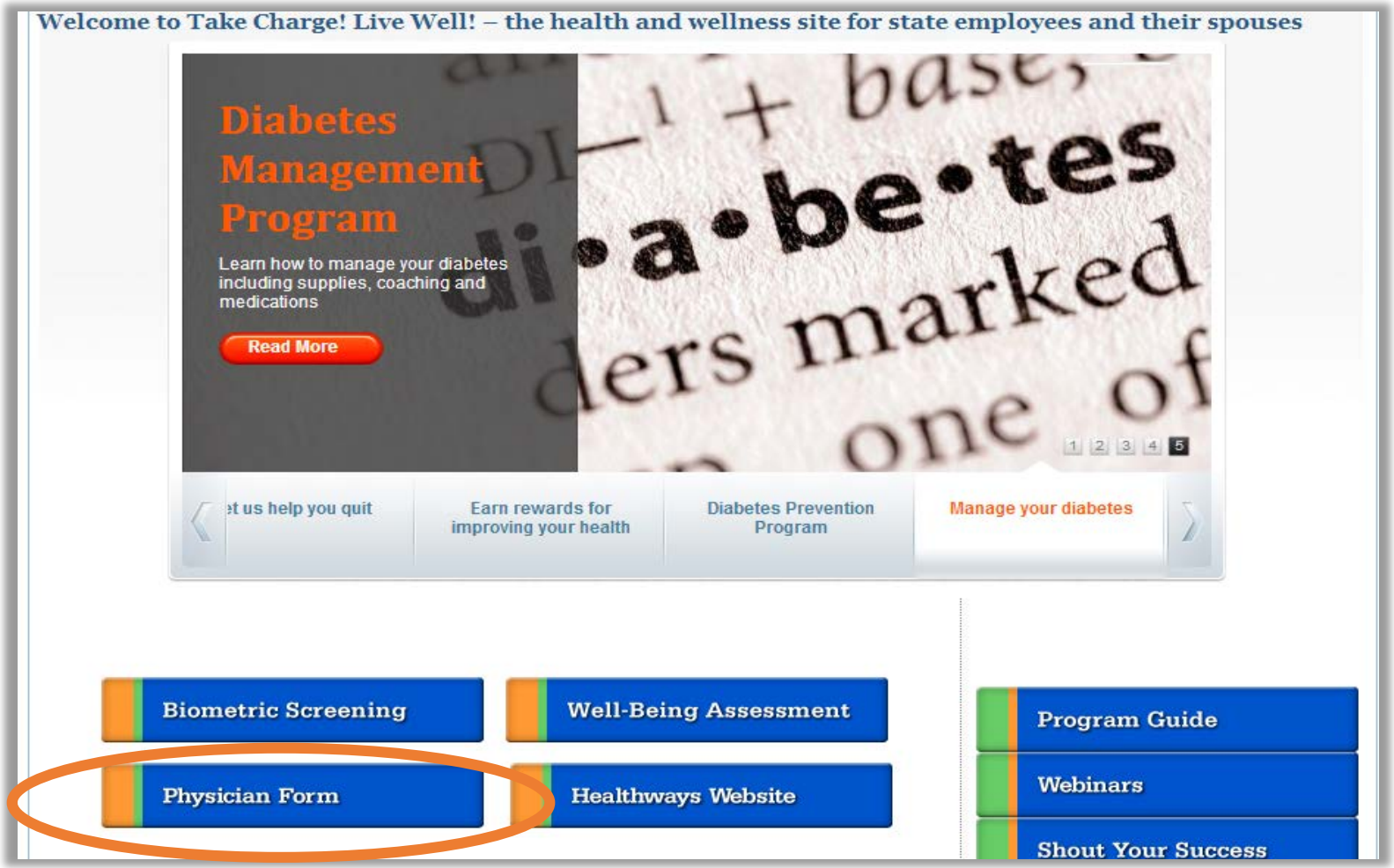
HEALTHWAYS
a sharecare company

Take Charge! Live Well!

How to Complete Your Online Physician Form

Physician Form

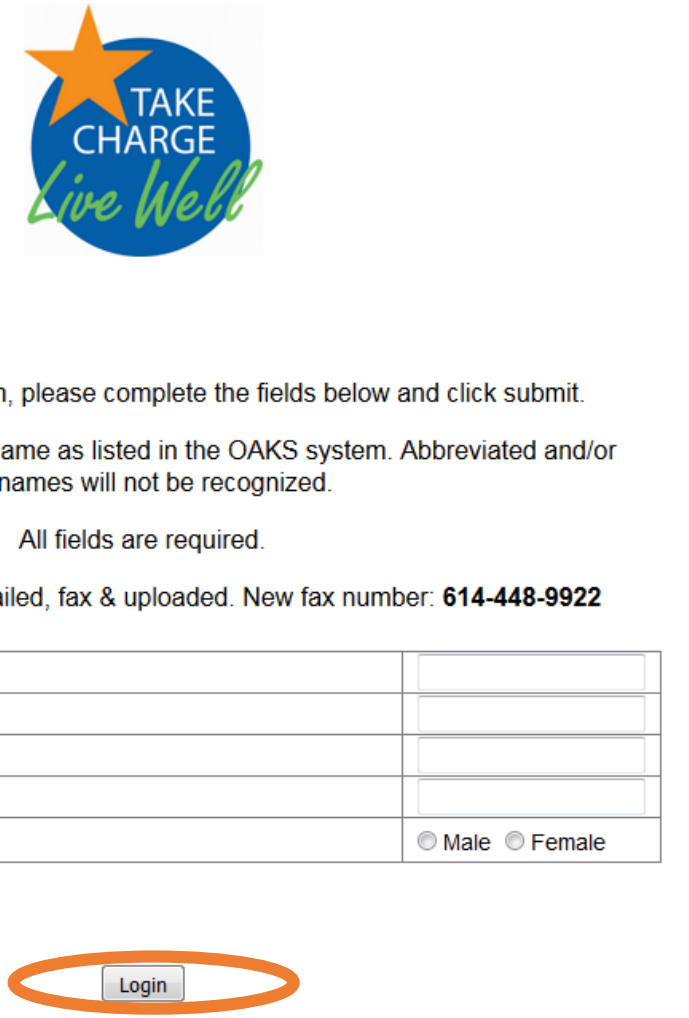
- To access the online physician form, visit ohio.gov/tclw and click on the “Physician Form” button



