

Quad Health Plan Screening Form

Take both pages of this form to your medical provider when you go for your health screening. Once completed by your provider, it is YOUR responsibility to return this form to QuadMed, an affiliate of Quad that manages the screenings for Quad. Please allow seven to ten days for processing.

HEALTH PLAN PARTICIPANT

The screening follows the guidelines of preventative care under healthcare reform. Please note that we've provided guidelines on the right to help your provider understand what the screening should entail and what the plan will cover at 100% when you see an in-network provider. Co-pays or co-insurance should not apply. Understand that if you see an out-of-network provider or if your provider orders additional tests outside these guidelines, they may not be covered and you will be responsible for additional costs.

If you have been charged a co-pay or co-insurance at an in-network provider, contact Anthem Blue Cross Blue Shield at 1.855.538.1565 about having it adjusted.

About your privacy

Understand that the specific results of your health screening will not be shared with anyone at Quad. Screening results are handled independently by QuadMed and treated with the utmost privacy as required by law. QuadMed will only provide confirmation to the health plan on what level of premium for which you qualify based on the number of ranges you have met as part of your health screening (0 or 1 criteria; 2 or 3 criteria; or 4 or more criteria). If you're the employee, the number of ranges you meet, as well as your tobacco status, will be used to determine your weekly healthcare premiums. If your spouse is on the plan, his or her tobacco results also will be taken into account when determining premiums.

Again, the information will be treated in accordance with the privacy standards required by law.

About tobacco use

To qualify for lower medical premiums, employees and spouses who enroll in either of Quad medical plans must undergo testing for cotinine, a byproduct of nicotine, as part of the biometric health screening. If you and/or your spouse are tobacco-free, you will qualify for lower medical plan premiums. If you are a tobacco user today, but become tobacco-free, you may have the testing redone. Once new testing reflects your tobacco-free status, your Health Plan Screening Checklist will be updated and premiums will be adjusted within the next two pay periods after QuadMed processes the screening results and confirms for Quad's health plan the level of premium for which the employee qualifies.

When completed, return this form to QuadMed at the following address or place in a sealed envelope and take to your local HR office for routing.

QuadMed

Attn: Biometrics - QUAD
N64W23110 Main Street
Sussex, WI 53089
414.622.3820 fax
healthforms@quadmedical.com

MEDICAL PROVIDER

Your patient is completing a biometric health screening to be eligible for lower medical plan premiums. Please read through this form for details on what should be reviewed during your patient's health screening and then, when the screening is complete, please fill out this form, sign and date it and return it to the patient. **Please fill out this form completely; missing data will result in this form being rejected.**

About the screening

This screening follows the guidelines of preventative care under the Affordable Care Act. The second page outlines what biometrics are required.

Please make your patient aware of what, if anything, you are ordering outside of the screening guidelines. Claims will be paid in accordance with our health plan and your patient may be charged out-of-pocket costs.

About waivers

If it is unreasonably difficult for a participant to meet a biometric criteria's range due to a medical condition or because it is medically inadvisable for him or her to attempt, you may submit a medical waiver on his or her behalf to QuadMed, an affiliate of Quad that manages the wellness services for Quad, including biometric health screenings. Your patient can provide you with Quad's waiver form. Otherwise, the waiver must be on your letterhead. It should have your patient's name clearly identified and specify the reason for the waiver as well as the specific dates for which the waiver applies. Please indicate what steps the patient is taking to improve his/her health. Send the waiver to: QuadMed Attn: Biometrics - QUAD N64W23110 Main Street, Sussex, WI 53089. We reserve the right to deny the waiver if deemed inaccurate or unreasonable.

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INSTRUCTIONS

STEP 1 To maintain eligibility for either of Quad's medical plans, eligible employees and their spouses must complete a biometric health screening every other year. New hires and their spouses must complete the screening within 60 days of the employee's benefits eligibility date.

PRINT PATIENT NAME

DATE OF BIRTH

EMPLOYEE NUMBER

PATIENT IS A QUAD:

- EMPLOYEE
 SPOUSE

IF THE PATIENT IS SPOUSE: EMPLOYEE NAME

EMPLOYEE DATE OF BIRTH

PHONE NUMBER

PATIENT EMAIL

STEP 2 Return the form using one of the methods listed below:

- Fax form to 414.622.3820 (f)
- Email form to healthforms@quadmedical.com
- Mail form to this address. → QuadMed
Attn: Biometrics - QUAD
N64W23110 Main Street
Sussex, WI 53089

QUADMED MUST RECEIVE THIS FORM BY 12/31/2021. Please allow up to 14 days for processing.

MEDICAL PROVIDER INSTRUCTIONS

Please ensure a value is submitted for ALL required biometrics. Failure to provide all values will result in an incomplete form, and you will not receive credit for completing your biometric screening.

SCREENING DATE

FASTING?

 YES NO

HEIGHT (IN INCHES)

WEIGHT

BODY MASS INDEX (BMI)

BLOOD PRESSURE

TOTAL CHOLESTEROL

HDL CHOLESTEROL

TRIGLYCERIDES

TRIGLYCERIDES DIVIDED BY HDL

LDL CHOLESTEROL

HEMOGLOBIN A1C (NOT GLUCOSE)

TOBACCO TESTING REQUIREMENT

Employees and spouses are required to complete tobacco testing to be eligible for lower medical plan premiums. Please perform a Serum Cotinine Screening Test on your patient via blood draw. Specimen can be submitted for testing to any external reference laboratory. Please indicate whether the test was positive or negative and record to the right.

If you are unable to perform cotinine testing, please direct your patient to make an appointment at Quest Diagnostics at my.questforhealth.com using "Quad" as the keyword. For additional assistance, he or she may contact MyQuad at 1.866.275.3737.

REQUIRED RESULT

- POSITIVE FOR COTININE
 NEGATIVE FOR COTININE

PRINT PROVIDER NAME (OR PROVIDER STAMP)

PROVIDER SIGNATURE

PROVIDER PHONE NUMBER



QUADMED USE ONLY:

MRN

Date Received

Date Entered