



State of Wisconsin (ETF) Wellness Assessment Form

Posted Date: **3/23/2016**
Effective Date: **3/23/2016**
Products: **Group Health Cooperative of Eau Claire Commercial and State of Wisconsin (ETF)**

A Group Health Cooperative of Eau Claire member presenting this wellness assessment form is voluntarily participating in a worksite wellness program through the State of Wisconsin that includes an annual biometric screening. Please complete the screening in section 2 of the attached form based upon your clinical practice guidelines and the U.S. Preventive Services Task Force (USPSTF) recommendations. Services related to Well Wisconsin should be coded and billed as preventive services as the intent of the Well Wisconsin program is to encourage annual health screenings that do not result in cost-share to the members. Labs or other services that are not subject to an "A" or "B" recommendation from the USPSTF based upon the member's age, sex, and risk factors, as well as any services for diagnostic purposes, are not considered part of the Well Wisconsin program. These non-preventive and/or diagnostic services should be completed at subsequent visits so the member is aware that cost share may apply. A sample Wellness Assessment form is attached.

Please note: If a member has recent results that fit within USPSTF guidelines (for example, a cholesterol check within the last 3-5 years), Well Wisconsin is not mandating new lab work each year in order for this element to be considered completed.

If you have any questions or concerns, please contact Provider Relations at (715) 552-4300.

2016 Wellness Assessment

Medical: State of Wisconsin (ETF)

Getting regular check ups, preventive screening tests, and immunizations are among the most important things you can do for yourself. Please have your primary care provider sign this form between **January 1, 2016 - December 31, 2016** to indicate you are up-to-date on your preventive screenings.

Have your Provider complete section 1 and section 2.
Review your form carefully before submitting, as the Cooperative will process only forms that have been fully completed.

Section 1: Provider Information (please print clearly)

The Group Health Cooperative of Eau Claire member presenting this form is voluntarily participating in a worksite wellness program through the State of Wisconsin that includes an annual biometric screening. Please complete the screenings in section 2 based upon your clinical practice guidelines and the U.S. Preventive Services Task Force (USPSTF) recommendations. Labs conducted outside of the federal guidelines for preventive services or for diagnostic purposes other than participation in the Well Wisconsin program may be subject to deductibles and coinsurance.

Provider/Clinic name: _____ Phone number: _____
 Provider signature: _____ Date: _____

Section 2: Biometric Information (Height, weight, and blood pressure need to be measured annually)

Screening date (MM/DD/YYYY): _____ Fasting (8 - 12 hours): Yes No Pregnant: Yes No

Height: _____ in.	Weight: _____ lbs.	Total Cholesterol*: _____ mg/dL	Glucose*: _____ mg/dL	Blood Pressure: _____ mmHg
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Optional biometric information

LDL Cholesterol: _____ mg/dL	HDL Cholesterol: _____ mg/dL	Triglycerides: _____ mg/dL	Waist Measurement: _____ in.	Body Mass Index: _____
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* If your patient has recent results that fit USPSTF guidelines, there is no need to retest. Please submit date of most recent lab work. Date: _____

Section 3: Member Information

Member last name: _____ Member first name: _____
 Date of birth (MM/DD/YYYY): _____
 Mailing street address: _____
 City: _____ State: _____ ZIP: _____
 Member Signature: _____ Date: _____

I would like to discuss my online Wellness Assessment and Health Survey results with a Health Promotion Coach.

All completed forms can be e-mailed to formsubmission@group-health.com. Please include "ETF Preventive" in your subject line. Or mail forms to Group Health Cooperative | Attn: Health Promotion | 2503 N. Hillcrest Parkway | Altoona, WI 54720

If you have any questions, our Member Services team would be happy to help you at (715) 552-4300 or (888) 203-7770.

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