Physician Form: Login

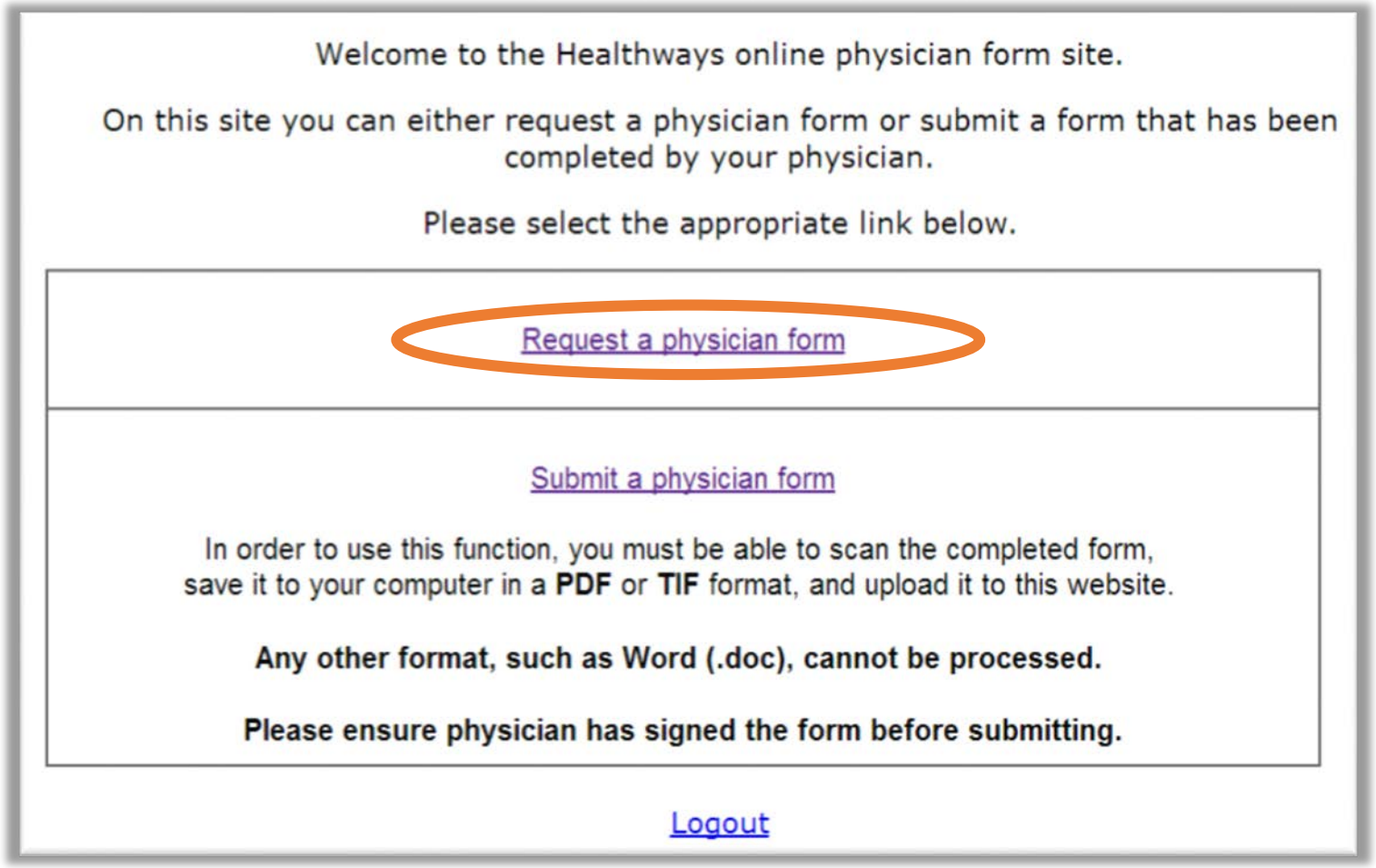
- The “Physician Form” button will redirect you to the Physician Form website login page. Please note that the new fax number for completed physician forms is listed on this page

- When completing the login fields, please enter your name exactly as listed in the OAKS system

