

HII Provider Health Screening Form

Take all 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 HII that manages the screenings for HII. 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. Copays 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.

About your privacy

Your health screening and health check survey information is maintained securely and confidentially by QuadMed, a third-party vendor who operates the BeWell for Life wellness program and the HII Family Health Centers. All personal information is protected by HIPAA (Health Insurance Portability and Accountability Act) and is not shared with HII. Medical information from your health screening and health check survey goes directly to QuadMed. QuadMed then works with Alight, HII's benefits administrator, to ensure you receive the discount on your medical premium for the start of the benefit plan year.

About tobacco use

Employees enrolled in an HII medical plan are eligible for the Tobacco Free Incentive Program. Through the program, employees who declare they are "tobacco-free" receive a preferred, tobacco-free rate on their medical insurance. Employees who declare they are tobacco users receive the standard rate on their insurance. Employees are able to declare if they are tobacco-free or are tobacco users during Annual Enrollment.

When completed, return pages 2 and 3 of your completed form. You may:

– Fax it to 414-622-3802, OR

– Drop it off OR mail it to a HII Family Health Center:

HII Family Health Center
Attn: Know Your Numbers
4500 Washington Ave.
Newport News, VA 23607

HII Family Health Center
Attn: Know Your Numbers
2105 Old Spanish Trail
Gautier, MS 39553

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.

ATTENTION PROVIDER: Please fill out page 2 completely. All screening components MUST be completed for your patient to earn the incentive. No fields can be left blank. Substitutions for any metric will NOT be accepted. Hemoglobin A1c (CPT code 83036) is REQUIRED and MUST be included on the form. A health screening visit should be coded as preventive to ensure no cost to the patient. The health screening must be administered between 5/1/23 and 3/31/24 to be eligible for the incentive.

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.

If you have any questions, please contact the Know Your Numbers hotline at 757-327-4169.

EMPLOYEE INSTRUCTIONS

STEP 1 Fill out the top portion of this form and take it to your medical provider to be completed.

PATIENT FIRST NAME

PATIENT LAST NAME

DATE OF BIRTH

PHONE NUMBER

PATIENT EMAIL

DIVISION

- HII CORPORATE
- INGALLS SHIPBUILDING
- MISSION TECHNOLOGIES
- NEWPORT NEWS SHIPBUILDING

Are you interested in receiving additional information about the HII wellness resources available to you? YES NO

STEP 2 Turn in **pages 2 and 3** of your completed form. You may:

- Fax it to 414-622-3802
- Drop it off **OR** mail it to a HII Family Health Center: →

HII Family Health Center
Attn: Know Your Numbers
4500 Washington Ave.
Newport News, VA 23607
757-327-4169

HII Family Health Center
Attn: Know Your Numbers
2105 Old Spanish Trail
Gautier, MS 39553
228-205-7687

QUADMED MUST RECEIVE BOTH PAGES BY 03/31/2024. *Please allow 7 to 10 days for processing.*

STEP 3 Complete your online Health Check Survey.

- Visit **myquadmed.com/hii** to log in to or sign up for a MyChart account.
- Once logged in, access **Wellness Online** to complete your online health check survey.
- All questions must be answered to complete the health check survey and earn credit toward your incentive.
- For step-by-step instructions, visit **myquadmed.com/kyn**

MEDICAL PROVIDER INSTRUCTIONS

Your patient has the opportunity to earn a medical insurance discount. Please provide the following results.
All components must be completed for your patient to earn the incentive. No fields can be left blank. Substitutions for the below metrics will not be accepted. Biometric health screenings must be administered between 5/1/23 and 3/31/24 to be eligible for the incentive.

NOTE TO PROVIDER:
A1C IS REQUIRED and MUST BE included on this form. There are no substitutes. Please use CPT code: 83036.

DATE TESTS ADMINISTERED

BLOOD PRESSURE

LDL CHOLESTEROL

FASTING?
 YES NO

TOTAL CHOLESTEROL

HEMOGLOBIN A1C (*NOT GLUCOSE*) USE CPT 83036

HEIGHT (IN INCHES)

HDL CHOLESTEROL

TOBACCO USER?
 YES NO

WEIGHT

TRIGLYCERIDES

PRINT PROVIDER NAME (OR PROVIDER STAMP)

PROVIDER SIGNATURE

PROVIDER PHONE NUMBER



