



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, 2022, 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 only be viewed and 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 are available at www.crouse.org/wellness .	Each Health Goal: \$75 Tobacco Free Status: \$25 \$25 bonus for meeting all goals and indicating tobacco free status

**Incentive will be delivered in 2023 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

2022 POPULATION HEALTH INCENTIVE FORM

FAX FORM BY **JANUARY 15, 2023** to the program coordinator at **315-470-1329** or email healthincentiveprogram@crouse.org.

It is the participant's responsibility to ensure this form is received and processed, email address above to check status.

VISIT CROUSE.ORG/HEALTHINCENTIVE TO OBTAIN ADDITIONAL COPIES OF THIS FORM

PATIENT TO COMPLETE

PATIENT NAME: _____ **DATE OF BIRTH:** _____

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

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: _____ Current Tobacco User

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 2022*) Date of Cholesterol Test: _____ (*on or after Jan. 1, 2018*)

Patient is NOT Diabetic Date of Fasting Glucose: _____ (*on or after Jan. 1, 2018*)

Patient is Diabetic Date of A1c: _____ (*performed in 2022*)

Requirement #2: Cervical Cancer Screening ("pap test") *females ages 21-64 as of 12/31/22* N/A -or- Exception Applies
Participant can self-report date and screening provider to PCP *Exception: hysterectomy, agenesis, cervix absence*

Date: _____ (*performed between Jan. 1, 2020 – Dec. 31, 2022*) Screening Provider: _____

Requirement #3: Breast Cancer Imaging Screening *females ages 41-84 as of 12/31/22* N/A -or- Exception Applies
Considers American College of Radiology recommendation *Exception: double mastectomy*

Date: _____ (*performed in 2022*) Imaging Provider: _____ Report is in PCP chart (required)

Requirement #4: Colorectal Cancer Screening *all participants ages 46-75 as of 12/31/22* 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):

- Feccal Occult Blood Test (*performed between Jan. 1, 2022 - Dec. 31, 2022*)
- Cologuard (*performed between Jan. 1, 2020 - Dec. 31, 2022*)
- Flexible Sigmoidoscopy or CT Colonography (*performed between Jan 1, 2018 - Dec. 31, 2022*)
- Colonoscopy (*performed between Jan. 1, 2013 - Dec. 31, 2022*)

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 2022*) Screening Provider: _____ Report is in PCP chart (required)

**If you do not have a relationship with an ophthalmologist, you may you may contact 315-470-8034 for assistance in establishing with a provider.*

PROVIDER TO COMPLETE

LEVEL 2 INCENTIVE – MEET HEALTH GOALS WITH "IN RANGE" OR "IMPROVED RESULT"

"Improved Result" = 5% improvement since prior year

Healthy Weight	COMPLETE BOTH YEARS: 2022 Weight & BMI: _____ 2021 Weight & BMI: _____	<input type="checkbox"/> Patient is a Healthy Weight <input type="checkbox"/> Patient is NOT a Healthy Weight
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LDL < 190	If most recent result is out of date, provide most recent and prior results. Most Recent Result & Date: _____ / Prior Result & Date: _____
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Non-diabetics: Fasting Glucose < 106	If most recent result is out of date, provide most recent and prior results. Most Recent Result & Date: _____ / Prior Result & Date: _____
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Diabetics: A1c < 8.0% <i>(fasting glucose result not required)</i>	2022 Result: _____ 2021 Result: _____ <i>(If 2022 is out of range, provide both years)</i>
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BP < 140 systolic and < 90 diastolic	2022 Result: _____ 2021 Result: _____ <i>(If 2022 is out of range, provide both years)</i>
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Tobacco Free	<input type="checkbox"/> Patient has not used tobacco or vaping products in last 6 months
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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:** _____