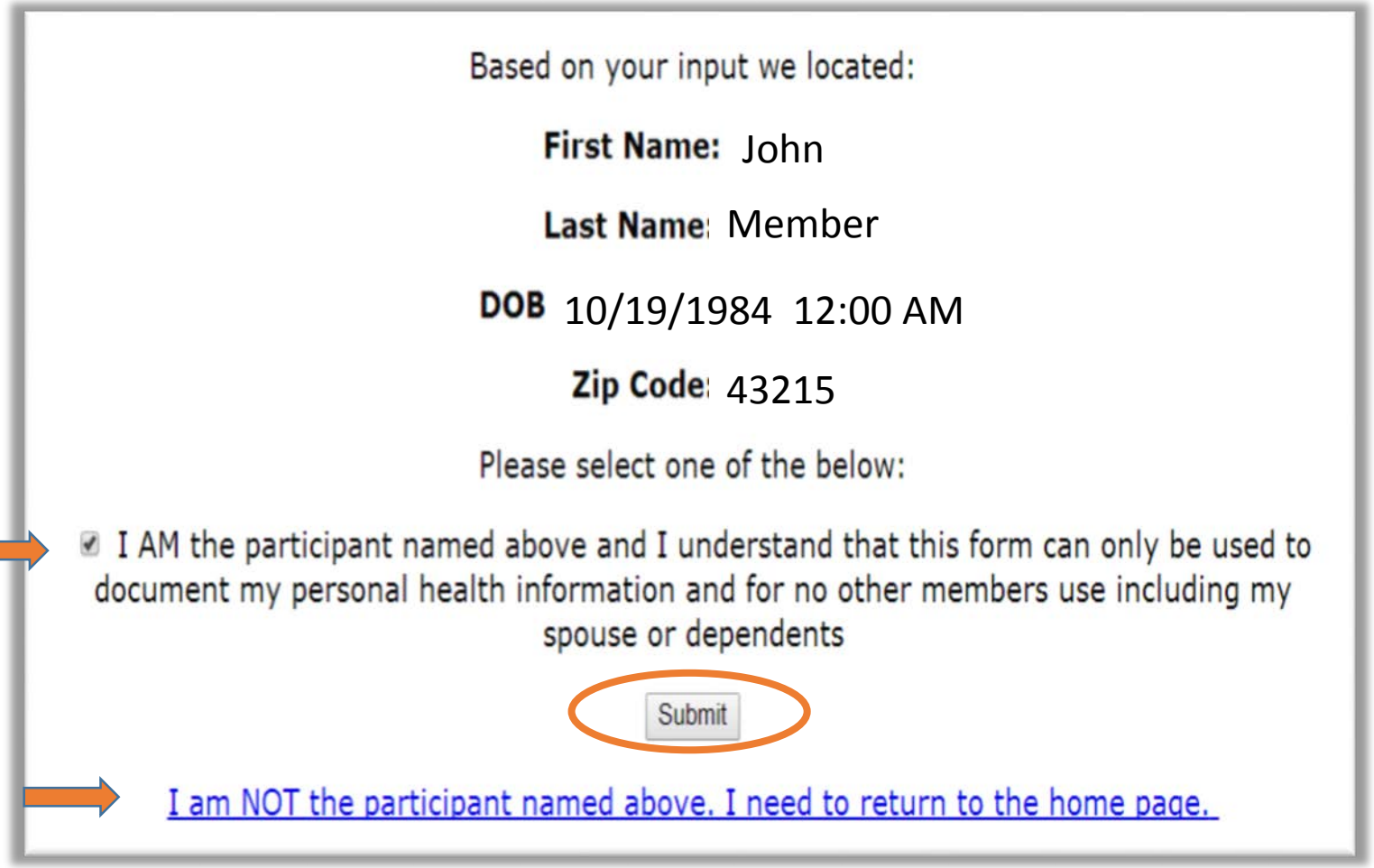


Requesting a Physician Form

- To obtain a physician form, click on the “Request a physician form” link



Requesting a Physician Form

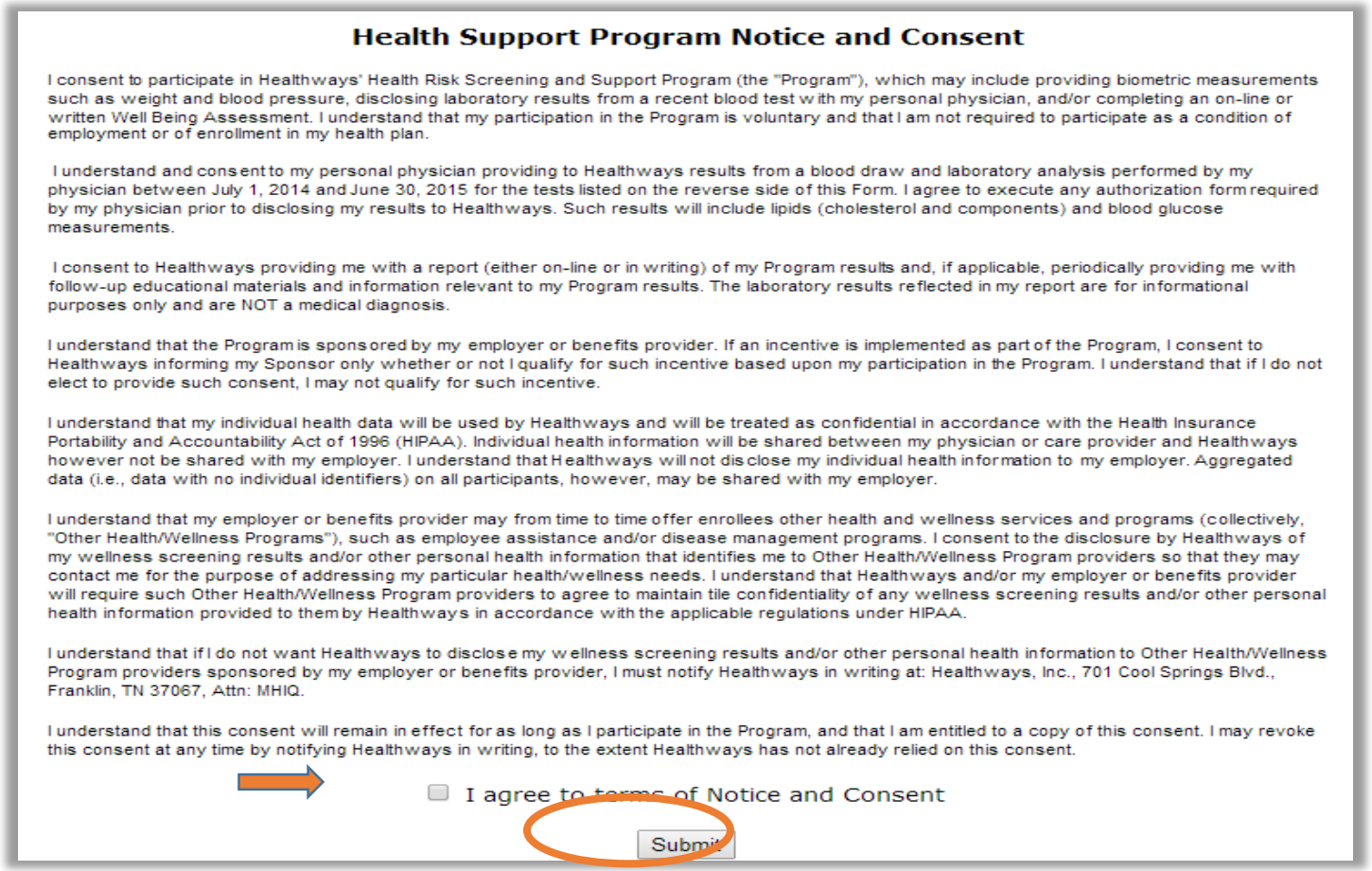


- Next, verify the information listed on this page matches your personal information. If it matches your information, make sure to check the box and click the Submit button

- If the information listed is **not** your personal information, click on the link at the bottom of page to make sure you entered the correct information in the login page. If you receive the wrong information again, contact customer service for assistance.

Health Support Program Notice and Consent

- Next, you must agree to the Health Support Program Notice and Consent terms and conditions. Please check the box and click Submit



Health Support Program Notice and Consent

I consent to participate in Healthways' Health Risk Screening and Support Program (the "Program"), which may include providing biometric measurements such as weight and blood pressure, disclosing laboratory results from a recent blood test with my personal physician, and/or completing an on-line or written Well Being Assessment. I understand that my participation in the Program is voluntary and that I am not required to participate as a condition of employment or of enrollment in my health plan.

I understand and consent to my personal physician providing to Healthways results from a blood draw and laboratory analysis performed by my physician between July 1, 2014 and June 30, 2015 for the tests listed on the reverse side of this Form. I agree to execute any authorization form required by my physician prior to disclosing my results to Healthways. Such results will include lipids (cholesterol and components) and blood glucose measurements.

I consent to Healthways providing me with a report (either on-line or in writing) of my Program results and, if applicable, periodically providing me with follow-up educational materials and information relevant to my Program results. The laboratory results reflected in my report are for informational purposes only and are NOT a medical diagnosis.

I understand that the Program is sponsored by my employer or benefits provider. If an incentive is implemented as part of the Program, I consent to Healthways informing my Sponsor only whether or not I qualify for such incentive based upon my participation in the Program. I understand that if I do not elect to provide such consent, I may not qualify for such incentive.

I understand that my individual health data will be used by Healthways and will be treated as confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Individual health information will be shared between my physician or care provider and Healthways however not be shared with my employer. I understand that Healthways will not disclose my individual health information to my employer. Aggregated data (i.e., data with no individual identifiers) on all participants, however, may be shared with my employer.

