

January 21, 2019

Dear Crouse Health Employee Health Plan Member:

We invite you to consider an opportunity to focus on your health and well-being. If you are a member of the Crouse Health Employee Health Plan as of March 1, 2019, you can participate in this program and earn a substantial incentive (**up to \$500**). Your only task: follow the recommendations of your healthcare providers.

To participate, obtain the required services outlined on the enclosed “PCP Partnership Form.” After you have completed these services, ask your Primary Care Provider (PCP) to complete and submit the form. **Your information will be processed by the Crouse Health Office of Population Health; it will not be shared with anyone outside of this area and will only be used to document and deliver your incentive.**

INCENTIVE LEVELS & REQUIREMENTS

Components	General Requirements	Incentive Details
Level 1: PCP Visit & Screening Services	Complete a PCP Visit between Jan. 1 – Dec. 31, 2019 Ensure other screening services listed are up to date (as defined on the PCP Partnership Form). For questions about the required services or safely meeting the Health Goals, consult with your PCP. Your spouse can also complete Level 1 to earn an incentive (spouse must be covered on the plan; separate form submission required).	Level 1 Incentive: Employee: \$100 Spouse Bonus: \$50
Level 2: Health Goals <i>Must successfully complete Level 1 to be eligible for Level 2 incentives</i>	Meet one or more of the “Health Goals” to receive the associated incentive amount (see “Incentive Details”). Health Goals can be met through one of the following ways: <ol style="list-style-type: none"> 1. PCP provides confirmation of “In Range” result. 2. PCP provides confirmation AND actual results to show an “Improved” result (defined on the form). To help you meet the Tobacco Free health goal, you are invited to participate in the FREE “Quit for Life” program. Call 800-442-8904 to enroll; details available at www.crouse.org/wellness .	Level 2 Incentive: Employee can earn the following (up to \$350): <ol style="list-style-type: none"> 1 – Healthy Weight (\$75) 2 – Blood Pressure (\$75) 3 – Blood Sugar/A1c (\$75) 4 – LDL (\$75) 5 – Tobacco Free (\$25) Earn a \$25 Bonus: Meet all five health goals and receive a \$25 bonus incentive.

**Employees enrolled in the Crouse Hospital or Crouse Medical Practice employee health plan as of March 1, 2019 are eligible for the program. Incentive will be delivered in 2020 and employee must be employed by Crouse Hospital or Crouse Medical Practice at the time the incentive is delivered.*

If your PCP determines that any of the program requirements are not medically appropriate based on your specific situation (ex: serious illness or pregnancy), your PCP can submit an exemption request. The request should include confirmation that you are following your plan of care specific to your medical situation.

You are able to work with your PCP of choice and are not required to use a certain providers. If you need a PCP, the Crouse Health Network practices below will accept our employees as patients.

Crouse Medical Practice

www.crousemed.com

Locations: Syracuse, East Syracuse, Manlius

Family Practice Associates

www.familypracticeassociatescny.com

Location: Liverpool

Marcellus Family Medicine

www.marcellusfamilymedicine.com

Location: Marcellus

CMH Family Health Centers

www.communitymemorial.org

Various Locations throughout CNY

FamilyCare Medical Group

www.fcmg.org

Various Locations throughout CNY

Preventive Medicine Associates

www.preventive-med.net

Location: Camillus

The Internal Medicine Offices of Dr. Paul S. Cohen MD

www.paulscohenmd.com

Location: Syracuse

Kudos Medical

www.kudosmedical.com

Locations: Chittenango, Dewitt

You should not ask your PCP to complete the form unless you plan to submit it at that time. Your PCP office is not expected to hold onto your form while you work to meet the program requirements. If you are required to obtain service(s) from other provider(s) (ex: mammogram), please wait until the service(s) are complete to give this form to your PCP Office. If you are working to "Improve" a Health Goal(s), wait to give the form to your PCP until after you have made the improvement(s).

Services required for this program will be covered according to your Crouse Health Employee Health Plan and you will have little or no cost for the required services. For questions about coverage and participating providers, contact Excellus directly using the number on your health plan ID card.

Crouse Health is offering this program to support you and your relationship with your primary care provider. If you have any questions about this program, please contact our program coordinator at 315-470-8034 or healthincentiveprogram@crouse.org.

Sincerely,



Kimberly Boynton
Chief Executive Officer



Seth Kronenberg, MD
Chief Operating Officer/Chief Medical Officer



Carl Butch, MD
President, Crouse Medical Practice

Please note, while your PCP office may submit your form on your behalf, it is your responsibility to ensure the completed form is submitted by January 15, 2020. Upon receipt of your form, you will be sent a written confirmation and notice of your incentive eligibility status.



Dear Primary Care Provider (PCP),

As a member of the Crouse Health/Crouse Medical Practice Employee Health Plan, your patient is eligible to earn a financial incentive for meeting our Population Health Program requirements. As a partner in health, we ask you to work with your patient to complete the enclosed form and verify the information is consistent with the medical records you have on file for this patient.

FORM SUBMISSION DEADLINE: JANUARY 15, 2020

FORM SUBMISSION INSTRUCTIONS

Please fax the enclosed form to 315-470-1329, Attn: Population Health Program. As an alternative, the patient may bring the completed form to Crouse Hospital on 8 Memorial.

