

ATTENTION ALL PEEHIP MEMBERS:

Beginning in October 2015, eligible PEEHIP members will begin paying a \$50.00 monthly wellness premium if they fail to complete the requirements by the deadline of May 31, 2015. This new premium applies to both eligible members and covered spouses resulting in a potential combined \$100.00 monthly additional premium. Covered children are not required to participate in the program.

Eligible members are those enrolled in the PEEHIP Hospital Medical Group #14000 plan and who are:

- Active members and their covered spouses.
- Non-Medicare eligible retirees.
- Covered Non-Medicare eligible spouses of retirees.
- COBRA, Leave of Absence, and Surviving Spouses.

By completing the steps listed below, members and covered spouses will avoid the \$50.00/\$100.00 additional monthly wellness premium.

Members can track their progress toward receiving the wellness premium waiver online at: www.MyActiveHealth.com/PEEHIP

TAKE THESE STEPS:

1. Get a Wellness Screening before May 31, 2015. You can do this at the County Health Department or at your private physician. See the attached form.
2. Complete the Health Questionnaire online at: www.MyActiveHealth.com/PEEHIP or by phone at 855-294-6580 before May 31, 2015.
3. If necessary, complete Wellness or Disease Management Coaching before May 31, 2015 (only if you are identified by ActiveHealth for coaching and are mailed a coaching invitation).



**GET SCREENED
 FOR YOUR TEAM!**

Incomplete forms will not be processed.

ADPH Wellness Program
 201 Monroe Street, Suite 986
 Montgomery, AL 36104
 Phone: 1-800-252-1818
 Fax: 1-334-206-0385

To Be Completed by Active or Retired Employee or Spouse:

SECTION 1: PRINT CLEARLY WITH A BLACK INK PEN. DARKEN BOXES COMPLETELY.
 << Not This << This << Not This

Contract Number: _____ SSN: (of person being screened) _____ Male Contract Holder
 _____ - _____ - _____ Female Spouse

Screen Date: _____ Birth Date: _____ Daytime Phone Number: _____
 _____ - _____ - _____ _____ - _____ - _____

Last Name: _____ First Name: _____

Screening not performed due to: Pregnancy Disability

What best describes your race/ethnicity?
 White Asian
 Hispanic / Latino Other
 Black / African American Native American / Alaska Native
 Native Hawaiian / Pacific Islander

Do you have (or have you been told you had) any of the following?
 High Cholesterol High Blood Pressure Diabetes

Do you take any medication for any of the following?
 High Cholesterol High Blood Pressure Diabetes

To Be Completed by Physician's Office:

SECTION 2: SEE PHYSICIAN INSTRUCTIONS ON REVERSE SIDE ▶

Blood Pressure: _____ / _____
 Total Cholesterol: _____ mg/dl
 HDL Cholesterol: _____ mg/dl
 LDL Cholesterol: _____ mg/dl
 Triglycerides _____ mg/dl

Blood Glucose: _____ mg/dl
 Height: _____ ft _____ in
 Weight: _____ lbs
 Waist: _____ . _____ in

Has the person being screened used a tobacco product in the last 12 months? Yes No

CLAIMS FILING INSTRUCTIONS FOR COPAYMENT WAIVER: Under the Affordable Care Act, no copayment is required for one annual preventive routine office visit obtained through an in-network provider (not applicable if a diagnosis associated with the visit). File the claim for the member's office visit with BC/BS for PEEHIP Group #14000. Use the appropriate CPT code for the office visit in order to be reimbursed at 100% of the allowable fee. The patient will be responsible for any other applicable copays, such as lab tests. The copay waiver is not allowed at urgent care centers or emergency rooms. Please follow the normal billing procedures for subsequent visits.

To Be Completed by Physician's Office:

Physician / CRNP, PA Name (Please Print) _____ Physician / CRNP, PA Signature _____

Healthcare Provider Type (Please Print) _____ Healthcare Provider Address & Phone Number (Please Print) _____



PEEHIP Healthcare Provider Screening Form: Physician instructions

Section 2:

- Please completely capture all requested data and record it in the fields provided. While all data is highly useful, the PEEHIP member's wellness screening requirement will not be completed unless all of the data in section 2 is recorded at the time of the office visit with the exception of waist measurement.
- Waist measurement is not a required field for completion of the PEEHIP member's wellness screening requirement; however, collecting this information is recommended to better represent the distribution of body mass and determine overall wellness.

Signature Block:

- Please completely fill out all requested fields in order for the PEEHIP member's wellness screening requirement to be completed.
- Please mail or fax the completed form directly to the Alabama Department of Public Health at the address or fax number below.

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