I understand that my employer or benefits provider may from time to time offer enrollees other health and wellness services and programs (collectively, "Other Health/Wellness Programs"), such as employee assistance and/or disease management programs. I consent to the disclosure by Healthways of my wellness screening results and/or other personal health information that identifies me to Other Health/Wellness Program providers so that they may contact me for the purpose of addressing my particular health/wellness needs. I understand that Healthways and/or my employer or benefits provider will require such Other Health/Wellness Program providers to agree to maintain tile confidentiality of any wellness screening results and/or other personal health information provided to them by Healthways in accordance with the applicable regulations under HIPAA.

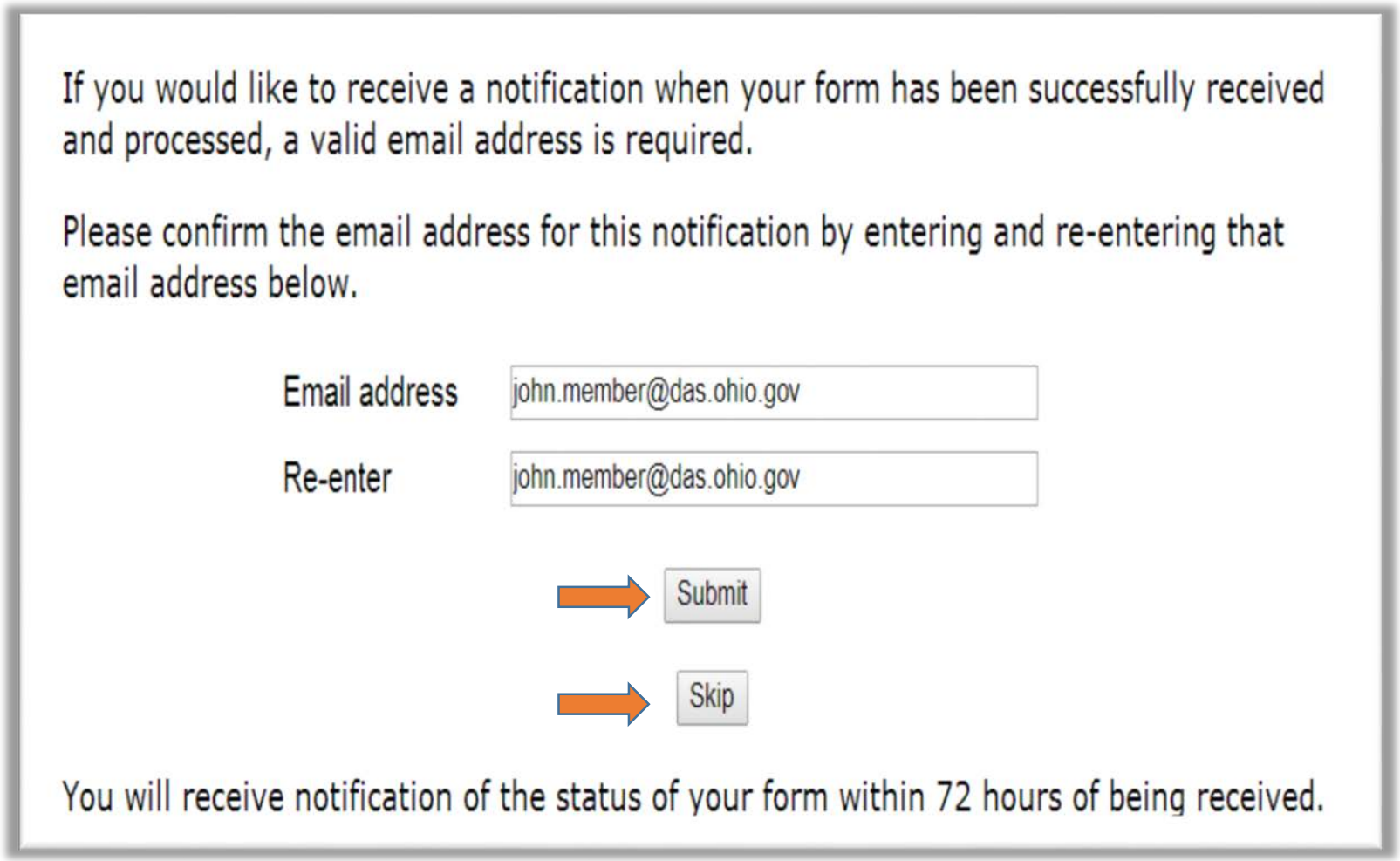
I understand that if I do not want Healthways to disclose my wellness screening results and/or other personal health information to Other Health/Wellness Program providers sponsored by my employer or benefits provider, I must notify Healthways in writing at: Healthways, Inc., 701 Cool Springs Blvd., Franklin, TN 37067, Attn: MHIQ.

I understand that this consent will remain in effect for as long as I participate in the Program, and that I am entitled to a copy of this consent. I may revoke this consent at any time by notifying Healthways in writing, to the extent Healthways has not already relied on this consent.

