

# Improvement Rebate Instructions

## To earn any of the Health Improvement Rebates:

1.  Determine your goal level to receive your rebate.
2.  Take steps to improve your biometrics to reach your goal.
3.  Get biometrics re-checked by your Physician within one year of your start date.
4.  If you reached your goal level(s), have your Physician completely fill out and sign the section for the improvement rebate you wish to submit.
5.  Submit rebate form to Healthy Utah.
6.  Submit required lab results for:
  - Lipid Improvement Rebate (*showing LDL level at or below goal level*) and
  - Diabetes Management Rebate
7.  After completing the First Steps rebate, and your Improvement Rebates are activated, you will have **one year** to complete them.
8.  After one year, when you obtain new biometric results and complete the online Health Questionnaire, any incomplete Improvement Rebates from the previous year will be **canceled**.
9.  Please allow up to 3-4 weeks to process your rebate(s).

Healthy Utah

P. O. Box 142107

Salt Lake City, UT 84114-2107

Fax: (801) 323-1577



## Participant Information

NAME (Please Print)	BIRTH DATE	PEHP ID NO.	TODAY'S DATE
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## Lipid (LDL) Improvement Rebate (\$50)

**You must send in your lab results along with your rebate form.**

- Lower LDL to Goal Level (\*If Total Cholesterol  $\geq 200$  mg/dL **and** Total Cholesterol - HDL  $> 135$  mg/dL)  
 \*Repeat fasting level. If still  $\geq 200$  mg/dL set your LDL Goal with a Healthy Utah staff member, or your Physician.

Step 1: Determine Your Health Risks	Step 2: Determine Your 10-Year Risk	Step 3: Set Your LDL Goal
<input type="checkbox"/> Cigarette smoking <input type="checkbox"/> Hypertension (BP $\geq 140/90$ mmHg or on antihypertensive med.) <input type="checkbox"/> Low HDL cholesterol ( $< 40$ mg/dL) <input type="checkbox"/> Age (men $\geq 45$ years; women $\geq 55$ years) <input type="checkbox"/> HDL cholesterol $\geq 60$ mg/dL, <b>subtract</b> 1 risk factor	<input type="checkbox"/> If 2 or more risks (from Step 1), go to NCEP web site to calculate 10-Yr. Risk. (see link below* or go to <a href="http://www.healthytah.org">www.healthytah.org</a> )	<input type="checkbox"/> Low (0-1 risks) $< 160$ <input type="checkbox"/> Moderate (2+ risks and 10 yr. risk $< 10\%$ ) $< 130$ <input type="checkbox"/> Mod-High (2+ risks and 10 yr. risk 10-20%) $< 100$ (OR Diabetes, Coronary Artery Disease present)

\*Risk Assessment Tool for Estimating Your 10-year Risk of Having a Heart Attack at <http://hp2010.nhlbihin.net/atp/iii/calculator.asp?usertype=pub>

Verification: Please have this form completed and signed by your Physician.

TOTAL CHOLESTEROL	LDL GOAL LEVEL	FINAL LDL LEVEL	DATE
Physician PHYSICIAN'S NAME (Please Print)		PHYSICIAN'S SIGNATURE	DATE

## Blood Pressure Improvement Rebate (\$50)

Verification: Please have this form completed and signed by your Physician.

Lower your Blood Pressure to  $\leq 120/80^*$  mm/Hg

\*Physician may verify adherence to medical plan for Blood Pressure slightly above these goals.

BLOOD PRESSURE	DATE
PHYSICIAN'S NAME (Please Print)	PHYSICIAN'S SIGNATURE
	DATE

## BMI Improvement Rebate (\$50 each)

Verification: Please have this form completed and signed by your Physician or Healthy Utah staff member.

HEIGHT (in.)	START WEIGHT	START BMI	START BMI DATE	END WEIGHT	END BMI	END BMI DATE	START BODY FAT	START BF DATE	END BF	END BF DATE
<b>Qualifying BMI</b>		<b>BMI Goal</b>		<b>OR</b>		<b>Body Fat Goal</b>		<b>Rebate</b>		
<input type="checkbox"/> BMI 25-29		<input type="checkbox"/> BMI, get and stay $< 25$				<input type="checkbox"/> $< 25$ women; $< 18$ men		\$50		
<input type="checkbox"/> BMI $\geq 30$		<input type="checkbox"/> Decrease BMI				<input type="checkbox"/> $< 31\%$ , women; $< 24\%$ , men		\$50 each drop of 5 BMI points		
PHYSICIAN'S NAME (Please Print)						PHYSICIAN'S SIGNATURE			DATE	

## Diabetes Management Rebate (\$300)

**You must send in your lab results for HgbA1c & LDL, along with your rebate form.**

Verification: Please have this form completed and signed by your Physician **and** Healthy Utah staff member.

<input type="checkbox"/> Participate with PEHP/Optimal Health Program* <input type="checkbox"/> Yearly Dilated Retinal Exam (Every two years if normal) <input type="checkbox"/> Yearly check for kidney function (serum creatinine, calculated GFR, & urine microalbumn/creatinine ratio)	<input type="checkbox"/> Maintain HgbA1c $< 7.0\%$ *or drop 1% if prior level $\geq 8.0$ (send in your lab results) <input type="checkbox"/> Maintain LDL $< 100$ mg/dL (send in your lab results) <input type="checkbox"/> Maintain Blood Pressure $< 130/80$ mmHg	
PHYSICIAN'S NAME (Please Print)	PHYSICIAN'S SIGNATURE	DATE

\*Healthy Utah will verify participation.

## Tobacco Cessation Rebate (\$100)

Verification: Please have this form signed by your Physician. **Healthy Utah will verify Tobacco Quit Line calls.**

- Participate in Utah Tobacco Quit Line (minimum of 5 Quit Line Calls)  
 Must be tobacco free for six months

**Optional:** May also enroll with "Get Quit" if on Chantix

Utah Tobacco Quit Line: 1.888.567.TRUTH (8788)  
 Spanish Line: 1.877.629.1585  
 Monday - Sunday, 6 a.m. to 11 p.m. Mountain Time

PHYSICIAN'S NAME (Please Print)	PHYSICIAN'S SIGNATURE	DATE
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OFFICE USE ONLY!	COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ENTERED OR DENIED	DENIED REASON <input type="checkbox"/> NO LAB RESULTS PRINTOUT <input type="checkbox"/> NO PHYSICIAN'S SIGNATURE <input type="checkbox"/> MISSING BIOMETRICS <input type="checkbox"/> OTHER:
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