



# QUALIFYING EVENTS FOR PLAN YEAR 2021

The Qualifying Event Time Frame is 9/1/2019 - 8/31/2020

## Qualifying Events (QE) Deadlines:

- Lab Work: June 30, 2020
- All other Qualifying Events: August 31, 2020

## Qualifying Event (QE) Checklist

Everyone\* enrolled in the YourChoice Health Plan must complete Qualifying Events in order to qualify for the Better, Best, or Ultimate plan level.

### Adult (age 19+ on Jan 1, 2020) Qualifying Events include:

- Blueprint for Wellness Lab Work (*Ultimate, Best, Better*) **\*\*DEADLINE JUNE 30\*\***
- Wellness Exam (*Ultimate, Best, Better*)
- Age-Based Screenings (*Ultimate, Best*)
- Diabetes QE (if member with diabetes) (*Ultimate, Best*)
- Tobacco QE+ (if nicotine-exposed) (*Best*)

### Child (age 18 or under on Jan 1, 2020) Qualifying Events for the Ultimate Plan include:

- Wellness Exam
- Dental Exam

\* You ARE NOT required to complete Qualifying Events if you are new on the YourChoice Health Plan with a Benefits Effective Date of 1/1/2020 or later. Contact your Insurance Coordinator if you need clarification.

+ If your tobacco status changes (i.e. you quit smoking or start smoking) you must contact Christina Edenfield at 941.748.4501 x6464. Failure to do so could impact your plan level.

### SUBMIT BY 8/31/20:

- Wellness Exam Form
- Tobacco Quit Line Certificate, *if applicable*
- Diabetes QE Form, *if applicable*

**Insurance Coordinator, OR  
Employee Health Benefits**  
5213 4th Ave Circle E, Bradenton, FL 34208  
diane.glasser@mymanatee.org

Refer to the following pages for more information.



## 2 | PLAN LEVELS

### HEALTH PLAN LEVELS

The completion of specific Qualifying Events (QE) determines your plan level for the following year. All 4 plan levels have the same premium, prescription and LAMP benefits. The only difference among the 4 plan levels is level of reimbursement (deductible, coinsurance, out of pocket costs, etc.).

#### Ultimate Plan:

- Must be *non*-nicotine exposed for this plan level
- Highest Level of Reimbursement
- \$0 deductible; no co-insurance

#### Better Plan:

- Middle Level of Reimbursement
- \$500 deductible and 25% co-insurance applies

#### Best Plan:

- Middle to Highest Level of Reimbursement
- \$250 deductible; 20% co-insurance

#### Basic Plan:

- Lowest Level of Reimbursement
- \$1000 deductible and 50% co-insurance applies
- **No QE requirements**

Children are only eligible for the **Ultimate** or **Better** Plan Levels. No Child Qualifying Events are required for the Better Plan.

### WHY YOUR PLAN LEVEL MATTERS

If you're relatively healthy and only see your doctor for wellness exams and maybe one sick visit a year, you may think it's not worth your time to complete annual qualifying events. But consider this: according to the CDC, more than 20% of American's visit the emergency room each year. If you have an emergency, how much would you expect to pay? Consider John...

John is healthy. He is at a healthy weight, exercises several times a week, and doesn't smoke. One day, John finds himself in the hospital undergoing an emergency appendectomy which costs, on average, \$33,000. John didn't complete any qualifying events, which means he is in the basic plan level. After the surgery, John owes:

Deductible:	\$2,000 (Physician deductible + Hospital deductible)
50% Coinsurance max:	\$8,000 (Physician and Hospital Charges)
<b>Total Due:</b>	<b>\$10,000</b> (which is the annual out of pocket maximum)

If John was in the Ultimate Plan Level, he would have \$0 deductible, 0% coinsurance, and \$0 due.

## BLUEPRINT FOR WELLNESS LAB WORK **NEW DEADLINE: JUNE 30, 2020**

Fasting Lab Work must be completed at one of the designated Lab Draw Sites listed below no more than 60 days prior to your Wellness Exam, and **no later than June 30th**. Refer to the tip sheet on page 5 for instructions to ensure accurate results.

### QE LAB LOCATIONS

- 1. Quest Patient Service Center (PSC)** You must create an Electronic Requisition (EREQ) online for this location prior to arrival (see page 4). Online appointment scheduling is available when creating the EREQ.
- 2. All For Life (previously known as IMM Industrial Medical Management)** EREQ not available for this location  
*MSO Operations Center for MSO Personnel only*  
Walk-ins on Tuesday/Thursday, 7:30am-11am, first come/first served. Upon arrival, request a "Manatee Blueprint for Wellness Test REQ" and show your insurance card. Call 941.780.6161 for more information.



