


## Wellness Accountability

The Journey to Make Wellness a Priority with  
Biometric Screenings


OSBA Capital Conference



### Benjamin Logan Wellness


Benjamin Logan Local School District  
Robert Kuehnle, Treasurer/CFO

Bravo Wellness  
Kevin Bodi, Vice President



### Benjamin Logan Wellness


- How many of us like to take a vacation?
- Have you taken a vacation in the last 2 years?
- How did you travel? By plane? By car?
- Where did you stay?
- What types of internet sites were used?



### Benjamin Logan Wellness

Did you get the best price for your  
travels?


Why don't we do the same thing when  
it comes to our healthcare?



Benjamin Logan Wellness

### Health Savings Accounts

- January 1, 2008 – Only plan offered at B.L.
- Based on “Consumerism”
- Employees to take responsibility of costs awareness
  - Board of education funded \$1,640 for single plan (82%)
  - Board of education funded \$3,280 for family plan (82%)




Benjamin Logan Wellness

### Trends

2012 renewal:


- Change plan design
- Accept larger increases
- Increase employee share of premiums
- Implement wellness initiatives



Benjamin Logan Wellness

### Investigating Wellness Plans


- Results driven
- Creating a wellness plan with shared outcomes
- Incentive structure or determination
- Regulatory compliance (HIPAA/DOL/ACA)
- Available funding (BWC/Anthem)



Benjamin Logan Wellness

### Changing the Culture


- Finding key stakeholders
- Explaining healthcare trends
- Showing how rising costs hurt both sides
- Creating a partnership



**Benjamin Logan Wellness**


**Process of Creating a Wellness Plan  
Pre-Negotiation Discussions**

- How do we retain staff positions
- How does the union help contain health care costs
- How can we incentivize employees to make proactive changes in their health status



**Benjamin Logan Wellness**


- Discussion with Preferred Benefits to look at options
- Discussion with vendors to look at current offerings in the health care management area
- During negotiations
  - Worked to save staff positions and reduce negative salary impacts
  - What is good for the district is good for the staff



**Benjamin Logan Wellness**

**Selling it to the Staff**


- Many staff view wellness as an important concept
- Incentivizing wellness gave some staff the reason to “get off the couch”
- Forced staff to look at health care as a financial decision for their family
- What type of wellness plans gets results



**Benjamin Logan Wellness**


**Wellness Committee**

- Representatives of each building and support staff
- Reviewed results from year one screening
- Created a reasonable 3 year plan that shows gradual improvement for all staff with allowances for pre-existing health issues




**Benjamin Logan Wellness**

Effective July 1, 2012, Benjamin Logan instituted a new, voluntary wellness plan that strives to make employees and spouses healthier in the coming years by encouraging a healthy lifestyle.



**Benjamin Logan Wellness**

This is a comprehensive plan that will tie the amount the Board of Education contributes yearly to the employee’s health savings account with their participation in wellness activities and the meeting of markers in designated areas of wellness. This incentive plan is divided into 2 parts based on participation and results.




**Benjamin Logan Wellness**

**Part 1 - Participation**

This part of the wellness plan has 5 criteria


- Single plan or Family plan with a spouse – Each adult can earn \$160 for each criteria that is met.
- Family plan with without a spouse - Employee can earn \$320 for each criteria that is met.



**Benjamin Logan Wellness**

**Part 1 - Participation**  
*(\$160 or \$320 for each criteria)*

- Annual Medical Exam
- Annual Dental Exam
- Annual Vision Exam
- Annual Health Educational Session




### Benjamin Logan Wellness

#### Part 1 - Participation


*(\$160 or \$320 for each criteria)*

- Annual Wellness Activity Points – Logged by the employee or spouse on activity sheets. Listed below is the number of activity points needed per year to meet this criteria. The wellness committee recommends participants accumulate points in a variety of ways.
  - November 1, 2012 – October 31, 2013 → Must earn 20 points
  - November 1, 2013 – October 31, 2014 → Must earn 22 points
  - November 1, 2014 – October 31, 2015 → Must earn 24 points



### Benjamin Logan Wellness

Activity Point Opportunities	Points Available
Addiction Cessation Program – For food or substance abuse	1 point per month
Get suggested health screenings each year e.g. Mammogram, Pap Smear, Prostate check, etc.	1 point per screening
Exercise 2 times per week – e.g. Jazzercise, weight lifting, running, walking, YMCA, workout DVD's, organized sports, etc.	1 point per month
Participate in a mental health activity – e.g. counseling, support group, etc.	1 point per session
Volunteer your time—To a non-profit. (Cannot be earning supplemental pay for the activity)	1 point for every 2 hours
Participate in a weight management program – e.g. Weight Watchers, My Fitness Pal, Biggest Loser, etc.	1 point per month
Participate in a social activity – e.g. staff bowling, card party, Christmas party, etc.	1 point per activity




### Benjamin Logan Wellness

#### Part 2 - Results

This part of the wellness plan has 5 criteria


- Single plan or Family plan with a spouse – Each adult can earn \$160 for each criteria that is met.
- Family plan with without a spouse - Employee can earn \$320 for each criteria that is met.

