



Rutherford County, Tennessee
Risk Management

303 N. Church St., Ste.201, Murfreesboro TN 37130

Melissa Street, Director

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January 27, 2015

RE: Know Your Numbers-Year 3

Dear RC medical plan participant:

Smart Steps, Taking Steps to Better Health campaign continues. For the 2015 calendar year, the wellness initiative has grown to include both biometric screenings and online health assessments for employees and spouses covered under the plan. See below for more information:

- Fasting Biometric Screenings (forms enclosed) - completed between 1-1-2015 and 11-30-2015
- Online health assessments-completed between 7-1-2015 and 11-30-15

Starting now through 11-30-2015, employees and spouses covered under the plan during 2015 will be able to use any in-network provider as well as any in-network lab, *including the Med Point Clinics*, for fasting, biometric screenings.

Between 7-1-15 and 11-30-2015, employees and spouses will be able to retake their online health assessments through mycigna.com.

Both employee and spouse must each complete biometric screening as well as each online health assessment.

The biometrics screening requirement includes a basic lipid panel (CPT code: #80061), which measures your LDL, HDL, triglycerides and total cholesterol. The biometrics screening also includes blood pressure, fasting blood sugar, BMI, height and weight measurements. Both the employee and spouse who participate in the Rutherford County medical plan must complete both pieces of the wellness initiative in order to avoid the \$300 annual fee. This information was provided in the open enrollment materials previously mailed to your home in October 2014.

Please have your provider fill out the attached wellness screening form and return to Cigna. We encourage you to maintain a copy of the completed form for your records. The wellness screening form(s) must be submitted to Cigna for you and your spouse to be marked as completed.

*NOTE: Med Point clinics will require an appointment for fasting biometrics screening (call 904-6770). Walk-in services for fasting biometric screenings are available at the Stewarts Creek Med Point Clinic during normal operating hours. Med Point providers will fill out your form and send it to Cigna for your convenience. Please contact Kelli Perrien at Risk Management at 898-7715 with any questions you may have.

Sincerely,

Risk Management
Rutherford County Government

FAQ:

Fasting Biometrics Screening

1. Will I have to pay a copay for this screening? Your annual wellness visit (i.e., physical exam) is considered a preventive service and is offered to members at no cost. However, if you have your biometric screening completed at the same time you receive other medical services or treatments, you may have to pay a copay at a private practice. There is no fee at a Med Point clinic.
2. What if my private physician charges an administration fee for filling out the wellness screening form? If your private physician charges a fee for filling out the form, you will be responsible for the cost charged by your physician. We would encourage you to ask if a fee will be charged when you schedule your appointment so you will be prepared to pay if asked to do so. If a fee will be charged that you do not want to pay, you can go to the MedPoint clinics and avoid paying a fee. The biometric screening and completion of the wellness screening form are free at MedPoint.
3. If I use Med Point's services, will I have to return to the provider for my results? No. Med Point will provide same day lab results.
4. Will Med Point no show fees apply if I do not keep my appointment? Yes, you will be assessed a \$25.00 cancellation fee if your appointment is not kept or is cancelled after 7am on the day of the scheduled appointment.
5. Do I have to use LabCorp or Quest? No. You are welcome to use any in-network provider and any in-network lab services. You must have the form completed and returned to Cigna.
6. My spouse is currently covered, but will not be covered on my 2016 policy. Does he/she have to participate? Yes, employees and spouses currently enrolled in the medical plan during 2015 must participate in order to not pay the fee.
7. My spouse and I want to participate in the biometrics portion of the program, but not the online health assessment. Will I still incur the wellness fee in 2016? Yes, both employee and spouse must complete a biometrics screening and the online health assessment by November 30, 2015 in order to avoid the fee.
8. Do my children need to complete the wellness initiative? No. Children regardless of age do not have to participate. Only employees and their spouses that are covered on the plan must participate to avoid the fee.
9. Should I keep a copy of my screening form? We encourage you to maintain a copy of the completed form for your records.
10. Can I send the Wellness Screening form to Risk Management? No-please send completed forms to Cigna POB 5201-5201 Scranton, PA 18505 or FAX to 1-877-916-5406.
11. Will Med Point Clinics have a copy of this form? Yes. Med Point clinics will fill out and fax your completed form to Cigna and maintain a copy in your patient records.
12. Will my provider have a copy of this form? No. You must take a blank copy of the form with you to your appointment.
13. What is Cigna's group account number? Cigna's group account number for RC is 3321836 and can be found on your Cigna medical ID card.

Online Health Assessment

1. How do I complete the online health assessment?
 - Log into myCigna.com
 - On your home page, click on the blue tab that says “Manage My Health”
 - From the drop down box select “My Health Assessment”
 - A page will appear with what looks like a game board, select “Take The Traditional Approach”
 - Answer: Personal Info, Health Screenings, Medical History, Lifestyle, Life & Work
 - Continue until you have completed each category. On the home page of the assessment a padlock in a circle in the middle of the game board lets you know the percentage completed until you’re done. At the end of the Health Assessment you will be taken to a page that gives you:
 - a. Your score
 - b. The average score of your peers
 - c. Top three areas to work on
 - d. Areas that are good titled “Cater to your strengths”
 - To print : Click at the bottom that says “Continue exploring my wellness” or “Print”
 - You have completed your Health Assessment and may log out

2. I do not have a computer. How do I complete the assessment? You are welcome to come to the Risk Management office located at 303 North Church #201, Murfreesboro TN 37130 and we will be happy to assist you.