The Blueprint for Wellness Lab Work that you complete for Qualifying Events will automatically enroll you in the Health First program. When you receive your Blueprint for Wellness Booklet (usually 2-3 weeks after completing labs), turn to page 3 to see your results. If you have 3 or more in range you will automatically receive \$400 in Health Bucks for 2021. If 3 or more are out of range you can still earn Health Bucks but you will have additional steps. ***Health First is an optional incentive program and is not tied to your plan level.***

Visit [www.manateeyourchoice.com/HealthFirst](http://www.manateeyourchoice.com/HealthFirst) to learn more.

### LAB WORK FREQUENTLY ASKED QUESTIONS

- 1. Why can't I get Qualifying Labs done in my Physicians Office or at a different Lab?**  
A special process is needed in order for the Lab Work Results to properly integrate with our systems and so that you are automatically enrolled in to the NEW Health Bucks Program "Health First". Therefore, only trained designated sites (Quest and All for Life/IMM) can conduct the QE Lab Work.
- 2. OTHER LAB WORK: Can I get other Lab Work done at the same time as my qualifying labs?**  
YES. Additional Labs can be drawn at a Quest location, but to avoid potential processing errors, it is not recommended. If your Physician needs additional labs, s/he will need to provide a lab slip. Please be sure the lab is aware that 2 separate lab orders need to be drawn.
- 3. What does my Qualifying Lab Work Include?**  
The Manatee YourChoice Health Plan Blueprint FASTING Lab Work includes: CBC \* CMP \* Electrolytes \* Liver and Kidney Function \* Lipid Profile \* TSH w/reflex to FT4 \* Hemoglobin A1C \* Cotinine (Measures Nicotine Level) \* PSA for men age 45 and over \* Microalbumin urine test for members with diabetes.
- 4. Do I need to FAST before my lab draw?**  
YES. DRINK only WATER. Do not eat or drink anything EXCEPT WATER AND MEDICATIONS for at least 9 hours prior to your lab draw appointment.

## 4 | CREATING AN EREQ

### CREATING AN EREQ FOR BLUEPRINT LAB WORK AT QUEST

**NOTE:** An Electronic Requisition (EREQ) is not available for labs done at All For Life (formerly IMM). Upon arrival, request the "Manatee Blueprint for Wellness Test" and a technician will create the EREQ for you.

For Assistance with the Blueprint for Wellness website, including forgot username or password, or to create an EREQ over the phone, call **1.855.623.9355**.  
If Blueprint is unable to assist you, please call 941.748.4501 x6412.

#### LOG IN AT [WWW.MANATEEYOURCHOICE.COM](http://WWW.MANATEEYOURCHOICE.COM) > BENEFIT LOGIN > BLUEPRINT FOR WELLNESS

Detailed Instructions are available at [manateeyourchoice.com/QE](http://manateeyourchoice.com/QE)

- Select "Log In" **if logged in last year** - use your previously created username and password
- Or, "Create an account" if you **did NOT** log in the past few years

**Registration Key:** Manatee

**ID#:** Participants 8 Digit Date of Birth MMDDYYYY + Last 4 Digits of SS#

Each adult family member has their own 12 digit ID#. Write down your username and password, it is needed to view results.

- Under "Wellness Screening" click "**Schedule a Screening**".
- **Follow steps to schedule appt** (or choose walk-in) at a Patient Service Center (PSC) to create your EREQ.
- Once your EREQ is complete, you will receive a confirmation screen with your appt information, info on how to prepare for your appointment, and an option to download and print your requisition.
- It is recommended you **print the requisition** and take it to your lab draw, or have it digitally available.
- If you click on "**back to dashboard**" from the confirmation page, you will see your appointment time with the **option to cancel, reschedule, or add the appointment to your calendar**.

**Wellness Screening**

To get started, select an appointment method below.

Patient Service Center

Schedule a screening at a nearby Quest Diagnostics location.

[Schedule a Screening ▶](#)

**Patient Service Center**

Quest Diagnostics  
Bradenton  
701 Manatee Avenue West  
Suite 102  
Bradenton, FL 34205-8811

Saturday, Feb 09, 2019  
8:15 AM

**More Location Information**

Near the Post Office Downtown Between  
301 and the Courthouse .

[Print Order Requisition](#)

**Scheduled**

Patient Service Center

Quest Diagnostics  
Bradenton  
701 Manatee Avenue West  
Suite 102  
Bradenton, FL 34205-8811

Saturday, Feb 09, 2019  
8:15 AM

[Reschedule ▶](#) [Cancel ▶](#)

[Need More information?](#)

[Download to Calendar](#)

#### LAB WORK RESULTS

- You will receive an email notification once your results are ready. Access your results by logging on to the Blueprint System using the username and password you created for your EREQ. Results will also be mailed to your home.
- Results are not sent to your Physician unless you enter their fax number **when viewing the results online**. You must take your Lab Work Results to your Physician during your wellness exam.
- If your results are not received or posted online in time for your Wellness Exam call 941.748.4501 x6412.

# Tips for Accurate QUEST Results

Quest lab results tied to Health First Health Bucks program!