*(\$160 or \$320 for each criteria)*




### Benjamin Logan Wellness


The evaluations to meet these criteria shall be measured from the information gathered at the Benjamin Logan sponsored wellness screenings or your screening with your medical provider. To meet each criterion, a person's score must be equal to or better than the target set for the respective year.



### Benjamin Logan Wellness

Results-Based Criteria	Screening Date		
	October 2013	October 2014	August 2015
Body Mass Index	≤29.9	≤28.9	≤27.9
Blood Pressure	≤140/90	≤135/85	≤130/85
LDL Cholesterol	≤150	≤140	≤130
Glucose	≤120	≤115	≤110
Tobacco Usage	Negative	Negative	Negative




- ### Benjamin Logan Wellness
- #### Alternatives
- BMI – Can also be met by a progress goal of weight loss from previous year of: October 2013 -8%, October 2014 – 9%, October 2015 – 5%.
  - LDL Cholesterol, Glucose, and Blood Pressure – Can also be met by showing marked improvement.
  - Tobacco/Nicotine – Can also be met by completing a smoking cessation program facilitated by the school district. **This is the only one that is not automatically calculated by Bravo Wellness.**
- 

### Benjamin Logan Wellness


*If a participant is unable to meet a goal under the wellness program, they may qualify to earn the same financial impact by different means.*

**Bravo Wellness administers these alternatives and it is the participant's responsibility to contact Bravo.**



### Benjamin Logan Wellness


To calculate the total amount that will be deposited into an individual's account in January, add the amount earned from part 1 (participation) and from part 2 (results).



**Benjamin Logan Wellness**

**Examples:**  
I am on a single plan. I met all 5 of the participation points and 3 of the results points.


<b>Participation</b>	5	*	\$160 =	\$800
<b>Results</b>	3	*	\$160 =	\$480
<b>Total Earned</b>				<b>\$1,280</b>



**Benjamin Logan Wellness**

**Examples:**  
I am on a family plan with no spouse. I met 4 of the participation points and 4 of the results points.


<b>Participation</b>	4	*	\$320 =	\$1,280
<b>Results</b>	4	*	\$320 =	\$1,280
<b>Total Earned</b>				<b>\$2,560</b>



**Benjamin Logan Wellness**

**Examples:**  
My spouse and I are on a family plan. I met all 5 of the participation points and 3 of the results points. My spouse met 4 of the participation points and 3 of the results points.

<b>Participation</b>	9	*	\$160 =	\$1,440
<b>Results</b>	6	*	\$160 =	\$960
<b>Total Earned</b>				<b>\$2,400</b>




**Benjamin Logan Wellness**

**Privacy**

- Do not share HIPAA covered information with the Treasurer’s Office or any other Benjamin Logan Central Office staff member.
- Do not share HIPAA covered information with any Benjamin Logan Wellness Committee Member.
- Do not share HIPAA covered information with any BLEA representative or member.

Benjamin Logan has NO ACCESS to your personal information, therefore do not give us any!




### Benjamin Logan Wellness

#### Program Costs

- \$5,000 yearly consultation/programming fee
- \$55/participant yearly administration fee
- \$70/participant screening fee (includes Health Risk Assessment)

Total cost was roughly \$35,000 for the first year.  
Saved \$18,140 in H.S.A. contributions in year 1.  
Saved \$26,000 from 3 employees dropping coverage.



**Total Saved in Year 1 - \$9,000!**



### Benjamin Logan Wellness



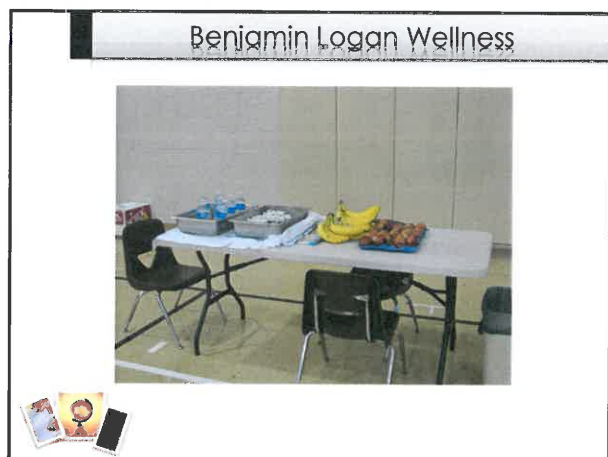
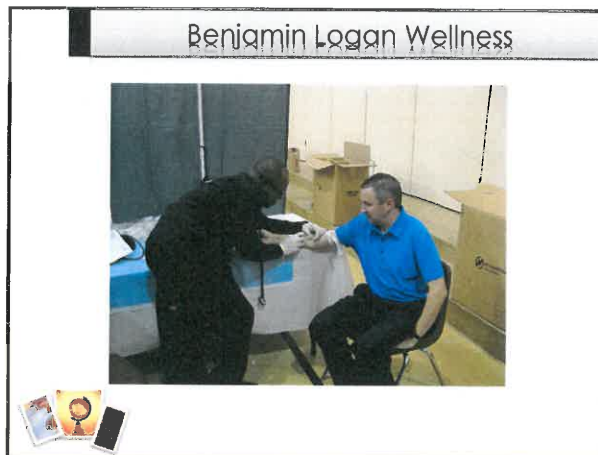
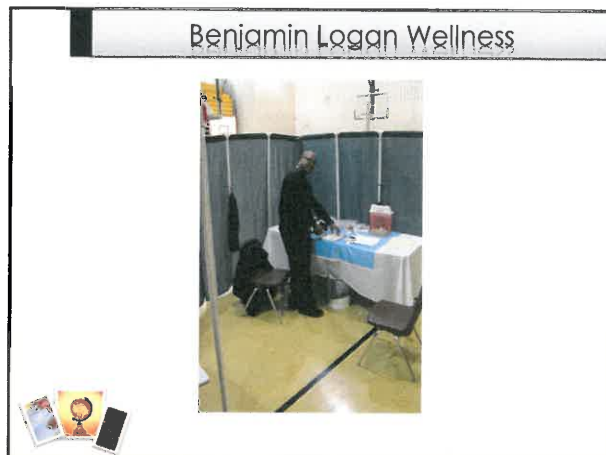
### Benjamin Logan Wellness



