



# Healthy Tomorrows Reporting Form Plan Year 2020

PEIA ID # (from medical ID card)	7	7	0	0						
-------------------------------------	---	---	---	---	--	--	--	--	--	--

Policyholder's Full Legal Name (**Please PRINT**):

\_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**For Plan Year 2020** (July 1, 2019 – June 30, 2020), any PEIA PPB Plan policyholder who does not pick a Primary Care Provider (PCP), report the following biometric data, and have these numbers within the acceptable ranges before the end of Open Enrollment in 2019 (mid-May 2019) will face an additional \$500 penalty deductible. Waist circumference must be reported, but does not affect deductible. All active employees and non-Medicare retired policyholders in any PEIA PPB Plan must report this data. Spouses, dependent children, Medicare retirees and members of The Health Plan HMOs and PPO **do not** have to comply.

**Instructions for Provider**

1. Please mark an "x" in the appropriate box to report the biometric values below.
2. Complete the contact information, mark an "x" in the appropriate box in the Medical Certification, sign and date.
3. Return completed form to patient or mail to the address below.

**All fields are REQUIRED; forms missing data will be rejected. Right hand column reflects PEIA standard.**

**Blood Pressure:** Systolic: greater than 140  less than or equal to 140

Diastolic greater than 90  less than or equal to 90

**Total Cholesterol:** greater than 245  less than or equal to 245

**Glucose:** greater than 125  less than or equal to 125

**Waist Circumference (in inches):** Male >40  less than or equal to 40

Waist circumference must be reported, but does not affect deductible.

Female >35  less than or equal to 35

**Provider Contact**

Name of Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Certification:** (Please mark an "x" in the appropriate box.) I certify that the patient indicated above:

- has received the measurements indicated above, and meets the standards set by PEIA.
- has received the measurements indicated above, and does not meet the standard set by PEIA
- in my best medical judgement, is unable to meet the blood pressure, cholesterol and/or glucose standards set by PEIA because of a unique clinical circumstance with this member. Therefore, I request this member not be subject to the penalty because they are not able, medically, to make the lifestyle or medication changes required to get them to goal.

\_\_\_\_\_  
(Signature of Provider or Authorized Representative)

\_\_\_\_\_  
(Date of Service)

Please return this form to: **PEIA Healthy Tomorrows, 601 57<sup>th</sup> St, SE, Charleston, WV 25304-2345**