Accurate lab work and screenings help your provider identify potential health concerns and provide the best possible care. Additionally, your Blueprint for Wellness lab work is used for the Health First Health Bucks program.

## Print your EREQ and take it with you to your appointment

- This helps ensure you receive the correct lab work and screenings.

## Remember to Fast and Drink Water!

- Do not eat or drink for at least 9 hours prior to appointment except water and medications.
- Drink plenty of water - hydration is key for venipuncture.

## BMI: Height & Weight

- Remove shoes and anything that adds weight such as work gear, cell phones, etc.
- Stand up tall when measuring height - don't slouch!

## Blood Pressure

- Sit with your back supported and legs uncrossed.
- Put the cuff on your bare arm - cuff over clothing can read higher.
- Take a few deep breaths before your blood pressure reading. It can lower your blood pressure up to 5 points.
- Silence is key. Conversation and active listening can cause a higher reading. If the tech is talking to you while taking your blood pressure, ask him/her to please refrain from speaking and re-take after a couple of deep breaths.
- Ask the tech about your blood pressure reading before they document it. If it is higher than normal, ask them to retake. Take a few deep breaths again for about 30 seconds before re-testing.

## Confirm Values Before You Leave

- If something doesn't sound right, ask them to re-test before you leave!

**REMEMBER,** Health First is an optional incentive program and is not tied to your plan level.

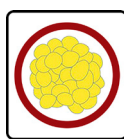
## Health First Lab Values Include:



Body Mass Index  
(BMI) <30



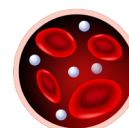
HDL Cholesterol  
≥40 mg/dL (men)  
≥50 mg/dL (women)



Triglycerides  
<150mg/dL



Blood Pressure  
<130/85 mmHg



Fasting Blood  
Glucose  
<100 mg/dL

## 6 | WELLNESS EXAM

### WELLNESS EXAM

Schedule your exam with your Primary Care Physician. The wellness exam includes a physical exam and skin screening along with a review of your lab work. **You must take the Wellness Exam Form and your completed lab results with you to this appointment.**

**Wellness Exam Forms are posted on the website at [manateeyourchoice.com/forms](https://manateeyourchoice.com/forms).**

NOTE: YourChoice Health Plan covers one wellness exam per calendar year. It does not need to be 365 days since your last wellness exam. Ask your provider to call the phone number on the back of your insurance card to verify benefits.

### HOW TO FIND A DOCTOR

To search for an in-network provider, visit [manateeyourchoice.com](https://manateeyourchoice.com) and click “**provider directory**” at the top of the page. YourChoice Health Plan utilizes the **AETNA CHOICE POSII (OPEN ACCESS)** Network. You are able to search by zip code and provider type (i.e. primary care, specialist, pediatrician), and narrow results based on factors such as gender, language, hospital affiliation, etc.

For help finding a network provider based on your needs, please contact our nurse advocates at 941.741.2963.

### CHILD WELLNESS AND DENTAL EXAM

Children through age 18 (as of January 1, 2020) are eligible for the Ultimate and Better plans. There are no QE requirements for the Better plan. To be on the Ultimate plan, children must complete:

- **Annual Comprehensive Physical Exam** with review of patient history and developmental assessment.
- **Annual Preventive Care Dental Exam and Cleaning** (Applicable for children age 3-18 only)
  - Child Preventive Dental Care is a special benefit offered to ALL children enrolled in the Manatee YourChoice Medical Plan with no deductible or copay. The Plan covers an annual routine dental exam, cleaning, sealants, fillings, and x-rays.
  - Members can choose to utilize In or Out-of-Network Dentists. In-Network Dentists agree to accept the contracted rate for covered services. Out-of-Network Dentists are reimbursed the same amount as Network Dentists, however, they have the option to bill the patient for the difference between what the plan pays and their billed charge.

**The child Wellness Exam Form is posted on the website at [manateeyourchoice.com/forms](https://manateeyourchoice.com/forms).**

NOTE: YourChoice Health Plan covers one wellness exam per calendar year. It does not need to be 365 days since your last wellness exam. Ask your provider to call the phone number on the back of your insurance card to verify benefits.

**Wellness forms should be turned in as soon as all exams are complete (including age-based screenings - see page 6). YOU DO NOT NEED TO WAIT UNTIL AUGUST 31 TO SUBMIT YOUR FORM and you do not need to submit family forms together.**

## AGE-BASED SCREENINGS

Complete all required Age Based Screenings with appropriate providers and document on the Wellness Exam Form. Screenings are based on AAFP, ACS, NIH, and/or CDC recommendations. Complete according to the age guidelines provided or as physician ordered.

### MALE

- Skin Screening | Conducted annually during wellness exam
- Testicular Exam | Conducted annually during wellness exam
- Colorectal Screening | starting at age 50 (based on age as of 1/1/20)
  - Colonoscopy every 10 years | PLAN AHEAD – The entire process could take up to 3 months, start to finish!
  - OR, FIT-DNA Stool Test (i.e. Cologuard) every 3 years | DNA sample must be mailed by August 31st.
  - OR, FIT every 1 year | DNA sample must be mailed by August 31st
  - OR, CT Colonography every 5 years | Precertification required, restrictions apply.

