



March 2024

Crouse Health Employee Health Plan Member:

Crouse’s culture strongly supports efforts to keep employees healthy and engaged in their work, which is why we’re pleased to offer the Population Health Program. Our mission of providing the best in patient care and promoting community health doesn’t just apply to our patients, it applies to our own employees and their spouses too.

Employees of Crouse Hospital or Crouse Medical Practice enrolled in a Crouse health plan on or before August 1, 2024 are eligible to earn up to \$500 in incentives. All you need to do is participate in this program and complete program requirements.

Sincerely,

Seth Kronenberg, MD  
President and CEO

**PROGRAM REQUIREMENTS:**

1. Register through link, [www.crouse.org/healthincentive](http://www.crouse.org/healthincentive) or scan the below QR code by May 31.\*
2. Ensure your required appointments are scheduled, see “Program Checklist & Tips” section of this packet.
3. Work with your Primary Care Provider (PCP) to complete and submit the enclosed form.

*\*Employees who enroll in the health plan between June 1 – August 1 will have until August 1 to complete Step 1*

**Your form will be processed by the Population Health Coordinator and will only be used for the purpose of this program.**

**INCENTIVE LEVELS & REQUIREMENTS**

Level	General Information	Incentive Details
1	Complete Annual PCP Visit, Up-to-date Lab & Screening Services <i>Spouses eligible to complete Level 1 (must be covered by Crouse health plan)</i>	Employee: \$100 Spouse Bonus: \$50
2	<i>Must successfully complete Level 1 to be eligible for Level 2 incentives</i> <b>FOUR</b> Health Goals: Healthy Weight, Blood Pressure, Blood Sugar/A1c, and LDL <b>TOBACCO FREE STATUS</b> <i>Visit <a href="http://www.crouse.org/wellness">www.crouse.org/wellness</a> for programs supporting Tobacco Free status, including a FREE program offered by Excellus.</i>	Each Health Goal: \$75 Tobacco Free Status: \$25 <i>\$25 bonus if all goals are met and tobacco free status achieved</i>

*Employee must be employed by Crouse Hospital or Crouse Medical Practice when the incentive is delivered in 2025.*

If your PCP determines that any of the program requirements are not medically appropriate based on your specific situation (ex: serious illness), they can submit an exemption request. The request should include confirmation that you are following your individualized plan of care associated with your illness.

Services required to earn program incentives are covered with minimal or no cost, based on the Crouse Health insurance plan you have. Contact Excellus directly using the number on your health plan ID card for coverage questions.

This program has been established to support your health and your relationship with your PCP. If you have any questions about this program or need a PCP, please email [healthincentiveprogram@crouse.org](mailto:healthincentiveprogram@crouse.org).

**PROGRAM REGISTRATION  
REQUIRED BY MAY 31, 2024**



**2024 POPULATION HEALTH INCENTIVE FORM**

FAX FORM BY **JANUARY 15, 2025** to the program coordinator at **315-470-5734** or email [healthincentiveprogram@crouse.org](mailto:healthincentiveprogram@crouse.org).

It is the participant's responsibility to ensure this form is received and processed, email address above to check status.

VISIT [CROUSE.ORG/HEALTHINCENTIVE](http://CROUSE.ORG/HEALTHINCENTIVE) TO OBTAIN ADDITIONAL COPIES OF THIS FORM

**PATIENT COMPLETE**

**PATIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

*If not the patient, please indicate insurance cardholder's name:* \_\_\_\_\_

**Tobacco Free Patient Attestation:** I am "Tobacco Free," meaning I do not currently use and have not used in the last 6 months any form of tobacco; including cigarettes, pipes, cigars, smokeless tobacco or vaping products.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Current Tobacco User

**PATIENT COMPLETE**

**LEVEL 1 INCENTIVE – COMPLETE ALL APPLICABLE REQUIREMENTS**

**Requirement #1 – Primary Care Provider (PCP) Visit with Current Lab Tests** *all participants*

Date of PCP Visit: \_\_\_\_\_ (*performed in 2024*)      Date of Cholesterol Test: \_\_\_\_\_ (*Jan. 1, 2020 – Dec. 31, 2024*)

Patient is NOT Diabetic      Date of Fasting Glucose: \_\_\_\_\_ (*Jan. 1, 2020 – Dec. 31, 2024*)

Patient is Diabetic      Date of A1c: \_\_\_\_\_ (*performed in 2024*)

**Requirement #2: Cervical Cancer Screening ("pap test")** *females ages 21-64 as of 12/31/24*       N/A -or-  Exception Applies  
*Participant can self-report date and screening provider to PCP*      *Exception: hysterectomy, agenesis, cervix absence*

Date: \_\_\_\_\_ (*performed between Jan. 1, 2022 – Dec. 31, 2024*)      Screening Provider: \_\_\_\_\_

**Requirement #3: Breast Cancer Imaging Screening** *females ages 41-84 as of 12/31/24*       N/A -or-  Exception Applies  
*Considers American College of Radiology recommendation*      *Exception: double mastectomy*

Date: \_\_\_\_\_ (*performed in 2024*)      Imaging Provider: \_\_\_\_\_       Report is in PCP chart (required)

**Requirement #4: Colorectal Cancer Screening** *all participants ages 46-75 as of 12/31/24*       N/A -or-  Exception Applies  
*Exception: colorectal cancer or total colectomy*

**Must complete at least one of the below services in timeframe noted (check all that apply):**

- Fecal Occult Blood Test (*performed between Jan. 1, 2024 - Dec. 31, 2024*)
- Cologuard (*performed between Jan. 1, 2022 - Dec. 31, 2024*)
- Flexible Sigmoidoscopy or CT Colonography (*performed between Jan 1, 2020 - Dec. 31, 2024*)
- Colonoscopy (*performed between Jan. 1, 2015 - Dec. 31, 2024*)

