this notice require your prior written authorization. PWHP will honor the specific requirements of your authorizations, including any revocation of an authorization that you have previously given us. We have developed a Member Authorization Form that can be obtained by contacting the Member Services Line. All completed authorization forms must be submitted back to the Member Services Department. If we need to obtain your authorization for any use or disclosure beyond those discussed in sections 1 and 2 of this Notice, we will contact you to request your written authorization. You have the right to revoke any of your authorizations at any time by providing us with a written revocation.

### **3. Your individual rights**

The HIPAA Privacy Rule gives you several important rights that all healthcare providers and health plans involved in your health care or benefits must honor. These rights—and the processes to exercise these rights—are as follows:

To request restrictions on certain uses and disclosures of your PHI:

- According to federal regulations, you can request that we restrict (1) how we use and disclose your PHI for treatment, payment, or healthcare operations, (2) disclosures to persons involved in your care or the payment for your care, and (3) disclosures for disaster relief purposes. We are not required to agree to your request [except when you pay out of pocket for the service or item, we are required to agree not to disclose PHI about the service to your health plan].
- If we agree to the restriction, we may not use or disclose PHI in violation of the agreement. However, under the Privacy Rule, even if we have agreed to a restriction on the use or disclosure of your PHI, we can still use or disclose your PHI for any emergency treatment that you might need, or for any of the disclosures established by the HIPAA Privacy Rule as not requiring your

authorization. Please refer to section two of this notice for further information concerning these types of disclosures.

- We have prepared a form that you can complete and submit to request restriction. The Member Services Department can provide you with this form.
- Once you have submitted this completed form, if we have any questions about the information you provided, we will contact you at the phone number indicated on the form to review the information with you.
- Please note if we need to use or disclose your PHI for any purposes beyond payment, and operations or as described in Item 2 with any other provider or organization covered under HIPAA regulations, we will contact you and request your authorization to do so. You do not need to complete this request form as additional protection against unauthorized disclosures.
- We will respond to your request for restriction of use and disclosure of your PHI in writing.
- Federal regulations do not require us to agree with your request for restriction [except as set forth above]. If we are unable to agree to your request for restriction, our response will contain the reasons for which we cannot agree to the restriction request.
- If we agree to the restriction and then need to terminate the agreement to the restriction, we will contact you in writing again to explain the reason for the termination of the previous agreement.

To request confidential communications of your PHI:

- You have the right to request that we communicate with you concerning your PHI by an alternate mode of communication or at an alternate address.
- We will accommodate any reasonable request for alternate mode of communication or alternate address.
- We cannot, however, agree to electronic mailing of an ID card at this time.
- Please remember that electronic communications are, by their nature, not encrypted or completely secure. We will not be responsible for disclosures caused by member request to provide confidential communication to invalid fax numbers or incorrect email addresses.
- We have prepared a form that you can complete and submit to request confidential communications. The Member Services Department can provide you with this form.
- Once you have submitted this completed form, if we have any questions about the information you provided, we will contact you at the phone number indicated on the form to review the information with you.
- If we have any concerns that your request (in part or all) could endanger your well-being and/or the effectiveness of our arrangement for the provision of your health care, we will contact you to let you know of our concerns.
- If, in our review of your request, we are unable to accommodate your request, we will contact you in writing.

To have access to and obtain a copy of your PHI:

- You have a right to have access to your PHI that we have in our files.
- The HIPAA Privacy Rule has established three exceptions to the type of information to which you can have access. These exclusions concern psychotherapy notes, information compiled for use in a civil, criminal, or administrative proceeding, and health information that is covered by certain federal laws concerning clinical laboratories. There are also certain reasons for which we can deny your request for your PHI that cannot be reviewed or appealed.
- Under the Privacy Rule, we must act on your request no later than 30 days after the receipt of this request form. If, for some reason, there is a delay in our ability to provide your PHI within 30 days, we will notify you in writing and let you know the reason for the delay and the date by which we will be able to provide you with our decision (which cannot be more than 30 days after the original deadline).
- We have prepared a form that you can complete and submit to request access to your PHI. The Member Services Department can provide you with this form.
- Once you have submitted this completed form, if we have any questions about the information you provided, we will contact you at the phone number indicated on the form to review the information with you.

- If, in our review of your request for access, we are unable to provide you the access requested, we will contact you in writing and explain the reason for the denial of the access you requested and the process to appeal this denial, if the grounds for denial are reviewable (i.e., grounds that you can appeal).
- The Privacy Rule allows us to charge you for the cost of copying the materials and the postage involved in shipment. There may be state law limitations applicable to the amount we can charge you for the copies.