### FEMALE

- Skin Screening | Conducted annually during wellness exam
- Clinical Breast Exam | Annually
- Pelvic Exam<sup>+</sup> | Annually
- Pap Smear<sup>\*\*</sup> | Every 3 years starting at age 21 or as recommended by physician (based on age as of 1/1/20)
- Mammogram | Every 2 years starting at age 40, annually starting at age 50 (based on age as of 1/1/20)
- Colorectal Screening | starting at age 50 (based on age as of 1/1/20)
  - Colonoscopy every 10 years | PLAN AHEAD – The entire process could take up to 3 months, start to finish!
  - OR, FIT-DNA Stool Test (i.e. Cologuard) every 3 years | DNA sample must be mailed by August 31st.
  - OR, FIT every 1 year | DNA sample must be mailed by August 31st
  - OR, CT Colonography every 5 years | Precertification required, restrictions apply.

*\*In some cases the pap smear may not be applicable. However, the physician must note this on the exam form.*

*<sup>+</sup>Pap Smear and Pelvic Exams can be done by an OB/GYN or Primary Care Physician.*

If the above screenings have already been completed according to the age guidelines given, you are not required to repeat.

**SUBMIT YOUR WELLNESS EXAM FORM TO YOUR INSURANCE COORDINATOR  
BY AUGUST 31, 2020.**

## 8 | DIABETES

### DIABETES QUALIFYING EVENTS | If person with diabetes

#### TO QUALIFY FOR THE ULTIMATE PLAN OR BEST PLAN, ALL MEMBERS WITH DIABETES MUST:

- Obtain Quest Blueprint for Wellness labs and urine microalbumin test (refer to page 3)
- Receive a physical/wellness exam, including a foot exam, by your primary care physician (refer to page 6)
- Complete age-based screenings (refer to page 7)
- Have an annual dilated eye exam by an ophthalmologist or optometrist
- Complete tobacco QE requirements if nicotine exposed (refer to page 10)
- Meet all other criteria listed below based on last year's A1C level
- **Download Diabetes QE Form at [www.manateeyourchoice.com/diabetes](http://www.manateeyourchoice.com/diabetes) and return to Florey when complete.**
- **NOTE:** There are no copays for any of the education requirements.

NEWLY  
DIAGNOSED  
OR  
NEW ENROLLEE

**IF YOU ARE NEWLY DIAGNOSED WITH DIABETES** (between 6/1/19 and 5/31/20) or are a new enrollee and have existing diabetes, you must take "The Basics of Diabetes Care" and "What Can I Eat?" in addition to the requirements listed above.

IN CONTROL  
7.0  
OR BELOW

**IF YOUR 2019 QUALIFYING A1C WAS 7.0 OR BELOW**, you do not need to do anything other than the requirements listed above. Plus, maintain an A1C at 7.0 or below and you will automatically earn \$300 in Health Bucks for 2021 through the Mission Control program!

ELEVATED  
7.1 - 7.9

**IF YOUR 2019 QUALIFYING A1C WAS 7.1 - 7.9:**

- Complete the requirements listed above, **AND**
- Choose **one** qualifying choice below

AT RISK  
8.0 - 8.9

**IF YOUR 2019 QUALIFYING A1C WAS 8.0 - 8.9:**

- Complete the requirements listed above, **AND**
- Choose **two** qualifying choices below

IN DANGER  
9.0  
OR ABOVE

**IF YOUR 2019 QUALIFYING A1C WAS 9.0 OR ABOVE:**

- Complete the requirements listed above, **AND**
- Schedule a Well Being Session with LAMP Counselor by July 1st (call 941.741.2995), **AND**
- Meet with your treating physician to review your care plan and get A1C lab every quarter\* (Please use yellow Diabetes Qualifying Log to keep track of these labs and doctor visits).

**\*Based on American Diabetes Association Recommendations.**

### Qualifying Choices

- Listening sessions
- Blast off weight loss program
- Meet with diabetes movement coach
- Pharmacy review
- Basics of Diabetes Care
- What Can I eat?
- Extinguishing Burnout: Diminishing Diabetes Distress
- At home/Online Education

Find forms, logs, class descriptions, schedules, & registration at [manateeyourchoice.com/diabetes](http://manateeyourchoice.com/diabetes)



#### Florey Miller, MS, RD, CDE

Registered Dietitian / Diabetes Educator

941.748.4501 x6410

[fmiller@manateeyourchoice.com](mailto:fmiller@manateeyourchoice.com)