I agree to terms of Notice and Consent

Submit

Email Notification

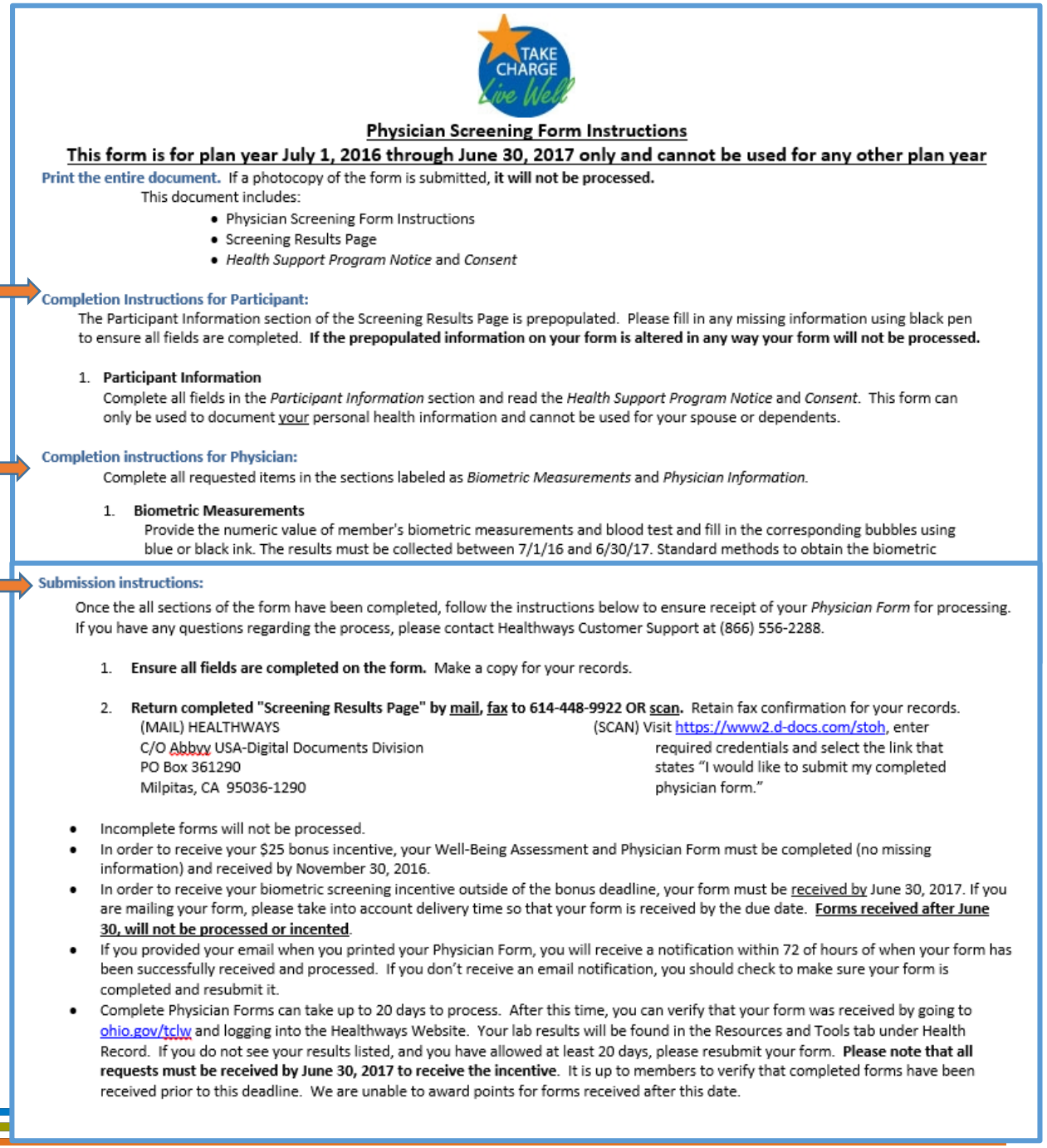


- If you would like an email notification to be sent once your form has successfully been **received**, input the email address that you would like the notification sent to, and click the “Submit”
- Otherwise, click the “Skip” button

Instructions

- Next, the physician form PDF document will open up. The first page of this document includes instructions for the portion of the form that is to be filled out by the participant, as well as how your physician should complete the form

- The last part of this page lists submission instructions, including how to mail, fax, or upload your form online



Physician Screening Form Instructions

This form is for plan year July 1, 2016 through June 30, 2017 only and cannot be used for any other plan year

Print the entire document. If a photocopy of the form is submitted, **it will not be processed.**

This document includes:

- Physician Screening Form Instructions
- Screening Results Page
- *Health Support Program Notice* and *Consent*

Completion Instructions for Participant:

The Participant Information section of the Screening Results Page is prepopulated. Please fill in any missing information using black pen to ensure all fields are completed. **If the prepopulated information on your form is altered in any way your form will not be processed.**

1. **Participant Information**
   Complete all fields in the *Participant Information* section and read the *Health Support Program Notice* and *Consent*. This form can only be used to document your personal health information and cannot be used for your spouse or dependents.

Completion instructions for Physician:

Complete all requested items in the sections labeled as *Biometric Measurements* and *Physician Information*.

1. **Biometric Measurements**
   Provide the numeric value of member's biometric measurements and blood test and fill in the corresponding bubbles using blue or black ink. The results must be collected between 7/1/16 and 6/30/17. Standard methods to obtain the biometric

Submission instructions:

Once the all sections of the form have been completed, follow the instructions below to ensure receipt of your *Physician Form* for processing. If you have any questions regarding the process, please contact Healthways Customer Support at (866) 556-2288.

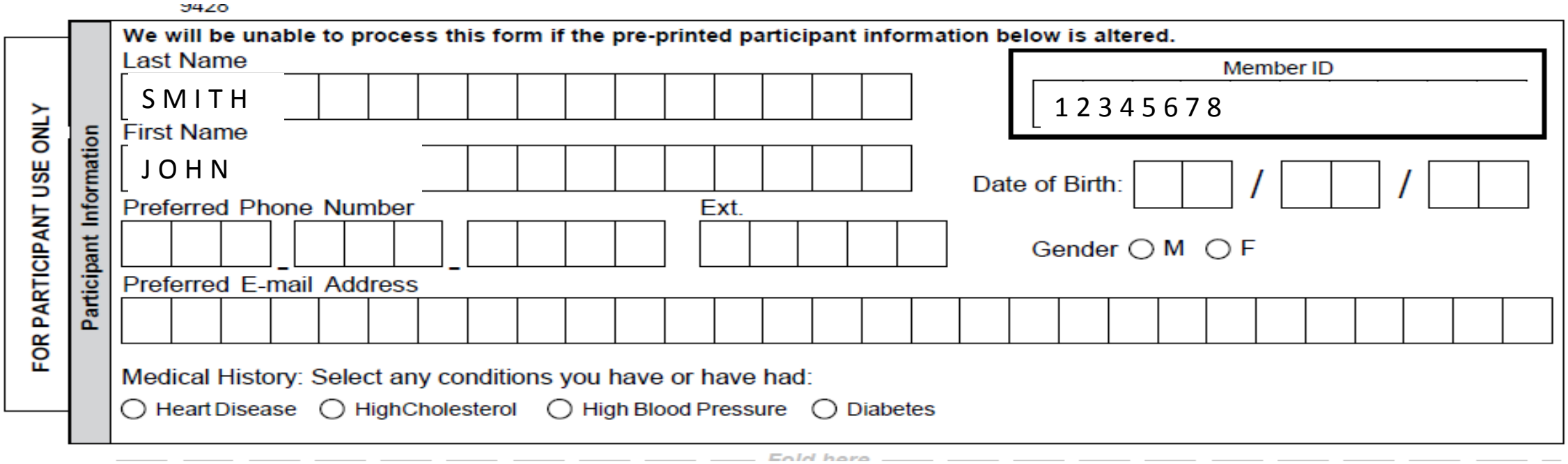
1. **Ensure all fields are completed on the form.** Make a copy for your records.

2. **Return completed "Screening Results Page" by mail, fax to 614-448-9922 OR scan.** Retain fax confirmation for your records.
   (MAIL) HEALTHWAYS
   C/O Abbvy USA-Digital Documents Division
   PO Box 361290
   Milpitas, CA 95036-1290

   (SCAN) Visit https://www2.d-docs.com/stoh, enter required credentials and select the link that states "I would like to submit my completed physician form."