### Benjamin Logan Wellness





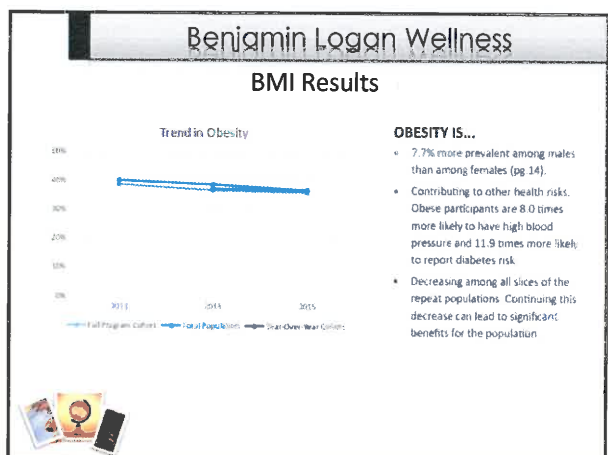
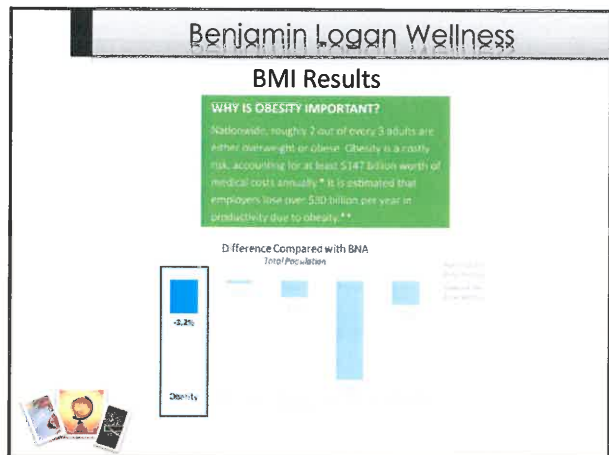
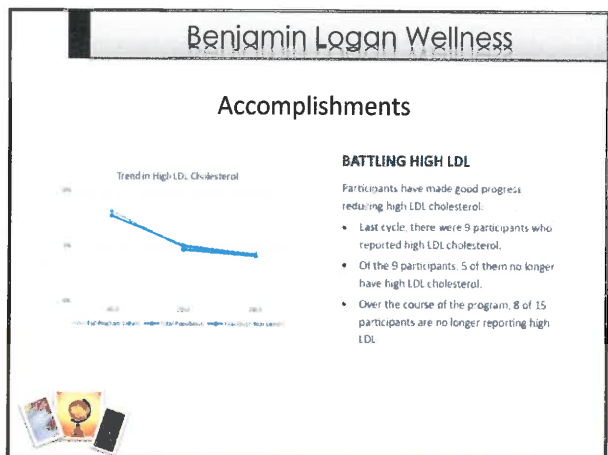


Benjamin Logan Wellness

**GOAL ACHIEVEMENT**

Measures	NIH Goals	Client Goals	Points	Passing threshold*	Passing Secondary Measure**	Passing Appeals/ Alternatives***	Total Passing
Body Mass Index	≤ 24.9	≤ 28.9	1	57.49%	0.97%	2.42%	60.87%
Blood Pressure	≤ 120/80	≤ 135/85	1	82.86%	0.00%	6.67%	89.52%
LDL Cholesterol	≤ 100	≤ 140	1	84.69%	12.92%	0.00%	97.61%
Glucose	≤ 100	≤ 115	1	92.34%	0.00%	2.87%	95.22%
Tobacco / Nicotine	Negative	Negative	1	78.37%	0.00%	4.33%	82.69%

\*Includes all participants passing the primary goal (e.g. BMI ≤ 25.9).  
\*\*Includes all participants who did not pass the primary goal, but did pass a secondary measure (e.g. female waist ≤ 35 in).  
\*\*\*Includes all participants who did not pass the primary or secondary goal, but did pass by virtue of an alternative or appeal. This number includes appeals granted - not the total number filed.