3. Can we retake our online health assessment before July 1, 2015 to count for completion? No. This will allow for one year passing between assessments.

4. Did Cigna receive my information? Visit the incentive awards page at www.mycigna.com to view your confirmation. See screenshot below:

Employee Only Coverage:



1 POINTS

Get a personalized health assessment

Available: 07/01/2015 - 11/30/2015

A confidential questionnaire that asks you about your health and well-being and provides a personalized assessment of your current health. (Don't forget, each person in your family taking the health assessment needs to register separately on myCigna.com.)



1 POINTS

Get a personalized biometric health screening

Available: 01/01/2015 - 11/30/2015

Know your numbers. Complete blood pressure, cholesterol, blood sugar and body mass index (BMI) screening.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at the number on the back of your Cigna ID card and we will work with you (and, if you wish, with your doctor).

Employee & Spouse

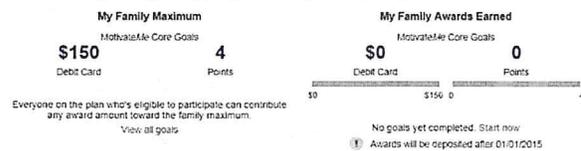
Incentive Awards Program

PROGRAM PERIOD: Upcoming

OVERVIEW | **GOALS**

Save, earn or score toward your 2015 awards

Your MotivateMe® program is designed using specific goals that reward you for healthy actions you take.



RELATED LINKS

- [Submit Completed Form\(s\) Electronically](#)
- [Wellness Screening Form](#)
- [Outcome-Based Physician Recommended Alternative/ Waiver Form](#)
- [Activity Based Physician Recommended Alternative and Waiver Form](#)

NEED HELP?

[FAQ](#)

My Family Recent Activity

VIEW RECENT ACTIVITY FOR: 2015

There is no recent activity to report. Have you started any goals?
[Start now](#)

WELLNESS SCREENING FORM

Instructions for patients and health care professionals

- ▶ Print a copy of this form and bring it with you to the doctor's office.
- ▶ Fill out the Patient Information section. Answer every question. Form cannot be processed if incomplete.
- ▶ Your doctor, or other health care professional, should fill out the Wellness Screening Information section.
- ▶ Please be sure to write clearly, sign and date the form. Forms without a signature and date are incomplete.
- ▶ If you have any questions, call us using the phone number on the back of your Cigna ID card.

Marking instructions

A	B	C	D	E	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---

Shade like this → ●
Not like this → ⊗ ⊕

Forms may be sent by:

- MAIL:** Cigna Customer Service
PO Box 5201-5201
Scranton, PA 18505
- FAX:** 1.877.916.5406
Enter on the fax cover sheet:
"CONFIDENTIAL"
- ONLINE:** Electronically upload your form at myCigna.com

PATIENT INFORMATION

Relationship: Subscriber Spouse Gender: Male Female

Patient's First Name MI Patient's Last Name

Street Address, Apt Number, PO Box

City State Zip

Patient Date of Birth MM DD YYYY
Preferred Telephone Number Is this a home or cell number?

Social Security (SSN) Last 4 numbers *Note: Please use the last 4 digits of patient's SSN*
Patient's Cigna ID Number on ID card
Cigna Group Account Number on ID card

Customer Signature (required). My signature means that the information on this form is correct.
 Today's Date MM / DD / YYYY
I understand that Cigna receives this information and uses it to award me incentives I'm eligible for.

WELLNESS SCREENING INFORMATION - Date _____

Blood pressure Systolic Diastolic
Fasting blood sugar mg/dl
Total cholesterol mg/dl
LDL cholesterol mg/dl
BMI . **OR** **Height/weight** Feet Inches Pounds

Health Care Professional/Doctor First Name MI Health Care Professional/Doctor Last Name

City State Zip

Today's Date MM / DD / YYYY
Signature of Health Care Professional/Doctor (required)

Your Privacy is important: The privacy of your health information is important to you and to Cigna. We commit to protecting your personal health information. We ensure our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

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The following instructions may be used by both patients and licensed medical professionals for completion of the Wellness screening form. The steps below guide you through completion of the form and how to submit the form to Cigna.

Patients

- Print a copy of the form and bring it with you to your physician visit, along with any Cigna health plan material you may have that outlines your incentive program.
- Please complete all fields in the top section including your name, address, birthdate, and account information.
- Please sign and date the form. Forms received without signature will not be processed.
- Please write clearly. Forms that are not legible may be returned.

Physicians (or Licensed Medical Professionals)

- When documenting biometric results, please include the biometric value and date the specific value was taken.
- Please sign and date the form.

If you have questions about completing this form please call the number on your Cigna ID card. If you are not enrolled in a Cigna medical plan, please call 1-800-Cigna 24 (244.6224).

Your Privacy is Important: The privacy of your health information is important to you and to Cigna. We are committed to ensuring your personal health information is protected and secure, and that our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

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