## DIABETES QE FREQUENTLY ASKED QUESTIONS

- **Can I use a more recent lab value to determine my Qualifying Requirements?**  
No, everyone must use their 2019 Qualifying A1C lab value.
- **How do I check what my 2019 Qualifying A1C value was?**  
If you completed the Blueprint for Wellness lab work last year then your results can be accessed at [www.manateeyourchoice.com](http://www.manateeyourchoice.com) >Benefit Login >Blueprint for Wellness. Otherwise, contact Florey Miller, Diabetes Educator, at 941.748.4501 x 6410 or [fmiller@manateeyourchoice.com](mailto:fmiller@manateeyourchoice.com).
- **Why do we have to use our 2019 Qualifying A1C lab value?**  
Using just one value taken at one time provides program consistency, eliminates discrepancies, and places all members at the same starting point.
- **Are quarterly physician visits required if my 2019 Qualifying A1C was below 9.0?**  
No, but if your A1C is not at goal, it is highly recommended.
- **Do I have to complete Diabetes Education if my 2019 Qualifying A1C was 7.0 or below?**  
No. Diabetes Education is only required for those with an A1C at 7.1 or above, members newly diagnosed with diabetes, or new enrollees with existing diabetes. However, you are welcome to attend or complete any Diabetes Education choices you would like.
- **What happens if I do not complete all my Diabetes Qualifying Events for this year?**  
You will be downgraded into the Better Plan which has a deductible and co-insurance. Your total out of pocket expenses may reach \$2,400 while enrolled in the Better Plan.

## FREQUENTLY ASKED QUESTIONS FOR THOSE WITH A1C AT 9.0 OR ABOVE

- **Why do those with A1C at 9.0 or above have extra Qualifying Requirements?**  
American Diabetes Association recommendations say that those with an A1C at 9.0 or above are at highest risk for developing dangerous diabetic complications and advise quarterly A1C assessments, physician visits, and medication adjustments.
- **When do I need to start quarterly A1C labs and doctor visits?**  
Begin now and continue quarterly. If you had an A1C above 9.0 last year, you will be continuing your quarterly lab and doctor visits without pause. Please use the Diabetes Qualifying Log Form to keep track of your lab and doctor visits.
- **How do I obtain a lab slip?**  
You can get a lab slip to measure your A1C value from your physician or from Florey Miller, Diabetes Educator. Fill out the online lab request form at [manateeyourchoice.com/lab-draw-request](http://manateeyourchoice.com/lab-draw-request) or contact Florey Miller directly.
- **Can my annual County Blueprint labwork count for one of these quarterly A1C lab draws?**  
Yes.
- **Is there a co-pay for quarterly physician visits?**  
Yes. However, there is no co-pay for your annual physical exam, which counts for one of your quarterly visits.
- **What if I need to miss work to go to my quarterly physician visit?**  
Those with a 2019 Qualifying A1C of 9.0 or above need to begin quarterly physician visits to help them bring their blood sugar out of the dangerous range. You will have to arrange this with your supervisor or use PMAL-sick time.
- **What if I do not complete quarterly visits?**  
You must complete all Qualifying Events or you will be downgraded into the Better Plan, which has a deductible and co-insurance.

## 10 | TOBACCO

### TOBACCO PROGRAM | If nicotine-exposed, age 19+

You will need to complete one of the approved tobacco programs by August 31, 2020 to satisfy the tobacco QE requirement. **Qualifying options and schedules are available at [ManateeYourChoice.com/tobacco](https://www.manateeyourchoice.com/tobacco).**

**ATTN PARENTS OF 19 YEAR OLDS:** All members age 19 and older (as of January 1, 2020) need to complete all qualifying events, including one of the tobacco program options if lab result shows positive for cotinine.

\*You are nicotine exposed if you use any type of tobacco or nicotine product, including: chewing tobacco, cigars, cigarettes, e-cigarettes, pipe, or nicotine replacement therapies. Non-nicotine exposed is defined as an individual who has remained tobacco and nicotine free for 90 consecutive days and has completed early upgrade if previously nicotine exposed as a Health Plan member. Nicotine use is tested through qualifying lab work. Reminder: Members must REMAIN Nicotine Free while in the Ultimate Plan.

If your nicotine status has changed (you started using tobacco or quit using tobacco), you must contact Christina Edenfield, at [cedenfield@manateeyourchoice.com](mailto:cedenfield@manateeyourchoice.com) or 941.748.4501 x6464. **Failure to do so could result in a change to your plan level.**

## QUALIFYING FOR THE BEST PLAN

- All medical and tobacco Qualifying events must be completed by August 31, 2020.
- **Tobacco QE options on page 10: Online, telephone, or face-to-face options**
  - If choosing to qualify by attending a face-to-face or online class, no documentation is required.
  - If you choose to qualify by utilizing the telephone quit line, a certificate of completion must be received by Employee Health Benefits no later than August 31, 2020.

\*If the above deadlines are not met, you will be downgraded to the Better Plan Level.

\*\*If currently in the BASIC or BETTER Plan you will need to complete all Best Plan Qualifying Events, not just tobacco QE, in order to upgrade to the BEST Plan.

