



WellLife Rewards Program 2017

Health Risk Screening Form



See below for complete instructions.

Please print legibly. Incomplete or illegible forms will not be processed.

Write your first and last name exactly the way that they appear on your MVP Member ID card.

Please Note: Values below with an asterisk (*) are required. This form will not be processed if any required values are missing.

Part 1 — To be Completed by Member

*First Name: _____ *Last Name: _____

*MVP ID Number: _____ *Date of Birth (mm/dd/yyyy): _____

Phone Number: _____ Email Address: _____

Participant Attestation/Authorization: By signing below I certify that the information provided is complete and accurate. The information submitted will be uploaded to my online wellness record with MVP. Individual data will be kept confidential and used only for health plan operations. I authorize my information to be disclosed to and used by Healthyroads to help administer my MVP sponsored wellness program. I authorize Healthyroads to contact my provider to validate the information on this form. I understand that my employer may not be required to protect the information that is the subject of this authorization. I am aware that if I would like to request additional information about how my individual data will be used, I may contact the MVP Wellness Team at wellnessprogram@mvphealthcare.com. MVP may not require the completion of this authorization before providing or determining treatment, payment or eligibility. I may revoke this authorization at any time by providing written direction to MVP. I confirm I have read and agree to the Participant Attestation/Authorization.

*Participant Signature: _____ Date: _____

Part 2 — To be Completed by Health Practitioner or Member

Instructions for Member

- Contact your doctor's office to schedule a preventive health visit and have a health care provider validate your screening results by entering your screening results below and signing this form. Or, if you have been screened in the past 24 months and have evidence of your screening results (i.e. a copy of your medical record), you can **enter your screening results below** and submit that documentation with this Screening Form in place of a health care provider's signature.
- Make a copy of the completed form for your records.**
- Mail, email or fax form to the address on the bottom of this form. Forms must be received by 12/31/2017.

Instructions for Health Practitioner

- Please provide all of the results below marked with an asterisk, sign, date, and return this form to your patient.
- If your patient is requesting a re-measure of certain values, please provide only the results for those values and the date they were re-measured.

*Please mark if this is your patient's: Initial screening **or** An update submission

*Date of Screening: _____ *Fasting? Yes No

*Weight: _____ lbs

*Height: _____ ft _____ in

*Blood Pressure: _____ / _____ mmHG

*Tobacco Use (including electronic smoking devices) within 90 days: Yes No

*Total Cholesterol (mg/dL) _____

*HDL (mg/dL) _____

*Total Cholesterol/HDL Ratio _____

*Fasting Blood Sugar (mg/dL) _____

or HbA1c (%) _____

I verify my patient is up to date on all age and gender appropriate screenings and immunizations. Yes No

*Health Care Provider Signature (or office stamp): _____ *Date: _____

Practitioner Name: _____ Practitioner Phone Number: _____

Forms must be received on or before **12/31/2017**. Please allow up to 4 weeks for Health Risk Screening Form processing.

Email: MVPforms@ashn.com **Fax:** 855-318-2746

Mail: MVP WellLife Rewards—Attn: BIO DATA-C4-1, P.O. Box 509040, San Diego, CA 92150-9040



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WellLife Rewards Program Activities and Milestones

Activity or Milestone	Reward Criteria: Member may submit a validated Screening Form up to 2 times annually, prior to 12/31/2017. Member will be awarded additional points if improvements in tobacco cessation or BMI/blood pressure/cholesterol/fasting blood sugar/HbA1c reduction have been achieved.	Points Per Milestone	Max Annual Points	
Complete the Personal Health Assessment	To take your Personal Health Assessment, log in at mvphealthcare.com , choose <i>Manage Your Account</i> and then <i>Your Wellness Starts Here</i> .	50	50	
Health Risk Screening Form (HRSF) must be completed in full with values written-in and be signed. Screening dates must be on or after 1/1/15 to be valid.	<p>Members can receive 25 points for the following:</p> <ul style="list-style-type: none"> Submitting a copy of their lab results without provider signature (HRSF must be signed and dated by member) Attending and participating in a health screening clinic at their worksite If HRSF was submitted in 2015, member will receive auto-credit for 25 points, and will not have to resubmit the form 	25	25	
Preventive Screening Attestation	Members who are certified by their physician as being up-to-date on Preventive Screening Measures in 2017 will receive 25 points.	25	25	
Tobacco Free Goal	Member attests that he/she has not used tobacco or electronic smoking devices in the last 90 days	30	30	
Screening Measures	BMI Goal	Optimal: 18.5–24.9 or Request a medical exception if member has a high % muscle mass that may distort BMI measures	30	30
		Moderate: 25–29.9	20	
		Exception: >= 25 but demonstrates a 5% reduction	30	
	Blood Pressure Goal	Optimal: < 120/80 mmHg	30	30
		Moderate: 120/80 - 139/89 mmHg	20	
	Total Cholesterol Goal	Optimal: < 200 mg/dL or Total Cholesterol/HDL Ratio < 3.5	30	30
		Moderate: 200–239 mg/dL or Total Cholesterol/HDL Ratio 3.5-4.9 or Request a medical exception if member's cholesterol is 200-239 mg/dL and HDL >60	20	
	Fasting Blood Sugar Goal or HbA1c Goal*	Fasting Blood Sugar Optimal: < 100 mg/dL HbA1c Optimal: <= 5.6%	30	30
		Moderate: 100–125 mg/dL Moderate: 5.7–6.4%	20	

*Points will only be awarded for one of these measures.

Members of MVP health plans with WellLife Rewards also can use the following resources to help you reach your health goals and earn additional points.

Program Activities / Milestones		Reward Criteria	Points Per Milestone	Max Annual Points
Choose from the following categories to complete an online class:		To access Online Classes , log in at mvphealthcare.com , choose <i>Manage Your Account</i> and then <i>Your Wellness Starts Here</i> . When all required tasks have been completed, members will receive a course certificate.	10 points per class, up to 5 classes	50
Lifestyles	Life Skills			
Chronic Conditions	Pain Center			
Sign up to receive a daily wellness email		To sign up for a daily email, log in at mvphealthcare.com , and choose <i>Manage Your Account</i> and then <i>Your Wellness Starts Here</i> . From your wellness homepage, under your name in the upper right-hand corner, select <i>Notifications</i> . Choose the tips or challenges that you'd like to receive, and select whether you'd like to receive them via email or SMS text messaging.	10	10