**Benjamin Logan Wellness**

### Blood Pressure Results

**WHY IS HYPERTENSION IMPORTANT?**  
 Hypertension is called the "silent killer" because there are no physical warning signs that blood pressure is elevated. About 1 of 3 US adults has high blood pressure. Obesity, alcohol intake, high stress levels, lack of exercise, poor diet, tobacco use and excess sodium intake all contribute to hypertension risk.\*

Difference Compared with BNA  
Total Hypertension

Hypertension

**Benjamin Logan Wellness**

### Future Issues

- Patient Center Care Model
- Cadillac Tax ( will it be around?)
  - Make Plan Design Changes
  - Limit pre-tax contributions
  - Pay the Tax

**Benjamin Logan Wellness**

### Future Issues

- Cadillac Tax
  - Includes Employee AND employer share
    - Premiums/H.S.A. Contributions/Wellness costs
  - 2018 Tax limit is \$10,200 for a single plan
  - Benjamin Logan is over the tax limit now!
    - Premium - \$6,639
    - H.S.A. - \$3,350
    - Wellness costs - \$130
  - Total Costs for employees that maxed out their H.S.A.  
**\$10,119 or \$81 Under the 2018 Cadillac Tax limit**

**Benjamin Logan Wellness**

### Wellness Environment






- What are other schools doing?
- 2015 SERS survey
  - Only 12.7% have a HDHP with an H.S.A.
- 2015 Arthur J Gallagher & Co Survey
  - 3,031 organizations participated in the survey
  - 62% have wellness plans that include biometric screenings
  - Companies Greatest Challenge → Controlling Employee Benefit Costs


## WHAT IS WELLNESS?

- 1 **WELLNESS NEEDS TO BE A BUSINESS SOLUTION**
- 2 **RESULTS MATTER**

### KEEP GOALS TOP OF MIND

**75% OF THE CLAIMS YOUR PLAN INCURS ARE RELATED TO PREVENTABLE DISEASES AND LIFESTYLE CHOICES**

				
<b>OBESITY</b>	<b>BLOOD PRESSURE</b>	<b>CHOLESTEROL</b>	<b>TOBACCO + NICOTINE</b>	<b>GLUCOSE</b>
<small>Annually, an obese individual costs almost \$4,300 more.</small>	<small>An individual with hypertension costs almost \$1,400 more.</small>	<small>An individual with cardiovascular disease costs almost \$2,700 more.</small>	<small>An individual that uses tobacco products costs almost \$5,000 more.</small>	<small>An individual with high glucose levels (diabetes) costs almost \$1,700 more.</small>




### The Role of Meaningful Incentives

Source: eabri.org

**Issue**


“Firms offering wellness programs should expect to employ financial and other incentives to encourage member participation.

Relatively low financial rewards may attract the young and well. Higher financial incentives—while more costly for the employer in the short-run—may bring in older, less healthy employees who are consuming more health services, and accounting for a large proportion of health care spending.”



### PARTICIPANTS' VALUE THE CORE THREE

- 1 **Meaningful Goals**
- 2 **Meaningful Incentives**
- 3 **Meaningful Support**



### The Role of Meaningful Incentives

**Completion of HRA and Biometric Screenings Relative to Year Financial Incentive was Introduced.**

Workers Ages 18 - 64

Category	Pre Incentive	Post Incentive	Goal
HRA Enrollment	75%	95%	90%
Biometric Screening Completion	80%	88%	90%

Source: Employee Benefit Research Institute analysis of administrative claims data. \*Based on assessment.

### YEAR ONE

- FUND MEANINGFUL INCENTIVES**  
Raise employee contributions by \$50/month. Offset the increase by offering \$100/month in incentives.
- INTRODUCE ENGAGEMENT**  
Introduce Coaching and Challenges.
- SET GOALS**
- MEASURE RESULTS**

Reward Categories	Employee's Choice	Outcome Required	Alternative Goal?	Monthly Incentive
BMI				
Blood Pressure	Calculate Screening and Announce Top 2 Goals	N/A	N/A	\$10/mo
LDL Cholesterol				
Glucose				
Tobacco/ Nicotine	Negative	Complete Coaching Program		\$10/mo

- On average 21% will test positive for tobacco. 82% of those will take part in the cessation program.
- All employees get credit view of personal health risks.
- Whole company earns about goals for year two and how many will impact them based on their current health.
- Employer gets baseline of aggregate health risks.

