



**MEMBER: Please share this letter with your health practitioner**

Dear Health Care Provider:

Members of MVP Preferred EPO and PPO health plans from MVP Health Care can earn up to **\$300 WellStyle Rewards** in 2011 for taking an active role in improving their health. Reward dollars are earned as points; members earn points for things like completing an online health assessment, participating in lifestyle coaching programs and also by **working with you to achieve individual health goals.**

Please work with MVP members who present you with the attached **WellStyle Rewards Health Screening Form** at an office visit to complete the requested screenings and record/validate the results on the form (sections II and III). If a patient is low risk and has received the necessary screenings within the past 24 months, it is acceptable to list those previous measurement results on the form. Once you have signed the form, please return it to your patient. If cholesterol and fasting blood sugar results are not yet available at the time of their office visit, our members will be instructed to attach a copy of their lab results to their form when they submit it.

Health measures like BMI, blood pressure, blood sugar, total cholesterol and tobacco usage can all be changed for the better through lifestyle modification. We hope that completing this screening form not only rewards members for achieving health recommendations, but also helps you and your patient work together to improve their results and their overall health. It is a valuable opportunity for our members to get a more complete picture of their health status and also can help strengthen the team approach that you take with your patients.

We appreciate your participation in this WellStyle Rewards initiative. Thank you for helping MVP members to take on life and live well!

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen H. Cohen", written in a cursive style.

Stephen H. Cohen, M.D., C.P.E., C.H.I.E.  
Corporate Vice President, Medical Affairs



# Health Risk Screening Form

PLEASE PRINT

I. MEMBER INFORMATION	<b>Member's Name</b> <i>(As it appears on your MVP ID card)</i> FIRST _____ LAST _____	<b>MVP Member ID Number</b> _____
	<b>Member's Date of Birth</b> (MM/DD/YYYY) _____	<b>Member's Telephone Number</b> _____
<b>DIRECTIONS FOR MVP MEMBERS</b> <b>STEP 1:</b> Contact your doctor's office to schedule a preventive health visit and have a health practitioner validate your screening results by signing this form. Alternatively, if you have been screened in the past 24 months and have evidence of your screening results (i.e. a copy of your medical record), you can submit that documentation with this <i>Screening Form</i> in place of a Health Practitioner's signature. <b>STEP 2:</b> Make a copy of the completed form for your records. <b>STEP 3:</b> Mail to <b>Attn: MVP WellStyle Rewards, Healthyroads Customer Service - C-4-1, P.O. Box 509040-9040, San Diego, CA 92150-9040.</b> Forms must be received <b>by 12/31/2011.</b> <p style="text-align: center;">Log into <a href="http://www.mvphealthcare.com/member">www.mvphealthcare.com/member</a> and click <i>WellStyle Extras</i> for program details.</p>		

II. SCREENING RESULTS	HEALTH MEASURE	FILL IN SCREENING RESULT	EXCEPTIONS	DATE OF SCREENING
	<b>Tobacco Use</b> Within 90 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
	<b>BMI</b> If pregnant, record pre-pregnancy weight	<b>Height:</b> _____ [inches] <b>Weight:</b> _____ [pounds]	<b>Request Medical Exception:</b> <input type="checkbox"/> Yes May request a medical exception <b>if</b> a member has a high % muscle mass that may distort BMI measures	
	<b>Blood Pressure</b> Within 24 months	_____ [mmHg]	N/A	
	<b>Total Cholesterol</b> Within 24 months	_____ [mg/dl]	<b>Request Medical Exception:</b> <input type="checkbox"/> Yes May request a medical exception <b>if</b> cholesterol is between 200-239, but HDL is >60	
	<b>Fasting Blood Sugar</b> Within 24 months	_____ [mg/dl]	N/A	

III. VALIDATION		VALIDATION OF SCREENING RESULTS	
MEASURES VALIDATED BY HEALTH PRACTITIONER		MEASURES VALIDATED BY ATTACHED DOCUMENTATION	
<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Sugar <input type="checkbox"/> BMI <input type="checkbox"/> Cholesterol		<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Sugar <input type="checkbox"/> BMI <input type="checkbox"/> Cholesterol	
<b>Health Practitioner Signature (or office stamp)</b> _____ Practitioner Phone Number _____		<b>Member Signature</b> _____ <b>REMEMBER TO ATTACH RESULTS FOR CREDIT!</b>	