

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 are a member of the Crouse Health Employee Health Plan on or before August 1, 2021, you are 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 the Crouse Population Health 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 2022 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), your PCP can submit an exemption request. The request should include confirmation that you are following your individualized plan of care.

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 call the Crouse Population Health Coordinator 315-470-8034 or email healthincentiveprogram@crouse.org.

Sincerely,



Kimberly Boynton
Chief Executive Officer



Seth Kronenberg, MD
Chief Operating Officer/Chief Medical Officer

PATIENT TO COMPLETE	PATIENT NAME: _____ DATE OF BIRTH: _____	
	If not the patient, please indicate insurance cardholder's name: _____	
	<input type="checkbox"/> 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 products.	
	Patient Signature: _____ Date: _____ <input type="checkbox"/> Current Tobacco User	
PROVIDER TO COMPLETE	LEVEL 1 INCENTIVE – COMPLETE ALL APPLICABLE REQUIREMENTS	
	Requirement #1 – Primary Care Provider (PCP) Visit with Current Lab Tests <i>all participants</i>	
	Date of PCP Visit: _____ (<i>performed in 2021</i>) Date of Cholesterol Test: _____ (<i>on or after Jan. 1, 2017</i>)	
	<input type="checkbox"/> Patient is NOT Diabetic Date of Fasting Glucose: _____ (<i>on or after Jan. 1, 2017</i>)	
	<input type="checkbox"/> Patient is Diabetic Date of A1c: _____ (<i>performed in 2021</i>)	
	Requirement #2: Cervical Cancer Screening ("pap test") <i>females ages 21-64 as of 12/31/21</i> <input type="checkbox"/> N/A -or- <input type="checkbox"/> Exception Applies <i>Participant can self-report date and screening provider to PCP</i> <i>Exception: hysterectomy, agenesis, cervix absence</i>	
	Date: _____ (<i>performed between Jan. 1, 2019 – Dec. 31, 2021</i>) Screening Provider: _____	
	Requirement #3: Breast Cancer Imaging Screening <i>females ages 41-84 as of 12/31/21</i> <input type="checkbox"/> N/A -or- <input type="checkbox"/> Exception Applies <i>Considers American College of Radiology recommendation</i> <i>Exception: double mastectomy</i>	
	Date: _____ (<i>performed in 2021</i>) Imaging Provider: _____ <input type="checkbox"/> Report is in PCP chart (required)	
	Requirement #4: Colorectal Cancer Screening <i>all participants ages 51-75 as of 12/31/21</i> <input type="checkbox"/> N/A -or- <input type="checkbox"/> Exception Applies <i>Exception: colorectal cancer or total colectomy</i>	
Must complete <u>at least</u> one of the below services in timeframe noted (check all that apply):		
<input type="checkbox"/> Fecal Occult Blood Test performed between Jan. 1, 2021 - Dec. 31, 2021		
<input type="checkbox"/> Cologuard performed between Jan. 1, 2019 - Dec. 31, 2021		
<input type="checkbox"/> Flexible Sigmoidoscopy or CT Colonography performed between Jan 1. 2017 - Dec. 31, 2021		
<input type="checkbox"/> Colonoscopy performed between Jan. 1, 2012 - Dec. 31, 2021		
Date: _____ Screening Provider: _____ <input type="checkbox"/> Report is in PCP chart (required)		
Requirement #5: Diabetic Retinal Eye Exam* <i>participants diagnosed with Diabetes Type 1 or Type 2</i> <input type="checkbox"/> N/A		
Date: _____ (<i>performed in 2021</i>) Screening Provider: _____ <input type="checkbox"/> Report is in PCP chart (required)		
<i>*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).</i>		
LEVEL 2 INCENTIVE – MEET HEALTH GOALS WITH "IN RANGE" OR "IMPROVED RESULT" "Improved Result" = 5% improvement since prior year		
Healthy Weight	COMPLETE BOTH YEARS: 2021 Weight & BMI: _____ 2020 Weight & BMI: _____	
	<input type="checkbox"/> Patient is a Healthy Weight <input type="checkbox"/> Patient is NOT a Healthy Weight	
BP < 140 systolic and < 90 diastolic	2021 Result: _____ 2020 Result: _____ (<i>If 2021 is out of range, provide both years</i>)	
Non-diabetics: Fasting Glucose < 106 Diabetics: A1c < 8.0%	2021 Result: _____ 2020 Result: _____ (<i>If 2021 is out of range, provide both years</i>)	
LDL < 190	2021 Result: _____ 2020 Result: _____ (<i>If 2021 is out of range, provide both years</i>)	
Tobacco Free	<input type="checkbox"/> Patient has not used tobacco or vaping products in last 6 months	
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: _____		Provider Name (Print): _____
Date: _____		Provider Signature: _____