### YEAR TWO

- FUND MEANINGFUL INCENTIVES**  
Assumes Employer maintains previous year's increase in employee contributions (\$50/month).
- ADD TARGETED OUTREACH AND CHALLENGES**
- SET GOALS**
- MEASURE RESULTS**

Reward Categories	Outcome Required	Alternative Goal?	Monthly Incentive
BMI	\$ 97.8 kg/m <sup>2</sup> OR lower (131-139 lb)	90% target Low	\$30
Blood Pressure	< 130/80 mmHg		\$10
LDL Cholesterol	< 130 mg/dL	Move to Improved Category	\$10
Glucose	< 118 mg/dL		\$10
Tobacco/ Nicotine	Negative	Complete Coaching Program	\$40

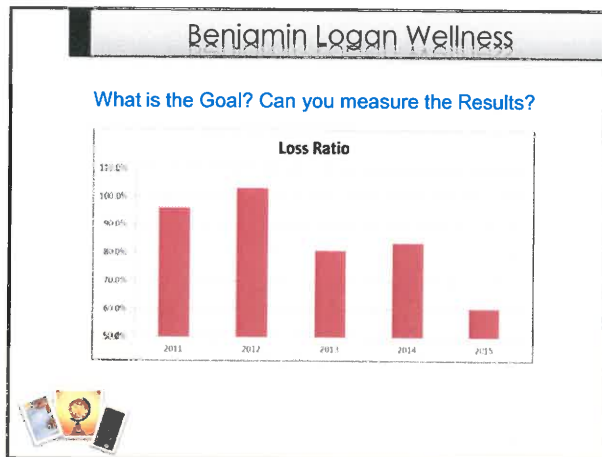
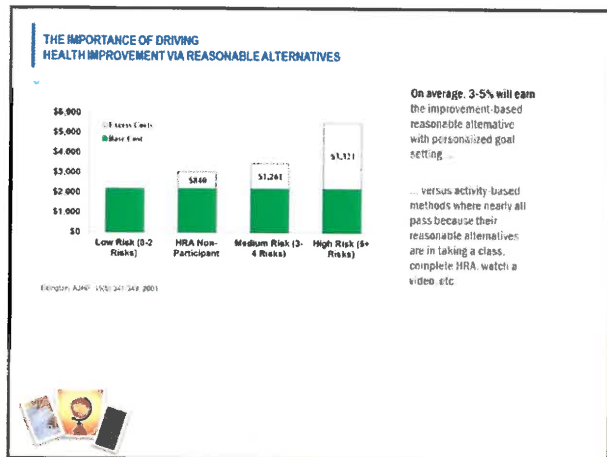
- On average 40% of tobacco cessation program participants will test negative for tobacco in year two.
- 95% participation rate.
- 80% will pass all or all but one goal.

### YEAR THREE

- FUND MEANINGFUL INCENTIVES**  
Assumes Employer maintains previous year's increase in employee contributions (\$50/month).
- ADD HIGH RISK COACHING**
- SET GOALS**
- MEASURE RESULTS**

Reward Categories	Outcome Required	Alternative Goal?	Monthly Incentive
BMI	< 97.8 kg/m <sup>2</sup> OR lower (131-139 lb)	90% target Low	\$30
Blood Pressure	< 130/80 mmHg		\$10
LDL Cholesterol	< 130 mg/dL	Move to Improved Category	\$10
Glucose	< 118 mg/dL		\$10
Tobacco/ Nicotine	Negative	Complete Coaching Program	\$40

- Continued health improvement.
- 95% participation rate.
- 82% will pass all or all but one goal.
- 5% more passing in each category.



### Benjamin Logan Wellness

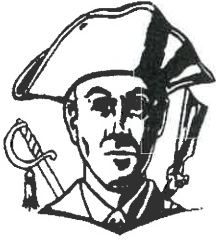
**QUESTIONS???**

Benjamin Logan Local School District  
Robert Kuehnle, Treasurer/CFO

Bravo Wellness  
Kevin Bodi, Vice President

# Wellness Activities Program

## ADMINISTERED BY Benjamin Logan



Benjamin Logan has instituted a **voluntary wellness plan** that will strive to make employees and spouses healthier in the coming years by encouraging a healthy lifestyle. This is a comprehensive plan that will tie the amount the Board of Education contributes yearly to the employee's health savings account with their **participation in wellness activities and the meeting of markers in designated areas of wellness**. This information focuses on the participation in wellness activities which will be administered by Benjamin Logan.

### PARTICIPATION IN WELLNESS ACTIVITIES

This part of the wellness plan has 5 criteria that can be obtained per employee and spouse, if applicable

*Criteria	Action
Annual Medical Exam	Participate in the sponsored wellness screening taking place in October.
Annual Dental Exam	Receive exam between November 1, and October 31, then submit documentation to the Treasurer's Office by October 31 at 3:30 pm.
Annual Vision Exam	Receive exam between November 1, and October 31, then submit documentation to the Treasurer's Office by October 31 by 3:30 pm.
Annual Health Educational Session	Participate in 1 Benjamin Logan sponsored wellness educational session.
Annual Wellness Activity Points (See below for list of activity opportunities)	Reach the level of activity points needed between November 1 of prior year to October 31 of current year. Points are to be logged by the employee and spouse on the Benjamin Logan Wellness Plan Activity Log Sheet. <ul style="list-style-type: none"> <li>○ November 1, 2012 – October 31, 2013 → must earn 20 points</li> <li>○ November 1, 2013 – October 31, 2014 → must earn 22 points</li> <li>○ November 1, 2014 – October 31, 2015 → must earn 24 points</li> </ul>

Activity Point Opportunities	Points Available
Addiction Cessation Program – For food or substance abuse	1 point per month
Get suggested health screenings each year (e.g., mammogram, pap smear, prostate check, etc.)	1 point per screening
Exercise 2 times per week (e.g., Jazzercise, weight lifting, running, walking, YMCA, workout DVDs, organized sports, etc.)	1 point per month
Participate in mental health activity (e.g., counseling, support group, etc.)	1 point per session
Volunteer your time to a non-profit (Cannot be earning supplemental pay for the activity)	1 point for every 2 hours
Participate in a weight management program (e.g., Weight Watchers, My Fitness Pal, Biggest Loser, etc.)	1 point per month
Participate in a social activity (e.g., staff bowling, card party, Christmas party, etc.)	1 point per activity

\*These guidelines are subject to change pursuant to Article 3 (K).