## UPGRADING TO THE ULTIMATE PLAN

When you quit tobacco and provide **two negative lab draws a minimum of 90 days apart**, you may be eligible to upgrade to the Ultimate Plan early rather than wait for the next plan year.

### STEPS TO UPGRADE:

1. **CALL YOUR TOBACCO ADVOCATE**, Christina Edenfield, at 941.748.4501 x6464 to advise that you're planning to upgrade to the Ultimate Plan. She will assist you in determining if other qualifying events are required, coordinate the lab draws and steps to qualify and will help you stay on track to upgrade.
2. **DETERMINE IF OTHER QUALIFYING EVENTS ARE REQUIRED.** Medical qualifying events (Wellness Exam, Age-Based Screenings, and Diabetes Care if applicable) are required for members wanting to upgrade plan levels for any reason. Refer to pages 3-6 to determine what qualifying events you need to complete for the ULTIMATE plan.



### **Christina Edenfield, RD, LD/N**

Wellness Program Coordinator/Tobacco Advocate

941.748.4501 x6464

[cedenfield@manateeyourchoice.com](mailto:cedenfield@manateeyourchoice.com)

## TOBACCO PROGRAM OPTIONS & COURSE SCHEDULE

Choose your program to qualify for the **2021 BEST Plan Level**



### Tobacco Education: Online Course **NO REGISTRATION**

A good option if you don't think you want to quit and just want to qualify. **Requires a passing score of 80%.**



### Quit line **NO REGISTRATION**

Florida Quit line for those who may want to quit but need the convenience of telephonic coaching. **3 sessions and a Certificate of Completion required. Call 1-877-822-6669 (877-U-CAN-NOW).**

NOTE: The Quit Line certificate of completion must be sent and received by Christina Edenfield (email [cedenfield@manateeyourchoice.com](mailto:cedenfield@manateeyourchoice.com)) by August 31, 2020. Upon receipt, you will receive a confirmation email. If you do not receive an email confirmation within 48 hours, contact Christina prior to August 31 at 941.748.4501 x6464.



### Tobacco Cessation Course (Face-to-Face) **REGISTRATION REQUIRED**

Open to anyone, even if you're not ready to quit. Register at [manateeyourchoice.com/register](http://manateeyourchoice.com/register).

DATE	TIME	LOCATION
Thurs, March 26	3:30p - 5p	<b>Utilities, Large Conf Room</b> 4410 66th Street W, Bradenton
Sat, April 25	10a - 11:30a	<b>Palmetto Library Auditorium</b> 923 6th Street W, Palmetto
Wed, May 6	5:30p - 7p	<b>Central Library, Auditorium</b> 1301 Barcarrota Blvd W, Bradenton
Sat, June 27	10a - 11:30a	<b>Braden River Library</b> 4915 53rd Ave E, Bradenton

## HELP FOR QUITTING TOBACCO

When you're ready to quit, we'll be there to help. All nicotine exposed members – regardless of plan level – are eligible for the following resources:

**Tobacco Cessation Aides:** Contact Vanessa Rene, CPhT, RPhT, Pharmacy Technician at x6418

**Pharmaceutical Interventions – Wellbutrin, Chantix**

**One-on-One Coaching:** Contact Christina Edenfield, RD, LD/N, Wellness Programs Coordinator at x6464

**Contact Christina Edenfield at [cedenfield@manateeyourchoice.com](mailto:cedenfield@manateeyourchoice.com) or 941.748.4501 x6464 for more information about these resources.**

## 12 | TIMELINE FOR COMPLETION

### DON'T WAIT UNTIL THE LAST MINUTE!

In order to complete all of your qualifying events before the August 31, 2020 deadline, you will need to plan ahead! We recommend the following timeline:

#### November - December 2019

- Call your doctor's office and schedule an appointment for early 2020. YourChoice covers one wellness exam every calendar year (Jan - Dec), so even if you had an exam in July 2019, you can have one in March 2020 at no cost.

#### January 2020

- Log in to QUEST BLUEPRINT to create an EREQ for your lab work and make an appointment at Quest no more than 60 days before your wellness exam appointment.
- Do you have diabetes? If so, refer to pages 7 & 8 in this packet and watch for your Diabetes QE Booklet to arrive in the mail this month to confirm your options for QE requirements and register for any classes you need to take. If you do not receive this booklet by the end of January, contact our diabetes educator, Florey at 941.748.4501 x6410.

#### February 2020

- Call your provider(s) to make an appointment for any age-based screenings you need to complete.
- Do you have children? If so, don't forget to schedule their wellness exams and dental screenings, too!

#### March 2020

- If you are nicotine exposed, refer to pages 9-10 in this packet to determine what QE option you are going to complete and either register for a class or mark a date on your calendar to get started on another option.

#### April 2020

- Do you need a colonoscopy? If you have not yet made an appointment with your doctor to start the process, do that now. The entire process can take 3 months!

#### May 2020

- Make any remaining appointments, and register for any classes you still need for diabetes or tobacco QE.