Date: \_\_\_\_\_      Screening Provider: \_\_\_\_\_       Report is in PCP chart (required)

**Requirement #5: Diabetic Retinal Eye Exam\*** *participants diagnosed with Diabetes Type 1 or Type 2*       N/A

Date: \_\_\_\_\_ (*performed in 2024*)      Screening Provider: \_\_\_\_\_       Report is in PCP chart (required)

*\*If you do not have a relationship with an eye care provider, you may you may contact [navigator@crouse.org](mailto:navigator@crouse.org) for assistance.*

**DO NOT LEAVE BLANK**

**PATIENT COMPLETE**

**LEVEL 2 INCENTIVE – MEET HEALTH GOALS WITH "IN RANGE" OR "IMPROVED RESULT"**  
*"Improved Result" = 5% improvement since prior year*

<b>Healthy Weight</b>	COMPLETE BOTH YEARS: 2024 Weight & BMI: _____ 2023 Weight & BMI: _____	<input type="checkbox"/> Patient is a Healthy Weight <input type="checkbox"/> Patient is NOT a Healthy Weight
<b>LDL &lt; 190</b>	<i>If most recent result is out of date, provide most recent and prior results.</i> Most Recent Result & Date: _____ / Prior Result & Date: _____	
<b>Non-diabetics: Fasting Glucose &lt; 106</b>	<i>If most recent result is out of date, provide most recent and prior results.</i> Most Recent Result & Date: _____ / Prior Result & Date: _____	
<b>Diabetics: A1c &lt; 8.0%</b> <i>(fasting glucose result not required)</i>	2024 Result: _____ 2023 Result: _____ ( <i>If 2024 is out of range, provide both years</i> )	
<b>BP &lt; 140 systolic and &lt; 90 diastolic</b>	2024 Result: _____ 2023 Result: _____ ( <i>If 2024 is out of range, provide both years</i> )	
<b>Tobacco Free</b>	<input type="checkbox"/> Patient has not used tobacco or vaping products in last 6 months	

**PROVIDER COMPLETES**

**PCP VERIFICATION (REQUIRED FOR ALL FORMS)**

*By signing this form, PCP verifies that the information provided is accurate and consistent with the medical records on file for this patient.*

**Practice Name:** \_\_\_\_\_ **Provider Name (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_

**REQUIRED**

# Program Tips & Checklist

## MAKE YOUR APPOINTMENTS NOW

- Use the below checklist to plan for your appointments (requirement details on program form).
- **Call your providers now** to set your appointments for the year. If you wait until the second half of the year to call, providers may not have available appointments to meet program deadlines.

## HEALTH PLAN COVERAGE FOR SERVICES – CALENDAR YEAR COVERAGE

Crouse Health Plans offer “calendar year” coverage, meaning you do not need 365 days in between visits. For example, last year’s annual PCP visit on Dec. 1 → this year’s visit can be anytime, does not need to be on or after Dec. 2. Remind your provider(s) about the “calendar year” coverage (as needed).

Requirement	Guidance	Status/Appt Date:
Register by May 31	Register online, <a href="http://www.crouse.org/healthincentive">www.crouse.org/healthincentive</a> <i>Deadline is Aug. 1 for employees enrolling in health plan between 6/1-8/1</i>	<input type="checkbox"/> COMPLETED
Primary Care Visit <i>Calendar Year Coverage</i>	Need a PCP? Visit <a href="http://www.crouse.org/providers">www.crouse.org/providers</a> You are not required to have a Crouse PCP for this program.	____/____/____ <input type="checkbox"/> COMPLETED
Labwork	Fasting Cholesterol & Glucose A1c (Diabetics Only)	____/____/____ <input type="checkbox"/> COMPLETED
Breast Cancer Screening <i>Calendar Year Coverage</i>	Breast Centers may be scheduling 4-8 weeks out (or more) from the time you call to schedule. <b>Call now</b> to stay on your 12 month schedule, do not wait until you are “due” to call to schedule the appointment.	____/____/____ <input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
Cervical Cancer Screening “Pap Smear” <i>Calendar Year Coverage</i>	<b>Make sure this is completed on your form.</b> Your PCP may not have this on file, please complete this section <b>prior</b> to giving the form to your PCP. If this is left blank, the form will not be accepted.	____/____/____ <input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
Colorectal Cancer Screening <i>Various Coverage</i>	<b>BEGINS AT AGE 45</b> Complete <b>either</b> colonoscopy or stool sample test. <u>Colonoscopy</u> : Specialists will typically schedule an initial appointment and then schedule the procedure. This process can take up to 3-5 months (or more) to complete. Call your PCP now to initiate process and discuss best option for you.	____/____/____ <input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
Diabetic Eye Exam <i>Medical &amp; Vision Plan Coverage</i>	Tell your eye care provider that you have diabetes so the appropriate exam is performed. Give your medical <u>and</u> vision insurance cards to your eye care provider. Request the exam report be sent to your PCP. <i>Visit <a href="http://www.crouse.org/diabetes">www.crouse.org/diabetes</a> for more information.</i>	____/____/____ <input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
Spouse Bonus	Enrolled spouse can complete Level 1 for Bonus Incentive Obtain form at <a href="http://www.crouse.org/healthincentive">www.crouse.org/healthincentive</a> <i>Employee must also complete Level 1 for spouse bonus to apply</i>	<input type="checkbox"/> COMPLETED <input type="checkbox"/> DOES NOT APPLY
MEET DEADLINES	Services must be completed by December 31, 2024 FORM MUST BE SUBMITTED BY JANUARY 15, 2025	<input type="checkbox"/> COMPLETED