

PCP Checklist

Matthew Thornton Blue^{SM†}

New Hampshire HealthFirst Wellness Verification Form

IMPORTANT: To maintain the wellness-level benefits, this form must be completed by the primary care provider (PCP) for each subscriber and/or any covered spouse, civil union partner or domestic partner. The subscriber or member and/or any covered spouse, civil union partner or domestic partner must mail this form to the Claims Department address found at the top of this form. Refer to the New Hampshire HealthFirst Wellness Incentives Chart on the reverse side of this document for submission deadlines.

Claims Department
Anthem Blue Cross and Blue Shield
P.O. Box 533
North Haven, CT 06473-0533

If we do not receive a PCP Checklist for each subscriber and/or any covered spouse, civil union partner or domestic partner within 240 days of enrollment in year 1 or within 8 months of your Group's effective date, each subsequent year, **the entire family will be covered under the NH HealthFirst plan on the standard-level of benefits. If you need further information, please call Customer Service at 1-800-870-3122.**

Member Name: _____

Member Identification Number: _____

Address: _____

Date of Birth: _____

Date of Examination: _____

Body Mass Index

1. Body Mass Index (BMI) Calculation (*Maintain a BMI of less than 25*):

a. Weight: _____ b. Height: _____ c. BMI: _____

2. The member's BMI is above his/her recommended BMI level:

Yes ☐ No ☐

3. If the member's BMI is above the recommended level, have you implemented a weight loss program or goal with the member?

Yes ☐ No ☐

(Please leave blank if member's BMI is within the recommended level.)

4. Briefly describe the program or goal: _____

5. Additional Comments: _____

Smoking

1. Is the member a smoker (smoked within the last six months)?

Yes ☐ No ☐

2. If the member is a smoker, have you implemented a smoking cessation program or goal with the member?

Yes ☐ No ☐

(Please leave blank if member is not a smoker.)

3. Briefly describe the program or goal: _____

4. Additional Comments: _____

Blood Pressure

1. Blood pressure measurement of less than 140/90:

Yes ☐ No ☐

2. The member's blood pressure is above his/her recommended level:

Yes ☐ No ☐

3. If the member's blood pressure is above the recommended level, have you implemented a program or goal with the member?

Yes ☐ No ☐

4. Briefly describe the program or goal: _____

5. Additional Comments: _____

Blood Glucose Levels

1. Blood Glucose levels: _____

2. The member's blood glucose level is above his/her recommended level:

Yes ☐ No ☐

3. If the member's blood glucose levels are above the recommended level, have you implemented a program or goal with the member?

Yes ☐ No ☐

4. Briefly describe the program or goal: _____

5. Additional Comments: _____

You can download a blank copy of this
PCP Checklist from anthem.com

Continued >



† This health plan is administered by Anthem Blue Cross and Blue Shield and underwritten by Matthew Thornton Health Plan.

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Cholesterol Levels

1. Cholesterol levels: _____
2. The member's cholesterol level is above his/her recommended level:
Yes ☐ No ☐
3. If the member's cholesterol levels are above the recommended level, have you implemented a program or goal with the member?
Yes ☐ No ☐

4. Briefly describe the program or goal: _____

5. Additional Comments: _____

Provider Signature (Required)

The above information is complete and accurate to the best of my knowledge.

Provider Name (printed): _____

Provider Signature: _____

Date _____

Member Signature (Required)

I have reviewed and discussed the above information with my provider, and I agree to follow his or her recommendations. I understand that submission of this PCP checklist is required to enroll and/or continue with the wellness-level benefits under my HealthFirst plan.

Member Signature: _____

Date _____

New Hampshire HealthFirst Wellness Incentives

By completing HealthFirst Wellness Program requirements, you will be eligible for the incentives shown on this page.
This is an outline of the HealthFirst Wellness Program. Complete details are stated in the Subscriber Certificate.

Employee and Spouse		Reward Per Adult
Year	What You Need To Do:	Wellness Incentive
Year One	<ul style="list-style-type: none"> ✓ Establish and continue a relationship with a Network Primary Care Provider. ✓ Complete the MyHealth Assessment questionnaire. ✓ Remain smoke-free or participate in a smoking cessation program. ✓ Get a body mass indicator (BMI) measurement and blood pressure reading. Maintain a BMI of less than 25 and a blood pressure measurement of less than 140/90 or participate in Anthem's Health Management Program. ✓ Get your blood glucose and cholesterol levels checked and maintain acceptable levels or participate in Anthem's Health Management Program. 	<p>Within 8 months of your Group's effective date or Subscriber's effective date which ever is later, submit a PCP Checklist to be eligible for:</p> <p>A \$200 incentive for meeting all Year 1 requirements.</p>
Year One within 8 Months of Subscriber's or Group's effective date	<ul style="list-style-type: none"> ✓ Submit a PCP Checklist for Year Two deductible credit. 	
Year Two	<ul style="list-style-type: none"> ✓ Complete a MyHealth Assessment. ✓ Remain smoke-free or participate in a smoking cessation program. ✓ Maintain a BMI of less than 25 and a blood pressure measurement of less than 140/90 or participate in Anthem's Health Management Program. ✓ Maintain acceptable blood glucose and cholesterol levels or participate in Anthem's Health Management Program. 	<p>Year 2 begins on the first day of your Group's annual renewal date after you submit your Year 1 PCP Checklist.</p> <p>Because you completed your wellness requirements in Year 1, you receive a \$1,000 credit toward meeting your Year 2 Deductible. Your credit is applied on your Group's annual renewal date.</p>
Year Two within 8 Months of your Group's annual renewal date	<ul style="list-style-type: none"> ✓ Submit a wellness verification form for Year Two deductible credit. 	<p>Within 8 months of your Group's annual renewal date, submit your Year 2 PCP Checklist for your \$1,000 credit towards meeting your Year 3 deductible.</p>
Year Three	<ul style="list-style-type: none"> ✓ Complete a MyHealth Assessment. ✓ Remain smoke-free or participate in a smoking cessation program. ✓ Maintain a BMI of less than 25 and a blood pressure measurement of less than 140/90 or participate in Anthem's Health Management Program. ✓ Maintain acceptable blood glucose and cholesterol levels or participate in Anthem's Health Management Program. 	<p>Year 3 begins on the first day of your Group's annual renewal date after you submit your Year 2 PCP Checklist.</p> <p>Because you completed your wellness requirements in Year 2, you receive a \$1,000 credit toward meeting your Year 3 Deductible. Your credit is applied on your Group's annual renewal date.</p>

The Year 1 \$200 incentive is available only to the subscriber and any covered spouse, civil union partner or domestic partner.

If the subscriber's spouse, civil union partner or domestic partner is covered, the deductible credit is available only if both adult members complete all requirements. If both adults meet the requirements, all adults and children on the family membership receive the \$1,000 deductible credit. However, the family deductible maximum is reduced only by \$2,000. Please note that if a family membership consists of a subscriber and children (no spouse, civil union partner or domestic partner), the subscriber and children on the family membership are eligible for the \$1,000 deductible credit and the family deductible maximum is reduced by \$1,000. Deductible credits are provided only if the Member is continuously covered under a HealthFirst plan offered by the Member's Group from one Contract Year to the next.