Services will be covered according to the Crouse Health/Crouse Medical Practice Employee Health Plan. To verify coverage and participating providers, you may contact Excellus directly using the number on the patient's health plan ID card. There is minimal or no patient cost share for the program's required services.

IMPORTANT: The PCP office is not expected to hold onto this form while the patient works to meet the program requirements. If the patient is required to obtain service(s) from provider(s) other than the PCP (ex: mammogram), the patient has been asked to wait until the service(s) are complete to give your office this form to complete. If the patient is working to "Improve" Health Goal(s), the patient has been asked to wait to give this form to the PCP Office until the improvement(s) have been achieved.

It is your patient's responsibility to ensure the completed form is submitted by January 15, 2020, according to the instructions provided. The PCP Office may submit on behalf of the patient.

If the PCP determines that any of the program requirements are not medically appropriate for a specific patient (ex: serious illness or pregnancy), the PCP can submit an exemption request. The request should include confirmation that the patient is following the plan of care specific to the patient's medical situation.

Sincerely,

Kimberly Boynton
Chief Executive Officer

Seth Kronenberg, MD
Chief Operating Officer/Chief Medical Officer

Carl Butch, MD
President, Crouse Medical Practice

PATIENT NAME: _____

DATE OF BIRTH: _____

If not the patient, please indicate insurance cardholder's name: _____

VISIT WWW.CROUSE.ORG/HEALTHINCENTIVE TO OBTAIN ADDITIONAL COPIES OF THIS FORM**LEVEL 1 INCENTIVE – COMPLETE ALL APPLICABLE REQUIREMENTS****Requirement #1 – Primary Care Provider (PCP) Visit with Current Lab Tests** *all participants*

Date of PCP Visit: _____ (visit must take place in 2019)

Date of Fasting Glucose & Cholesterol Test (A1c required for diabetics): _____ (on or after Jan. 1, 2015)

Requirement #2: Cervical Cancer Screening (“pap test”) *females ages 21-64 as of 12/31/19 (Exception: hysterectomy, agenesis, cervix absence)*

Date: _____ (performed between Jan. 1 2017 – Dec. 31, 2019) Screening Provider: _____

Requirement #3: Breast Cancer Screening *females ages 41-84 as of 12/31/19* (Exception: double mastectomy)*Date: _____ (performed in 2019) Screening Provider: _____ ☐ **Report is in PCP chart (required)****Considers American College of Radiology recommendation***Requirement #4: Colorectal Cancer Screening** *all participants ages 51-75 as of 12/31/19 (Exception: colorectal cancer or total colectomy)***Must complete at least one of the below services in timeframe noted (check all that apply):**

- ☐ Fecal Occult Blood Test performed between Jan. 1, 2019 - Dec. 31, 2019
- ☐ Cologuard performed between Jan. 1, 2017 - Dec. 31, 2019
- ☐ Flexible Sigmoidoscopy or CT Colonography performed between Jan 1. 2015 - Dec. 31, 2019
- ☐ Colonoscopy performed between Jan. 1, 2010 - Dec. 31, 2019

Date: _____ Screening Provider: _____ ☐ **Report is in PCP chart (required)****Requirement #5: Diabetic Retinal Eye Exam*** *participants diagnosed with Diabetes Type 1 or Type 2*Date: _____ (performed in 2019) Screening Provider: _____ ☐ **Report is in PCP chart (required)****If you do not have a relationship with an ophthalmologist, you may obtain a Diabetic Eye Exam at Crouse Medical Practice (CMP), even if you are not a patient of the practice (call 315-479-5070 ext. 66250). Service is also available through FamilyCare Medical Group (call 315-492-5910).***LEVEL 2 INCENTIVE – MEET HEALTH GOALS WITH “IN RANGE” OR “IMPROVED” RESULT****Health Goal “In Range”****OR****Health Goal “Improved” (if not “In Range”)**☐ Healthy Weight per PCP☐ Patient has improved by 5% since Jan. 1, 2018
Initial Weight/Date: _____ 2019 Result: _____☐ BP in 2019 < 140 systolic and < 90 diastolic
< 150 systolic and < 90 diastolic if age 60 and older☐ Patient has improved by 5% since Jan. 1, 2018
Initial Result/Date: _____ 2019 Result: _____☐ Non-diabetics: Fasting Glucose since Jan. 1, 2015 <= 105
☐ Diabetics: A1c in 2019 < 8.0%☐ Patient has improved by 5% since Jan. 1, 2018
Initial Result/Date: _____ 2019 Result: _____☐ LDL since Jan. 1, 2015 < 190☐ Patient has improved by 5% since Jan. 1, 2018
Initial Result/Date: _____ 2019 Result: _____**Tobacco Free Patient Attestation:** I am “Tobacco Free,” meaning that I do not currently use and have not used in the last 6 months any form of tobacco including, cigarettes, pipes, cigars, or smokeless tobacco.

Patient Signature: _____ Date: _____

→ **PCP Initials to verify patient tobacco free status:** _____Option to enroll in the FREE “Quit for Life” program, call 800-442-8904 (details are available at www.crouse.org/wellness).

This program is not required to earn the incentive, but is available to assist participants in achieving tobacco-free status.

PCP VERIFICATION (REQUIRED)

By signing this form, PCP verifies that the information provided is accurate and consistent with the medical records on file for this patient.

→ Practice Name: _____ PCP Name: _____ Date: _____

Please fax form to Crouse Health at 315-470-1329, Attn: “Population Health Program” by Jan. 15, 2020