Note: Benjamin Logan Schools (BLS) will enter into an agreement with a third party to consult and administer the results-based incentive plan in accordance of applicable Federal laws. Additionally, whereas, the U.S. Department of Health and Human Services ("HHS") has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), governing the privacy of individually identifiable health information obtained, created or maintained by certain entities, including healthcare providers (the "HIPAA Privacy Regulations"), the security of such information in electronic form (the "HIPAA Security Regulations"), and modifications to the HIPAA Privacy Regulations and HIPAA Security Regulations under the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") whereas, BLS will engage a Business Associate to perform services or provide goods, or both and will be documented through such Business Associate Agreement

# Benjamin Logan Wellness Plan August 2015 Guidelines

ADMINISTERED BY BRAVO WELLNESS



- Benjamin Logan has partnered with Bravo Wellness to coordinate screenings and administer your wellness program for those enrolled in the health plan.
- Your covered spouse is also invited to participate.
- Benjamin Logan is committed to helping you achieve your best health! Your participation in the program will have a financial impact if you are covered in the health plan. If you are unable to meet a goal under this wellness program, you might qualify to earn the same financial impact by different means. Although voluntary, if you choose not to participate, you might miss out on earning funds for your H.S.A. We will work with you (and, if you wish, with your doctor) to find an alternative with the same reward that is right for you in light of your health status.
- Your specific results will not be shared with your employer and will remain confidential.

## Plan design for plan year 2016 (August 2015 screenings)

### Participants Earn Points by Achieving Healthy & Reasonable Goals

HEALTH SCREENING TESTS	Employer's Goals	Alternative Goal <sup>2</sup> (see reverse side/next page)	Points Earned if Goal Met
Body Mass Index <sup>1</sup>	≤28.9	See reverse side for improvement requirement	1
Blood Pressure	≤135/85	See reverse side for improvement requirement	1
LDL Cholesterol	≤140	See reverse side for improvement requirement	1
Glucose	≤115	See reverse side for improvement requirement	1
Tobacco / Nicotine	Negative	Contact Bravo Wellness once you receive your results for more information	1

NATIONAL INSTITUTES OF HEALTH STANDARDS	
BMI	≤ 24.9 kg/m <sup>2</sup>
BP	≤ 120/80 mmHg
LDL	≤ 100 mg/dL
Glucose	≤ 100 mg/dL
Tob/Nic	Negative

Available for reference only

<sup>1</sup>Waist measure automatically corrects elevated BMI due to lean muscle mass, even if the participant fails the BMI goal. See your participant guide for more information.

<sup>2</sup>If we have results from your last Bravo screening, your improvement will be automatically considered. If Bravo does not have prior results, you will be provided the information you need to request an alternative goal in your results letter.

## Participants Convert Points into Savings and Increase Health Awareness!

Just by participating, you are taking the first step in controlling your share of healthcare costs. Participation in this program is voluntary. If you choose not to participate, you will not be eligible for the HSA dollars. **For each goal met, participants earn \$160 HSA dollars**, which means you could earn up to \$800 annually, or \$1600 with your covered spouse in rewards!

**Can I do this part with my Doctor?** Employees and spouses may choose to use their own physicians to collect results-based measurements or may participate in a district sponsored event. In order to be eligible for results-based contributions, measurements must be taken and submitted to Bravo Wellness between August 1 through September 15 of each year. It is the responsibility of the employee to cover all costs associated with obtaining the results based measurements for the screening if the employee chooses not to utilize the district sponsored event.

**Please Note:** A blood or urine test is required for nicotine usage. Be sure to advise your physician accordingly. Additional charges may apply if the exam is not coded as preventive. Please confirm with your physician when scheduling your appointment. Please note that the nicotine testing will be only be covered by BLLS for employees that test at an onsite screening events.

**If you choose to see your doctor, you will need to take the provider packet forms that will be made available during the on-line registration period.**

Participants must be actively employed and still enrolled in the plan in order to earn credit.

Proprietary and Confidential  
Plan Design – Auto App\_04 10 2014\_v1.0

**QUESTIONS?**  
Contact Bravo Wellness at  
877.662.7286







## ALTERNATIVE GOALS<sup>^</sup>

Just as unhealthy habits don't develop overnight; neither does health improvement. That is why it's important to recognize those taking personal accountability for their health and making progress towards their employer's health goals.

Included in your employer's plan design this year are alternative goals. If you failed to meet your employer's goal, but made improvement in that area from one category level to the next since the last health screening, you can still earn the credit!

