



## Health Screening Results Form Instructions

Centura Health offers associates and spouses covered on the Centura Health Medical Plan, up to \$1,000 in wellness incentives to reduce their health insurance premiums for participating in the Wellness Incentive Program. This year's program ties all incentive dollars to biometric outcomes. That is, dollars will be awarded for meeting the defined biometric targets or for improvement to last year's body mass index (BMI) measurement by two points or more. Biometric results taken between April 1, 2014 and March 31, 2015 will be accepted. Please be sure to sign your form, we are not able to post wellness incentives without a signature.

<b>Earning Wellness Incentive Dollars Based on Biometric Outcomes</b>		
Applied to FY16 (July 1, 2015-June 30, 2016) Medical Plan premiums		
Complete a biometric screening		<b>Gateway</b>
Complete an online health assessment		<b>Gateway</b>
Biometric Outcome Measurements	Target Range	Dollars
BMI or Waist circumference	≥18.5-≤27.5 (or 2 points lower than last year) ≤40 men; ≤35 women	\$50
Blood pressure	≤140/90	\$50
Glucose or A1C	≤125 or ≤ 5.7%	\$50
HDL	≥40 for males; ≥50 for females	\$25
Triglycerides	≤200	\$25
Complete a biometric screening with your health care provider between April 1, 2014 and March 31, 2015 and submit your lab results by March 31, 2015		\$50
Bonus for meeting all biometric outcome target ranges		\$150
Maximum Incentive for biometric outcomes		\$400
Tobacco free incentive	Negative	\$600
<b>Total Wellness Incentive</b>		<b>\$1,000</b>

Participants will earn \$50 in wellness incentives for having their biometric screening completed by a health care provider and submitting the results using the Health Screening Results Form. If you need help finding a primary care physician (PCP), visit the [Colorado Health Neighborhoods website](#) to find a PCP in the preferred network. Biometric screening results may be submitted only once between Oct. 1, 2014 and March 31, 2015. It is recommended that participants have the form completed by their health care provider and they then take the responsibility of making sure all lab results are completed before faxing or emailing the form.

The Centura Health Medical Plan provides coverage at 100 percent for preventive care services including an annual wellness exam once per plan year. Preventive care services are billed by your health care provider using standard procedure and diagnosis codes.

Participants on the Medical Plan need to be tested for tobacco through a cotinine screening to earn the tobacco free incentive. The Medical Plan covers the screening (serum blood draw, urine or cheek swab) at 100 percent.

The option of a waist circumference measurement as an alternative to BMI may be taken by a health care provider or with Centura Laboratory Services.



Once your Health Provider Results Form is submitted to the vendor you can expect up to 14 business days to see your results reflected in the CaféWell Wellness Program Incentive tracker. You will receive an email confirming your form was received, and again when the form is processed and the results are posted to CaféWell.

Things to keep in mind as you prepare for your biometric screening:

- Fasting: don't eat or drink anything but water nine hours prior to your appointment time.
- Drink plenty of water, which will make it easier to give a blood sample.
- Continue taking medication as prescribed the day of your biometric screening.

If you have any questions regarding completion of the Health Screening Results Form or the Code You Wellness Incentive Program, please contact the Centura Health Wellness Incentive Program Helpline at 888-280-6069.

# Health Screening Results Form Please Note: This form is NOT a physician order.

<b>Participant:</b> Please fill out and sign Section 1. <b>Healthcare Provider*:</b> Please fill out and sign Section 2.	<b>Submit Form to:</b> <b>Fax: (401) 336-2899</b> <b>Mail: Provant</b> Attention: Data Department PO Box 901 East Greenwich, RI 02818 <b>Email: <a href="mailto:centura@provanthealth.com">centura@provanthealth.com</a></b>	<b>IMPORTANT:</b> 1. All information is required to process this form. 2. <b>The form must be received no later than March 31, 2015.</b> 3. Questions? Call the Centura Health Wellness Incentive Program Helpline: 1-888-280-6069.
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\* For purposes of this form, "Healthcare Provider" includes a licensed health professional, for example: MD, DO, PA, or NP.

**Section 1: Completed by participant**

**Name:** \_\_\_\_\_  
(First) (MI) (Last)

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Last 4 of SSN:** \_\_\_\_\_

**Gender:**  Male  Female **Status:**  Employee  Spouse/Domestic Partner

**If you are a spouse, please list the employee name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

By signing below I give permission for my healthcare provider to send my results to Provant. I understand that some of my data may be personally identifiable information (for example, information such as name, address, and health information). While this information will not be shared with my employer, it may be shared with a third party, such as another wellness vendor, health consultant or health insurer when required for the administration of the Wellness Incentive Program or the Centura Health Medical Plan.

\_\_\_\_\_  
Signature Required \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Section 2: Completed by Healthcare Provider— Lab results obtained by a Healthcare provider (MD, DO, PA, or NP) between April 1, 2014 and March 31, 2015 will be accepted. The measurements below highlighted in bold font are the required biometric values to earn wellness incentives.**

**Date of Biometric Screening:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Cholesterol (TC): _____	<b>Blood Pressure:</b> ____/____
<b>HDL:</b> _____	<b>Body Mass Index:</b> _____
TC/HDL Ratio: _____	Height: _____ feet/inches
LDL: _____	Weight: _____ pounds
<b>Triglycerides:</b> _____	Waist Circumference: _____ inches
<b>Glucose or Hemoglobin A1c:</b> _____	<b>Cotinine:</b> <input type="checkbox"/> Positive: <input type="checkbox"/> Negative:
	(results value): _____ (CPT Code 83887)

\_\_\_\_\_  
 Healthcare Provider's Name (Please Print) (\_\_\_\_) \_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Office Address City/State/Zip

\_\_\_\_\_  
 Health Care Provider's Signature Date

**If you have an office stamp, please apply here:**

Do not submit this request form to your Human Resources department. All information provided is kept strictly confidential. Individual results are not disclosed to Centura Health unless they are required for the administration of the Wellness Incentive Program or the Centura Health Medical Plan.