- Incomplete forms will not be processed.
- In order to receive your $25 bonus incentive, your Well-Being Assessment and Physician Form must be completed (no missing information) and received by November 30, 2016.
- In order to receive your biometric screening incentive outside of the bonus deadline, your form must be received by June 30, 2017. If you are mailing your form, please take into account delivery time so that your form is received by the due date. **Forms received after June 30, will not be processed or incented**.
- If you provided your email when you printed your Physician Form, you will receive a notification within 72 of hours of when your form has been successfully received and processed. If you don't receive an email notification, you should check to make sure your form is completed and resubmit it.
- Complete Physician Forms can take up to 20 days to process. After this time, you can verify that your form was received by going to ohio.gov/tclw and logging into the Healthways Website. Your lab results will be found in the Resources and Tools tab under Health Record. If you do not see your results listed, and you have allowed at least 20 days, please resubmit your form. **Please note that all requests must be received by June 30, 2017 to receive the incentive**. It is up to members to verify that completed forms have been received prior to this deadline. We are unable to award points for forms received after this date.

Pre-Filled Section

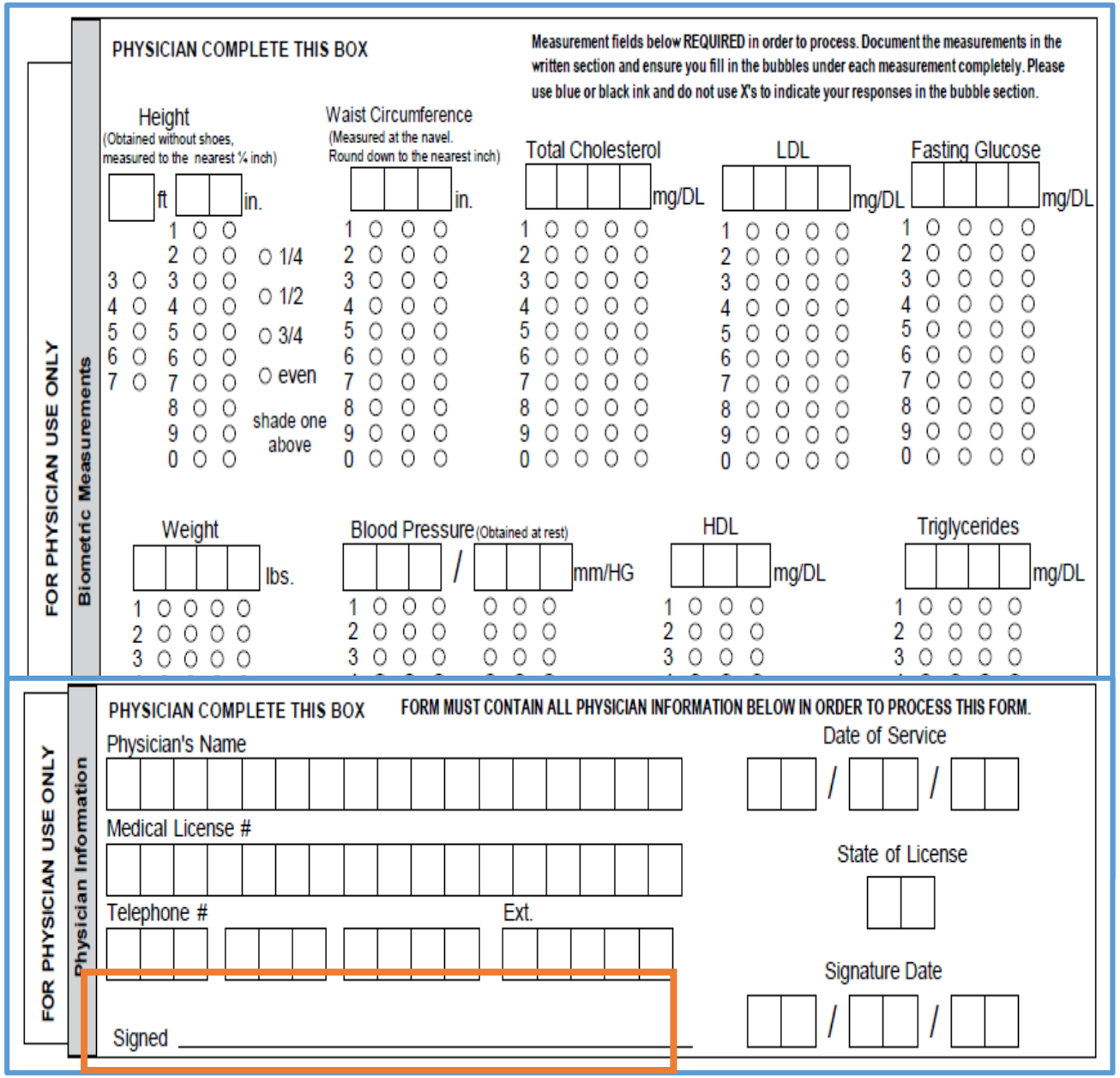


The first section of the physician form is pre-filled with your first and last name, State of Ohio User ID, date of birth, and gender. The remaining portion of this section is to be filled out by the participant.

Physician Form

- Section 2 and 3 are to be completed by the physician. Section 2 includes fields for your lab result information, while section 3 includes physician information

- Please make sure all fields are completed by your physician in section 3, including your physician's signature Forms cannot be processed without a physician signature



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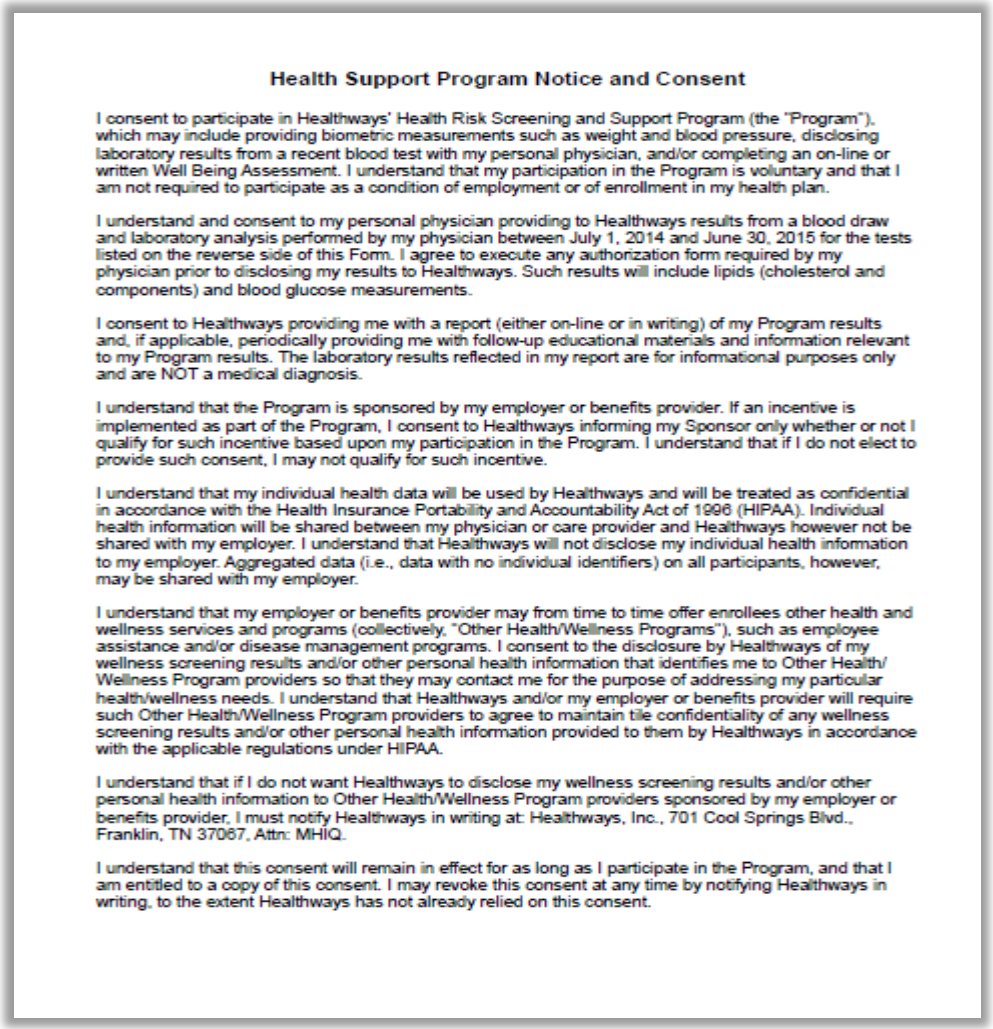