### What defines improvement?

As an example: If your 2015 screening result for LDL is 170 (Elevated II), you would need to either improve your LDL into the Elevated I range of 141-159 – OR – achieve your employer goal of  $\leq 140$  at your 2016 screening.

Improvement category levels are not intended to identify risk or medical appropriateness. Always consult with your medical doctor before starting any new exercise or nutrition program.

<sup>^</sup> If we have results from your last Bravo screening, your improvement will be automatically considered. If Bravo does not have prior results, you will be provided the information you need to request an alternative goal in your results letter.

BODY MASS INDEX (kg/m <sup>2</sup> )	
NIH Goal: $\leq 18.5$ -24.9; August 2015 guidelines: $\leq 28.9$	
<b>9% Weight reduction from prior screening</b>	

BLOOD PRESSURE (mmHg)		
NIH Goal: $\leq 120/80$ ; August 2015 guidelines: $\leq 135/85$		
	Systolic	Diastolic
Elevated I	136 - 139	86 - 89
Elevated II	140 - 159	90 - 99
Elevated III	160 or Higher	100 or Higher

LDL CHOLESTEROL (mg/dL)		
NIH Goal: $\leq 100$ ; August 2015 guidelines: $\leq 140$		
Elevated I	141 - 159	<b>OR</b> Participants LDL to HDL ratio will not exceed 5
Elevated II	160 or Higher	

GLUCOSE (mg/dL)	
NIH Goal: $\leq 100$ ; August 2015 guidelines: $\leq 115$	
Elevated I	110 and below
Elevated II	111 - 125
Elevated III	126 or Higher

\* BL employees that are maintaining and monitoring their glucose levels under the care of a physician, can file an appeal. Download the form at [www.bravowell.com/benlogan](http://www.bravowell.com/benlogan). Employees may submit the completed form to Bravo Wellness, prior to their screening or within the 30 days from the date on their results letter.

# INSTRUCTIONS FOR SCREENING WITH YOUR HEALTHCARE PROVIDER

As an employee of Benjamin Logan Local Schools, you have the opportunity to participate in your company's wellness program, administered by Bravo Wellness. This program rewards healthy lifestyle choices with the potential to manage your share of healthcare costs. Participation is easy. You may be screened by your healthcare provider (or at a retail clinic location such as CVS, Walgreens, etc.). This packet contains information for both you and your healthcare provider in order to complete your screening and receive credit for participation in the program.

**PLEASE COMPLETE THE STEPS BELOW TO ENSURE THE RESULTS OF YOUR HEALTH SCREENING ARE RECEIVED BY BRAVO WELLNESS BY OCTOBER 31, 2014**

- 1 Make an appointment now with your healthcare provider** to ensure there is enough time for you to be seen and your lab work processed and returned. Make sure the provider you see is in your benefit plan network or you may incur an additional personal expense. Most health plans cover one preventative wellness visit a year at 100%, with no out-of-pocket costs for you. Remind your provider that the screening should be coded as "preventative care." Please note: a second health screening performed in the same calendar year will not be covered at 100%.

*If you already had a health screening in 2014, the results of your screening conducted between September 1, 2014 and today may be used to fulfill the requirement. Please have your healthcare provider fill out the enclosed Provider Screening Form, based on your results, and return to Bravo Wellness.*

- 2 Complete page 1 of the enclosed Provider Screening Form prior to your health screening.** Read the Participant Notice and Consent and sign and date the bottom of page 1. The remainder of the form is for the provider to fill out.
- 3 Remember to fast 12 hours prior to your appointment and drink plenty of water.**
- 4 This information is time-sensitive** and must be complete with supporting documentation, be signed by your healthcare provider and received by Bravo Wellness by October 31, 2014 in order to participate in the program. An incomplete form may result in non-participation status.

Once all documentation is received by Bravo Wellness, a results letter will be sent to you containing information on what points you have earned and the correlating contribution. If you are unable to meet a goal under this wellness program, you might qualify to earn the same financial impact by different means. If you have any other questions, please contact Bravo Wellness Customer Service at 877.662.7286.

**Mail or fax your completed and signed forms to Bravo at:**  
One International Place  
20445 Emerald Parkway Dr. SW  
Suite 400  
Cleveland, Ohio 44135  
FAX: 855.297.3215

# Provider Screening Form

PLEASE PRINT CLEARLY AND STAY WITHIN THE BOXES PROVIDED

Employer Name: Benjamin Logan Local Schools

**PARTICIPANT INFORMATION** (the person being screened):  I am the Employee  I am the Spouse of the Employee

Participant Last Name: \_\_\_\_\_

Participant First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Employee Social Security: \_\_\_\_\_  
(Month) (Day) (Year) (Last 4 Digits Only)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMPLOYEE INFORMATION**

Indicate your anticipated Benefits Coverage Level:

- Employee Only  Employee + Child  Employee + Children  Employee + Spouse  Family

Please indicate your tobacco or nicotine substitute usage including but not limited to: cigarettes, cigars, pipe smoking, snuff, chewing tobacco, nicotine patch, nicotine gum or other nicotine supplements. Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information will be subject to criminal penalties applicable to state laws.