#### June 2020

- If you have not completed your Quest Blueprint lab work, do that now. **The deadline for lab work is June 30th.**
- Double check with any dependents on your plan to ensure their QE's are complete.

#### July 2020

- Attend any last-minute appointments.

#### August 2020

- If you're using Cologuard, make sure your DNA sample is mailed by August 31st.
- **If you have not yet submitted your paperwork, do so by August 31!**

**NOTE:** Once everything is complete, review your wellness exam form. Make sure all information is complete and correct, and that doctor's signatures are included. Missing information could result in a lower plan level. Then, submit your paperwork to your insurance coordinator. *While the deadline is August 31, you should submit your paperwork as soon as it is complete.*

All Qualifying Event information and forms are available at [manateeyourchoice.com/QE](https://manateeyourchoice.com/QE)



# Wellness Exam - Female

Employee, Spouse, Child Age 19 and Over, and Retiree under Age 65

**Who completes this Exam:** ALL Members regardless of age in order to qualify for the ULTIMATE, BEST or BETTER health plan level.

**Submit Form To:** Your Insurance Coordinator

## ▼ MEMBER SECTION ▼

Qualifying Events are subject to audit which may result in a plan level change.

<b>Participant Name:</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> Retiree	<b>Date of Birth:</b>	<b>Age on 1/1/20:</b>
<b>Email Address:</b>	<b>Phone #:</b>		
<b>Employee's Name:</b>	<b>Employee ID#:</b>		

**A "NO" RESPONSE ON 1-7 BELOW WILL RESULT IN BEING PLACED IN THE BASIC OR BETTER PLAN LEVEL!**

## ▼ PHYSICIAN SECTION ▼

The Wellness Exam and screenings listed below require **NO CO-PAY** by the YourChoice member. For claim accuracy, be sure the correct diagnosis and procedural code is utilized. If a medical problem is identified requiring management, the ICD-10 code should be used as a secondary diagnosis, and a follow up visit with member co-pay is required.

**EXAMS & SCREENINGS (According to CDC, ACG, or USPSTF).** Complete according to the age guidelines provided, based on age as of 1/1/20.

**The patient has completed the following exams/screenings:**

1	Blueprint for Wellness Labs between 9/1/19 – <b>6/30/20</b> (note earlier date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Preventive Physical Exam with Skin Screening between 9/1/19 – 8/31/20	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Clinical Breast Exam between 9/1/19 – 8/31/20	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Pelvic Exam between 9/1/19 – 8/31/20	<input type="checkbox"/> Yes <input type="checkbox"/> Not recommended
5	Pap Smear in past 3 years (age 21+ as of 1/1/20)	<input type="checkbox"/> Yes <input type="checkbox"/> Not recommended
6	Mammogram in past 2 years (age 40-49) or annually (age 50+) between 9/1/19 – 8/31/20	<input type="checkbox"/> Yes <input type="checkbox"/> No (leave blank if under age 40 as of 1/1/20)
7	Colorectal Screening (age 50 or older as of 1/1/20)	<input type="checkbox"/> Yes <input type="checkbox"/> No (leave blank if under age 50 as of 1/1/20). <b>Please indicate which screening was completed:</b> <input type="checkbox"/> Colonoscopy in past 10 years <input type="checkbox"/> Or, Cologuard (FIT-DNA stool test) in past 3 years <input type="checkbox"/> Or, CT Colonography in past 5 years (precertification required)
8	Patient has Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Results of Cotinine Test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
10	Patient is encouraged to follow up with the supportive onsite health and wellness services offered by Manatee County YourChoice Health Plan to address existing modifiable health risks. <i>Services recommended:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I attest that this patient has completed the screenings as indicated above.**

<b>(Required) Physician Name</b>	<b>Signature</b>	<b>Date</b>
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<b>(Optional) Additional Physician Name, if applicable</b>	<b>Signature</b>	<b>Date</b>
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Keep a duplicate copy for your records

[www.manateeyourchoice.com](http://www.manateeyourchoice.com)

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# Wellness Exam - Male

Employee, Spouse, Child Age 19 and Over, and Retiree under Age 65

**Who completes this Exam:** ALL Members regardless of age in order to qualify for the ULTIMATE, BEST or BETTER health plan level.

**Submit Form To:** Your Insurance Coordinator

## ▼ MEMBER SECTION ▼

Qualifying Events are subject to audit which may result in a plan level change.

<b>Participant Name:</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> Retiree	<b>Date of Birth:</b>	<b>Age on 1/1/20:</b>
<b>Email Address:</b>	<b>Phone #:</b>		
<b>Employee's Name:</b>	<b>Employee ID#:</b>		

**A "NO" RESPONSE ON 1-4 BELOW WILL RESULT IN BEING PLACED IN THE BASIC OR BETTER PLAN LEVEL!**

## ▼ PHYSICIAN SECTION ▼

The Wellness Exam and screenings listed below requires **NO CO-PAY** by the YourChoice member. For claim accuracy, be sure the correct diagnosis and procedural code is utilized. If a medical problem is identified requiring management, the ICD-10 code should be used as a secondary diagnosis, and a follow up visit with member co-pay is required.

