

# HEALTH RISK SCREENING FORM

Member's Name (As it appears on your MVP ID card) \_\_\_\_\_  
FIRST LAST

Member's Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
MVP Member ID Number \_\_\_\_\_  
Member's Telephone Number \_\_\_\_\_

**DIRECTIONS FOR MVP MEMBERS**

**STEP 1:** Contact your doctor's office to schedule a preventive health visit and have a health practitioner validate your screening results by entering your screening results below and signing this form. Alternatively, 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 Practitioner's signature.

**STEP 2:** Indicate whether this is your first submission this year, or if you are submitting this form to update records previously on file.  
 First submission  Update submission

**STEP 3:** Make a copy of the completed form for your records.  
**STEP 4:** Mail to Attn: MVP WellStyle Rewards, Healthroads Customer Service - C4-1, P.O. Box 509040, San Diego, CA 92150-9040. You may also email your screening form to [mvpforms@ashn.com](mailto:mvpforms@ashn.com) with the subject line *MVP Screening Form*. Forms must be received by 12/31/14.

**Register/log in at [www.mvphhealthcare.com](http://www.mvphhealthcare.com), choose *Manage Your Account* and then *WellStyle Extras* for program details.**

**NOTE: Please allow 4-6 weeks for Health Risk Screening Form processing.**

**I. MEMBER INFORMATION**

HEALTH MEASURE	FILL IN SCREENING RESULT*	EXCEPTIONS	DATE OF SCREENING
<b>Tobacco Use</b> Within 90 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
<b>BMI</b> <i>If pregnant, record pre-pregnancy weight</i>	<b>Height:</b> ▲ _____ [inches] <b>Weight:</b> ▲ _____ [pounds]	<b>Request Medical Exception:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No May request a medical exception if a member has a high % muscle mass that may distort BMI measures	▲ _____ ▲ _____
<b>Blood Pressure</b> Within 24 months	▲ _____ [mmHg]	N/A	▲ _____
<b>Fasting Total Cholesterol</b> Within 24 months	▲ _____ [mg/dl]	<b>Request Medical Exception:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No May request a medical exception if cholesterol is between 200 - 239, but HDL is > 60	▲ _____ ▲ _____
<b>Fasting Blood Sugar OR HbA1c</b> Within 24 months	<i>Points will only be awarded for one of these measures</i> <b>FBS:</b> ▲ _____ [mg/dl] <b>HbA1c:</b> ▲ _____ [mg/dl]	N/A	▲ _____ ▲ _____

**II. SCREENING RESULTS**

\*Results MUST BE NOTED in the sections above. POINTS WILL NOT BE AWARDED unless each screening result line is filled in. Medical record documentation is for auditing purposes only.

**VALIDATION OF SCREENING RESULTS**  
MEASURES VALIDATED BY HEALTH PRACTITIONER

Blood Pressure  BMI **Health Practitioner Signature (or office stamp)** \_\_\_\_\_  
 Blood Sugar/HbA1c  Cholesterol  BMI  Cholesterol Date \_\_\_\_\_  
 Practitioner Phone Number \_\_\_\_\_

**III. VALIDATION**  
MEASURES VALIDATED BY ATTACHED DOCUMENTATION

Blood Pressure  Blood Sugar/HbA1c  BMI  Cholesterol

I authorize MVP Health Care to contact my health practitioner for audit purposes only. By signing below I certify that the information provided in support of this submission is complete and accurate. **REMEMBER TO COMPLETE FORM ABOVE AND ATTACH RESULTS FOR CREDIT!**

The information submitted on this *Health Risk Screening Form* or as a result of this onsite biometric clinic will be uploaded to your Personal Health Assessment and online member biometric record with MVP. All individual data will be kept confidential within MVP for health plan operations.