To request an amendment of your PHI:

- According to HIPAA Privacy Rule, you have the right to request an amendment of the PHI that we have in our files.
- We must act on your request for amendment no later than 60 days after the receipt of the completed request form, although we can extend that time for up to an additional 30 days, if we notify you in writing and let you know the reason for the delay and the date by which we will be able to provide you with our decision.
- We may grant your request for amendment of your PHI. If we do so, we will amend your PHI. However, please remember that the Privacy Rule permits us to deny your request for the amendment that you have requested for certain reasons.
- We have prepared a form that you can complete and submit to request amendment to your PHI. The Member Services Department can provide you with this form.
- Once you have submitted this completed form, if we have any questions about the information you provided, we will contact you at the phone number indicated on the form to review the information with you.
- If, for some reason, there is a delay in our ability to make a decision concerning your request to amend your PHI, we will notify you in writing and let you know the reason for the delay and the date by which we will be able to provide you with our decision.
- If, in our review of your request to amend your PHI, we are unable to agree to the amendment you have requested, we will contact you in writing. We will explain the reason for the denial of the request for amendment and the process for you to submit a "Statement of Disagreement" with our denial of your request to amend. You are not required to submit this statement, but it is an option that you have.
- In the event that you submit such a statement, the Privacy Rule allows us to prepare a written rebuttal to your statement. We will provide you with a written copy of any such rebuttal statement.
- The Privacy Rule also requires that any Statement of Disagreement and Rebuttal for any denied request to amend PHI be appended or otherwise linked to the PHI in question.

To request an accounting of disclosures of your PHI:

- According to the HIPAA Privacy Rule, you have the right to receive an accounting of certain disclosures of your PHI.
- Such an accounting will include for each disclosure:
  - a. The date of disclosure (or the time period in which the disclosures were made)
  - b. The name (and address, if available) of the person or entity to whom the PHI was disclosed.
  - c. A brief description of the PHI disclosed.
  - d. A brief description of the purpose for which the PHI was disclosed.
- The accounting will not include disclosures that were made:
  - a. For purposes of treatment, payment or health care operations
  - b. To you
  - c. Pursuant to your authorization
  - d. To your friends or family in your presence or because of an emergency
  - e. For national security purposes
  - f. Incidental to otherwise permissible disclosures
- Your request for an accounting from us must be submitted in writing to the person listed below.
- You may request an accounting of disclosures made within the last six years.
- You may request one accounting free of charge within a 12 month period.

- We must act on your request for accounting within 60 days after the receipt of the completed request form, although we can extend that time for up to an additional 30 days, if we notify you in writing and let you know the reason for the delay and the date by which we will be able to provide you with our decision.

\* \* \* \* \*

This Notice of Privacy Practices is being provided to all program members on paper—but is also available electronically on your program’s website. For those accessing this notice electronically, you also have the right to obtain a paper copy of this notice and can do so by calling Member Services and requesting that it be mailed to you.

#### **4. Piedmont WellStar HealthPlans duties**

- We are required by law to maintain the privacy of your PHI, to provide you with this notice of our company’s privacy practices with respect to the PHI of all our members, and to notify following a breach of your PHI, as provided at 45 C.F.R. § 164.404.
- We are required by law to abide by the terms of the notice currently in effect.
- We reserve the right to change the terms of our Notice of Privacy Practices and to make the new terms applicable to all PHI that we maintain. If we need to make any changes to the policies and procedures that we have described in this notice, we will mail you a revised notice that replaces this one and make it available on the program’s website. The revised notice will have a new effective date.

#### **5. Privacy complaints**

If you feel that your privacy rights—as explained in this notice—have been violated, you may complain to Piedmont WellStar HealthPlans. You also may submit a written complaint to the U.S. Secretary of Health and Human Services. We will provide you with the contact information for the Secretary upon request. In order to file a complaint with PWHP, please contact Member Services, or you may contact PWHP’s privacy officer. Please remember that we will not take any action against you for filing a complaint. This is one of your rights. If our investigation of your complaint confirms that there has been a breach of your privacy rights through the actions of one of our employees or contractors, we will do our best to undo or lessen any harmful effects of that breach. We will take disciplinary action against the employee or contractor who has caused the violation.

#### **6. Privacy contact**

If you have any questions concerning this Notice or wish to file a complaint directly with Piedmont WellStar HealthPlans, you may write or call as follows:

*Piedmont WellStar HealthPlans Privacy Officer*  
800 N. Glebe Road, 5th Floor  
Arlington, VA 22203  
Telephone: 571-389-6000

#### **7. Effective date**

This notice is effective as of July 1, 2013.