

January 21, 2020

Dear Crouse Health Employee Health Plan Member:

The Crouse mission is to provide the best in patient care and to promote community health — including the well-being of our own employees and their families. That’s why we’re inviting you to focus on your health and wellness, while earning a substantial incentive (up to \$500) just for participating.

If you’re a member of the Crouse Health Employee Health Plan on or before March 1, 2020, you’re eligible to take part in this rewarding opportunity. Your only task: simply follow the recommendations of your healthcare providers.

To participate, work with your Primary Care Provider (PCP) to complete and submit the form on the reverse side of this letter. **Your form will be processed by Ngoc Pham (Program Coordinator) and will only be used for the purpose of this program.**

INCENTIVE LEVELS & REQUIREMENTS

Level	General Information	Incentive Details*
1	Complete PCP Visit & Screening Services Your spouse can also complete Level 1 to earn an incentive (spouse must be covered on the plan; separate form submission required).	Employee: \$100 Spouse Bonus: \$50
2	Must successfully complete Level 1 to be eligible for Level 2 incentives Health Goals include Healthy Weight, Blood Pressure, Blood Sugar/A1c, and LDL FREE “Quit for Life” program is offered to help you meet Tobacco Free Status. Details available at www.crouse.org/wellness or call 800-442-8904 to enroll.	Each Health Goal - \$75 Tobacco Free Status - \$25 \$25 bonus for meeting all goals and indicating tobacco free status

**Incentive will be delivered in 2021 and employee must be employed by Crouse Hospital or Crouse Medical Practice at the time the incentive is to be 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.

Services required for this program are covered with little or no cost share, according to the Crouse Health Employee Health Plan. Contact Excellus directly using the number on your health plan ID card for coverage questions.

Crouse Health is offering this program to support you and your relationship with your PCP. If you have any questions about this program or need a PCP, please contact Ngoc Pham 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

PATIENT TO COMPLETE

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

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, smokeless tobacco or vaping.

Patient Signature: _____ Date: _____ Current Tobacco User

PROVIDER TO COMPLETE

LEVEL 1 INCENTIVE – COMPLETE ALL APPLICABLE REQUIREMENTS

Requirement #1 – Primary Care Provider (PCP) Visit with Current Lab Tests *all participants*

Date of PCP Visit: _____ (performed in 2020) | If **not diabetic**, date of Fasting Glucose: _____
 (on or after Jan. 1, 2016)

Date of Cholesterol Test: _____ | If **diabetic**, date of A1c: _____ (performed 2020)
 (on or after Jan. 1, 2016)

Requirement #2: Cervical Cancer Screening ("pap test") *females ages 21-64 as of 12/31/20* N/A -or- Exception Applies
 (*Exception: hysterectomy, agenesis, cervix absence*)

Date: _____ (performed between Jan. 1, 2018 – Dec. 31, 2020) Screening Provider: _____

Requirement #3: Breast Cancer Screening *females ages 41-84 as of 12/31/20** N/A -or- Exception Applies
 (*Exception: double mastectomy*) (**Considers American College of Radiology recommendation*)

Date: _____ (performed in 2020) Screening Provider: _____ Report is in PCP chart (required)

Requirement #4: Colorectal Cancer Screening *all participants ages 51-75 as of 12/31/20* N/A -or- Exception Applies
 (*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, 2020 - Dec. 31, 2020
- Cologuard performed between Jan. 1, 2018 - Dec. 31, 2020
- Flexible Sigmoidoscopy or CT Colonography performed between Jan 1, 2016 - Dec. 31, 2020
- Colonoscopy performed between Jan. 1, 2011 - Dec. 31, 2020

Date: _____ Screening Provider: _____ Report is in PCP chart (required)

Requirement #5: Diabetic Retinal Eye Exam* *participants diagnosed with Diabetes Type 1 or Type 2* N/A

Date: _____ (performed in 2020) 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"
 **"Improved Result" = 5% improvement since Jan. 1, 2019

Health Goals	Not Met	In Range	Improved Result*
Healthy Weight per PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2019 Result: _____ 2020 Result: _____
BP in 2020 < 140 systolic and < 90 diastolic < 150 systolic and < 90 diastolic if age 60 and older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2019 Result: _____ 2020 Result: _____
Non-diabetics: Fasting Glucose <= 105 (since 1/1/16) Diabetics: A1c in 2020 < 8.0% (performed in 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2019 Result: _____ 2020 Result: _____
LDL since Jan. 1, 2016 < 190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2019 Result: _____ 2020 Result: _____

"Tobacco Free," meaning no use in the last 6 months any form of tobacco including, cigarettes, pipes, cigars, smokeless tobacco or vaping.

→ **PCP Initials to verify patient tobacco free status:** _____ OR Patient is a current tobacco user.

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 (Print):** _____ **Provider Name (Print):** _____

Date: _____ **Provider Signature:** _____