EMPLOYEE: Have you used tobacco/nicotine products within the past 90 days?  
 PLEASE ANSWER  Yes  No

**FOR HEALTHCARE PROVIDER USE ONLY: (must be a M.D., D.O., P.A., or N.P.)**

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

Patient Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Date of Exam: (mm/dd/yyyy) \_\_\_\_\_

**Biometric Measurements - REQUIRED**

**\*\* Please refer to information on the following page regarding recommended procedures outlined for these tests. \*\***

Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  1/4  1/2  3/4  Even Weight: \_\_\_\_\_ lbs. Pulse: \_\_\_\_\_

Blood Pressure: 1st: \_\_\_\_\_ / \_\_\_\_\_ 2nd: \_\_\_\_\_ / \_\_\_\_\_ Please take 2nd BP if 1st is over 120/80

Waist: \_\_\_\_\_ in.  1/4  1/2  3/4  Even Hip: \_\_\_\_\_

BMI will be calculated based on height and weight.  
 For more information, visit [www.nih.gov](http://www.nih.gov) and type BMI in the search box.

**Laboratory Values - REQUIRED**

Total Cholesterol: \_\_\_\_\_ HDL Cholesterol: \_\_\_\_\_ Trigly - cerides: \_\_\_\_\_ LDL Cholesterol: \_\_\_\_\_ Glucose: \_\_\_\_\_

Date values obtained: \_\_\_\_\_ Hours Fasted: \_\_\_\_\_ Cotinine Result: <sup>^</sup>  Positive  Negative <sup>^</sup>A blood test or urinalysis may be taken to test the cotinine level

**Healthcare Provider Use Only - REQUIRED (note: do not use stamp over boxes)**

Provider Last Name: \_\_\_\_\_ (Place stamp in area below)

Provider First Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(ex. M.D., D.O.)

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I have carefully read the agreement on the following page and understand the terms and conditions of my voluntary participation in the program.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PARTICIPANT NOTICE AND CONSENT

I hereby authorize my healthcare provider and the laboratory utilized to complete the necessary examination which may include a blood draw, or other body fluid required. Biometric measurements and laboratory test on page 1 will be measured and recorded. I authorize the use or disclosure of health and personal information about me, including all health screening and laboratory results obtained as part of this screening to: Bravo Wellness, LLC, a Case Manager/Disease Manager, worksite wellness program vendors, my personal healthcare provider and/or the managing general underwriter for my employer's health plan. This authorization will expire 12 months from the date of my new medical plan year or one year from date of this document, whichever is later.

In the event of a termination of the services provided by Bravo Wellness under my employer's program, I authorize that Bravo Wellness may send the data and information collected pursuant to my screening to another wellness administrator or health plan to maintain the continuity of information for my participation in the program as directed by my employer.

I have read and understand the following statements about my rights:

1. I may revoke this authorization at any time by notifying Bravo Wellness, LLC, in writing, but revocation will not have any effect on any actions that the entity took before receiving the revocation.
2. I may see and copy the information described on this form upon request.
3. The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity as described above.

I understand that any participation in this program is voluntary and that enrollment in or eligibility for health plan benefits is not conditioned upon providing this authorization except to the extent necessary for underwriting or risk rating determinations that may be used to reduce or increase health plan benefits or payroll contributions. By participating in the program and screening events, I hereby accept all risk, except in the case of gross negligence, to my health that may result from such participation and I hereby release and agree to hold harmless my employer, my employer's insurance agent, Bravo Wellness, its affiliates, and their respective officers, directors, employees, agents, successors and assigns from any and all liability to myself, my personal representatives, estate, heirs, next of kin and assigns, from any and all claims and causes of actions for all illness or injury to my person resulting from my participation in the program and the screening events.

Consultation with Providers: This program is not a diagnostic tool, nor is it a substitute for, professional medical advice, diagnosis or treatment. The program recommends consultation with my healthcare provider for such services. The information provided by the program is for educational purposes only. It is not a diagnosis or recommendation for a specific treatment plan, product, or course of action. **I have carefully read this agreement and understand the terms and conditions of my voluntary participation in the program.** (Please sign & date the previous page.)

### **\*\* ATTENTION HEALTHCARE PROVIDER \*\***

**These results are tied to financial incentives, please follow the procedures outlined below.**

- **Height:** Perform the height measurement using a sliding height measuring stick. Have the patient remove their shoes and record to the nearest ¼ inch. Self reported heights are not acceptable.
- **Weight:** Perform a weight measurement using a professional grade scale with a maximum capacity of 400 pounds. Have the patient remove their shoes and record. Do not make any adjustments for clothes.
- **Pulse:** Please take a full 60 second reading.
- **Blood Pressure:** Perform using a standard sphygmomanometer, cuff size as appropriate. If the patient's blood pressure is above 120/80, please take the blood pressure in the opposite arm & record both readings on the form.
- **Waist/Hip:** Use a soft tape measure. For waist measurement, place the tape measure at the navel. For hip measurement, hold the tape measure at the widest point.
- **Laboratory Testing:** Include full lipid profile and glucose with a blood test, if possible.