In addition, by signing below you authorize MVP's Wellness Team to provide to your employer or benefits administrator, upon its request, "pass" results relating to a standard/goal/target used for premium and/or reward/incentive administration. For example, MVP may report whether a standard is met, but not the actual measurement or result. This authorization expires one year after the end of the employer's standard/goal/target measurement period. To the extent MVP has not already acted on this authorization, you may revoke it at any time by providing written direction to MVP's Wellness Team. Your employer may not be required to protect the information that is the subject of this authorization. MVP may not require the completion of this authorization before providing or determining treatment, payment or eligibility.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

PROGRAM ACTIVITIES/ MILESTONES	REWARD CRITERIA	POINTS PER MILESTONE	MAX ANNUAL POINTS
<b>Complete the Personal Health Assessment*</b>	To take your <i>Personal Health Assessment</i> , log in at <a href="http://mvphealthcare.com">mvphealthcare.com</a> , choose <i>Manage Your Account</i> and then <i>WellStyle Extras</i> (see Step 1). This is a required step for both subscriber and spouse before points will accumulate for redemption.	25	25
<b>Submit a Validated Screening Form*</b>	This is a required step for both subscriber and spouse before points will accumulate for redemption. <b>Must be received no later than 12/31/14.</b> Note: If <i>Health Risk Screening Form</i> was submitted in 2013 (with screening dates after 1/1/2012), member will receive auto-credit and is not required to resubmit form.	100	125
	Members who engage with their physician and have their physician sign their form will receive 100 points.		
	Members who attach a copy of their lab results must also sign their form but without a physician signature they will receive 25 points.	25	
<b>Tobacco Free Goal</b>	Member attests he/she has not used tobacco in the last 90 days	60	60
<b>BMI Goal</b>	<b>Optimal:</b> 18 – 24.9 <b>OR Request a medical exception if member has a high % muscle mass that may distort BMI measures</b>	60	
	<b>Borderline:</b> 25 – 29.9	30	60
	<b>Exception:</b> > 25 but demonstrates a 5% reduction	60	
<b>Blood Pressure Goals</b>	<b>Optimal:</b> < 120 mmHg	30	30
	<b>Borderline:</b> 120 – 139 mmHg	15	
	<b>Optimal:</b> < 80 mmHg	30	30
	<b>Borderline:</b> 80 – 89 mmHg	15	
<b>Fasting Total Cholesterol Goal</b>	<b>Optimal:</b> < 200 mm/dL <b>OR Request medical exception if Total Cholesterol 200 – 239 and HDL &gt; 60</b>	60	60
	<b>Borderline:</b> 200 – 239 mm/dL	30	
<b>Fasting Blood Sugar Goal or HbA1c Goal</b> <small>Points will only be awarded for one of these measures</small>	<b>Fasting Blood Sugar</b> <b>Optimal:</b> < 100 mg/dl <b>Borderline:</b> 100 – 125 mg/dl	60	60
	<b>HbA1c</b> <b>Optimal:</b> < 5.6% <b>Borderline:</b> 5.7 – 6.4%	30	

\*Completion of the *Personal Health Assessment* and submission of a validated *Health Risk Screening Form* are both required milestones that must be completed by you and your spouse, if applicable, before you can redeem any of your accumulated points.

**Members of MVP health plans with WellStyle 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
<b>Complete an Online Course:</b>			
Aging Well	To access <b>Online eCoaching Courses</b> , log in at <a href="http://mvphealthcare.com">mvphealthcare.com</a> , choose <i>Manage Your Account</i> and then <i>WellStyle Extras</i> . When all required tasks have been completed, members will receive a course certificate.	10 points per class. Can receive credit for completing up to 5 courses.	50
Exercise & Active Living			
Healthy Living			
Life Skills			
Living Tobacco Free			
Low Stress Living			
<b>Complete 4 Personal Lifestyle Coaching Sessions:</b>			
Weight Management	Members have up to 52 free coaching sessions available to them annually and will be rewarded 200 points for every 4 sessions completed up to the \$300 max. To schedule a session, members may call: <b>1-877-748-2746</b>	200 points per 4 sessions completed.	Up to 300 max
Healthy Living: ( <i>Nutrition, Fitness, Stress Mgmt, High Blood Pressure/High Cholesterol/Pre-Diabetes Mgmt</i> )			
Smoking Cessation			
<b>Sign Up to Receive Daily Wellness Email</b>	To sign up for a daily email login at <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a> , and choose <i>WellStyle Extras</i> . Once in your wellness portal select <i>Resources</i> from the top navigation and click on <i>Daily Email Tips</i> .	10	10