### EXAMS & SCREENINGS (According to CDC, ACG, or USPSTF)

Complete according to the age guidelines provided, based on age as of 1/1/20.

#### The patient has completed the following exams/screenings:

1.	Blueprint for Wellness Labs between 9/1/19 – <b>6/30/20</b> (note earlier date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Preventive Physical Exam with Skin Screening between 9/1/19 – 8/31/20	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Testicular Exam between 9/1/19 – 8/31/20	<input type="checkbox"/> Yes <input type="checkbox"/> Not recommended
4.	Colorectal Screening (age 50 or older as of 1/1/20)	<input type="checkbox"/> Yes <input type="checkbox"/> No (leave blank if under age 50 as of 1/1/20). <b>Please indicate which screening was completed:</b> <input type="checkbox"/> Colonoscopy in past 10 years <input type="checkbox"/> Or, Cologuard (FIT-DNA stool test) in past 3 years <input type="checkbox"/> Or, CT Colonography in past 5 years (precertification required)
5.	Patient has Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Results of Cotinine Test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
7.	Patient is encouraged to follow up with the supportive onsite health and wellness services offered by Manatee County YourChoice Health Plan to address existing modifiable health risks. <i>Services recommended:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I attest that this patient has completed the screenings as indicated above.

<b>(Required)</b> Physician Name	Signature	Date
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<b>(Optional)</b> Additional Physician Name, if applicable	Signature	Date
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# Wellness Exam - Child

For Children Age 18 and Under

**Who completes this Exam:** ALL Members age 0-18 to qualify for the ULTIMATE health plan level.

**Submit Form To:** Your Insurance Coordinator

## ▼ PARENT/GUARDIAN COMPLETE BELOW ▼

Qualifying Events are subject to audit which may result in a plan level change.

<b>Child's Full Name:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b>	<b>Age on 1/1/20:</b>
<b>Employee's Name:</b>	<b>Employee ID#:</b>	<b>Phone #:</b>	

### WELLNESS EXAM

The Child Wellness Exam requires **NO CO-PAY** by the YourChoice member.

For claim identification and proper claim payment the correct preventative code should be utilized.

<b>The following exam has been completed between 9/1/19 – 8/31/20:</b>	
<b>Annual Comprehensive Physical Exam</b> with Review of Systems; inclusive of patient history, developmental assessment, appropriate diagnostic test and anticipatory guidance.	<input type="checkbox"/> Yes <input type="checkbox"/> No

▶ **Primary Care Physician Name (required)**

**Signature**

**Date**

### DENTAL EXAM (Applicable for children age 3-18 only)

The Child dental Exam and Cleaning requires **NO CO-PAY** by the YourChoice member

<b>The following exam has been completed between 9/1/19 – 8/31/20:</b>	
<b>Annual Preventive Care Dental Exam and Cleaning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

▶ **Dentist Name (required)**

**Signature**

**Date**



## Child Dental Preventive Care Benefits

- Child Preventive Dental Care is a special benefit offered to ALL children enrolled in the Manatee YourChoice Medical Plan. The Plan Administrator believes in the importance of child preventive dental and therefore allows **an annual routine dental exam, cleaning, sealants, fillings, and x-rays to be covered under the Medical Plan.**
- **No other dental services are Covered Expenses unless the child is enrolled in the Aetna PPO/PDN Dental Plan.**
- There are no deductibles or co-pays for preventative dental, and the **Plan will pay up to the Aetna PPO/PDN Network rate.**
- **NETWORK VS OUT-OF-NETWORK**  
Members can choose to utilize Network or Out of Network Dentists. Network Dentists agree to accept the contracted rate for covered services. **Out of Network Dentists are reimbursed the same amount as Network Dentists, however, they have the option to bill the patient for the difference between what the plan pays and their billed charge.**
- **CLAIMS**  
All Network Dentists are required to submit the claim form. Some Out of Network Dentists will bill the Plan directly. The Dentist must submit an American Dental Association Dental Claim Form in order to receive payment for services.
- **REIMBURSEMENTS**  
**If the Dentist does not bill the plan directly, the employee is responsible for full payment and must complete a claim reimbursement form** to Aetna to receive reimbursement up to the Maximum Allowance. This form can be found under Forms at [www.ManateeYourChoice.com](http://www.ManateeYourChoice.com).
- **PEDIATRIC DENTISTS IN BRADENTON**  
Qualifying Events do not have to be completed by Pediatric Dentists only. Many Dentists in Network will accept children, however, they each have a different minimum age and they may not be classified as a Pediatric Dentist. For a current and complete list Refer to the [Provider Directory](#) at [www.ManateeYourChoice.com](http://www.ManateeYourChoice.com) and select the Aetna PPO/PDN Dental Plan.

