

Healthy Tomorrows Three-Year Initiative

PEIA is completing Phase 2 of the Healthy Tomorrows initiative for active employees and non-Medicare retirees in the PEIA PPB Plans. In phase 1, members had to choose and name a primary care physician.

Phase 2 – Policyholders must have a primary care provider named (if one was named last year, this requirement has been met), and report their blood pressure, blood glucose, cholesterol and waist circumference to PEIA on the Healthy Tomorrows Reporting Form before the end of Open Enrollment (May 15, 2016). A personalized Healthy Tomorrows Reporting Form was recently mailed to those who had not reported their Healthy Tomorrows values. The form requires a signature of a healthcare provider or his/her representative.

Phase 3 – Policyholders must have their blood pressure, blood glucose and cholesterol **within an acceptable range or have a physician's certification** that those numbers cannot be met. The Phase 3 reporting form is at the back of this Shopper's Guide. It can be used to report blood pressure, glucose, cholesterol and waist circumference results from testing received from April 2, 2016 to May 15, 2017.

In any year that the policyholder does not comply with the Healthy Tomorrows initiative, he or she will face an additional \$500 medical deductible.

NOTE: PEIA covers an annual physical for members at no cost.



Tear this page out and take it to your doctor!

PEIA Adult Annual Routine Physical and Screening Examination

Primary Care (Medical Home) Visit

You are entitled under the Patient Protection and Affordable Care Act (PPACA) to an annual primary care visit that is covered at 100% with no deductible, copayment or coinsurance.* We recommend your Annual Routine Physical and Screening Examination be provided by your medical home physician. This visit includes the following:

- ☐ History & Physical to include:
 - ⊕ Screening and counseling for
 - Alcohol and/or substance abuse
 - Blood pressure
 - Depression
 - Diabetes
 - Domestic violence
 - Nutrition
 - Obesity
 - Physical activity
 - STD prevention
 - Other health risk factors as appropriate and provided for by PPACA
 - ⊕ Review of medications
- ☐ Blood Work to include:
 - ⊕ General Health Panel
 - ⊕ Lipid Panel
- ☐ Immunizations as recommended by the American Academy of Family Physicians

Any additional services, including lab work, diagnostic testing and procedures, that are provided to you during this visit will be subject to your deductible, coinsurance and copayments. This may result in additional out-of-pocket costs!

To the Provider:

- ☐ Bill one of the following codes for this visit:
 - ⊕ 99381-99397 for the annual adult preventative care visit
- ☐ The most commonly used diagnosis codes for this visit are:
 - ⊕ V70.0
 - ⊕ V72.3-V72.31
- ☐ If you are CLIA certified, you may process labs in your office. You can bill the following for the lab work:
 - ⊕ 80050 General Health Panel
 - ⊕ 80061 Lipid Panel
- ☐ If you are not CLIA certified, labs must be performed and billed by a CLIA certified provider.
- ☐ Bill appropriate immunization codes.

* More details are available in the What Is Covered section.



Healthy Tomorrows Reporting Form Plan Year 2018

PEIA ID # (from medical ID card)	7	7	0	0						
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Policyholder Name: _____

Address _____

City, State, Zip _____

For Plan Year 2018 (July 1, 2017 – June 30, 2018), the PEIA Finance Board has authorized a deductible increase of \$500 for any PEIA PPB Plan policyholder who does not pick a Primary Care Provider (PCP) and report the following biometric data before the end of Open Enrollment in 2017 (mid-May 2017), and have the numbers within the acceptable ranges. All active employees and non-Medicare retired policyholders in any PEIA PPB Plan must report this data. Health Plan members do not have to comply.

Instructions for Provider

1. Please report the biometric values below.
2. Complete the contact information, including signature and date.
3. Return completed form to patient.

All fields are REQUIRED. Any missing data will cause the form to be rejected.

Blood Pressure: Systolic >140 ☐ ≤140 ☐

Diastolic >90 ☐ ≤90 ☐

Total Cholesterol: >245 ☐ ≤245 ☐

Glucose: >125 ☐ ≤125 ☐

Waist Circumference (in inches): Male >40 ☐ ≤40 ☐

Female >35 ☐ ≤35 ☐

Provider Contact

Name of Provider: _____ Phone Number: _____

Address: _____

Medical Certification

I, _____, certify that the patient indicated above has received the measurements indicated on this form.

(Signature of Provider or Representative)

(Date of Service)

Medical Exception Certification (for Plan Year 2018, if applicable)

I, _____, certify that, in my best medical judgement it is unreasonably difficult due to a medical condition for the patient to meet these measurements.

(Signature of Provider or Authorized Representative)

(Date of Service)

Please return this form to: **PEIA Healthy Tomorrows, P.O. Box 40360, Charleston, WV 25364**