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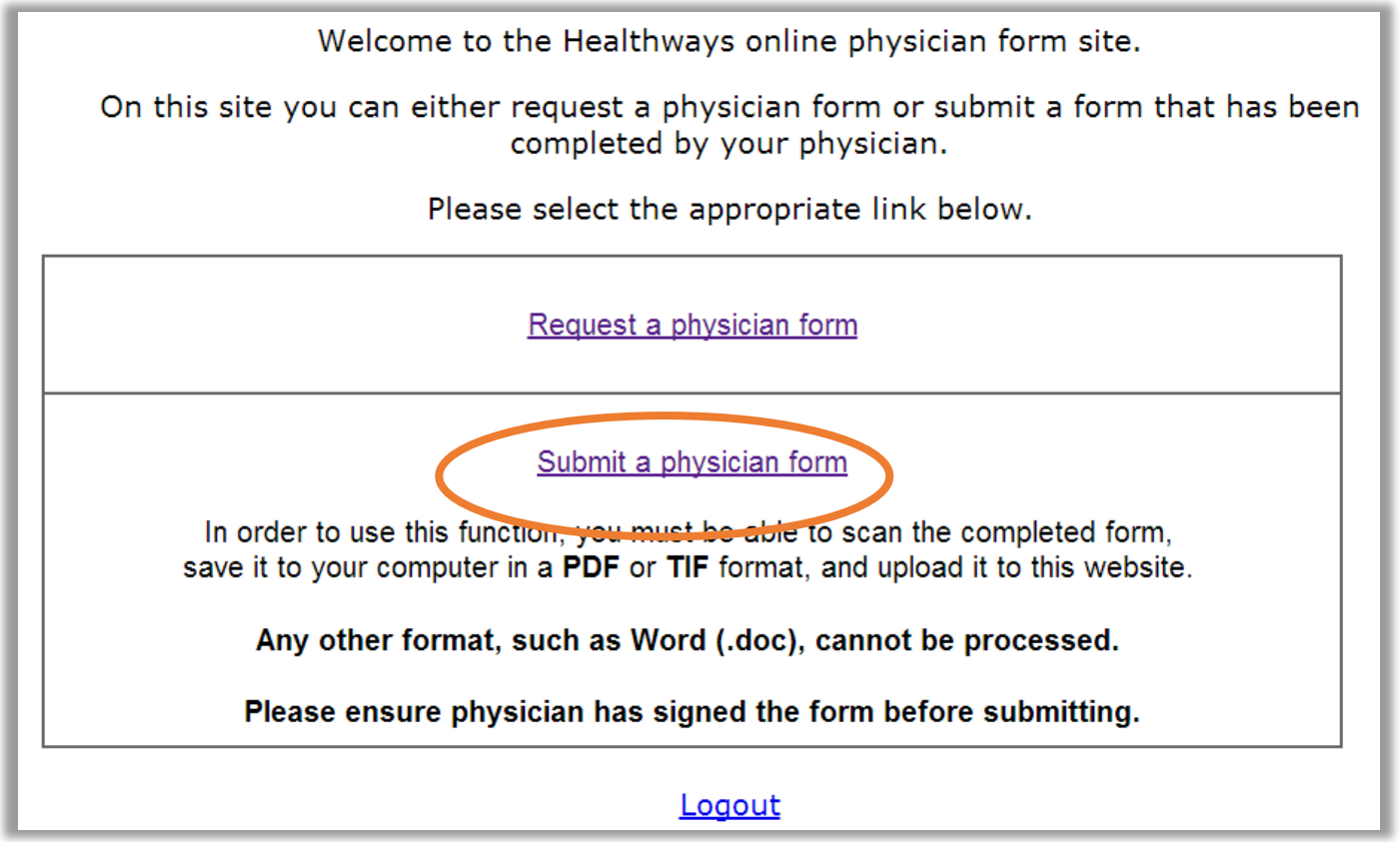
- The final page of the document includes a copy of the Health Support Program Notice and Consent form, which you previously agreed to
- Please retain this copy for your records

Submitting Physician Forms

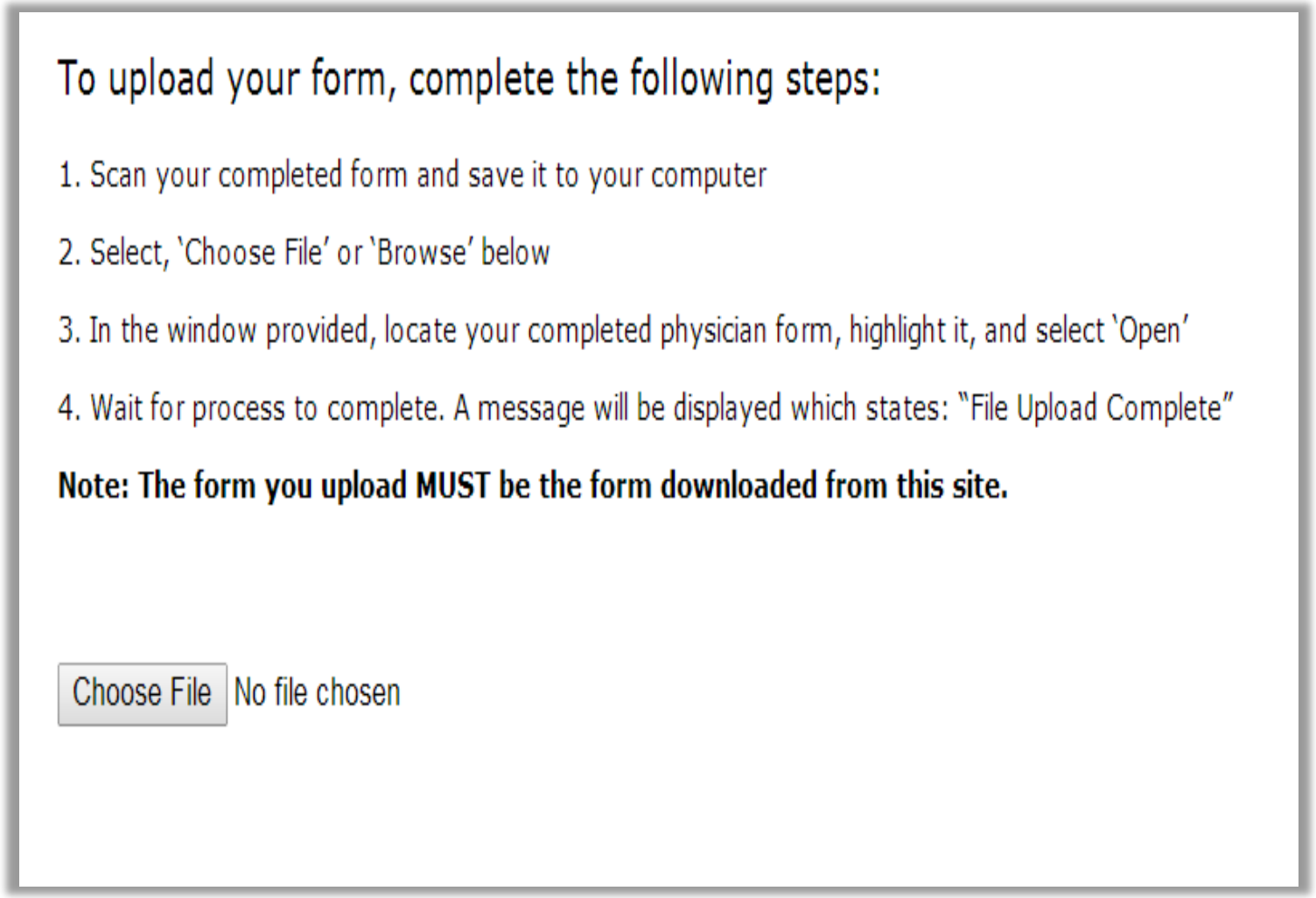
- If you would like to submit your form online, login the same way you attained your physician form, and selecting “Physician Form.” Once on this page, click on the “Submit a physician form” button.

- If you wish to submit your form through fax, retain a copy of the fax confirmation to keep for your records. Remember, you should use the new fax number of 614-448-9922.

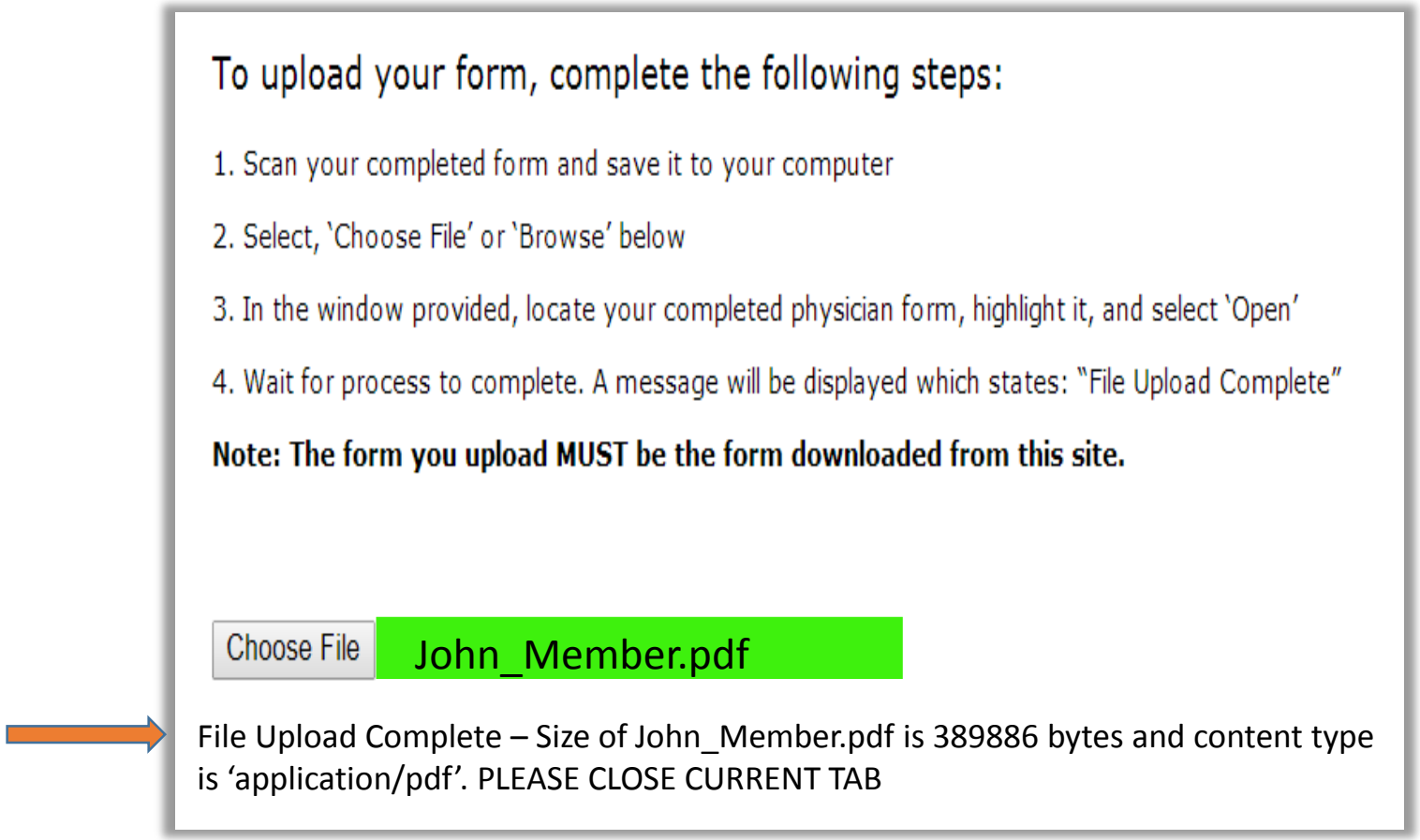


Uploading Physician Forms

- Follow steps 1-4 to submit your document. Please note, that your scanned document must be saved in a PDF or TIF format to be submitted



Successfully Uploading Physician Forms



- Once you have successfully uploaded your document, you will see a page similar to this, with a note at the bottom stating your file upload is complete

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THANK YOU!

For questions or further assistance,

please call Customer Service at 1-800-556-2288

or visit ohio.gov/tclw.

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