

2023 OPEN ENROLLMENT

COMPLETING
WELLNESS STEPS AS
A KAISER PARTICIPANT



Review
Completed
Tests

Log in to Kaiser website or app to review previous Test Results and Past Visits for Biometric Screening.

Pinish Incomplete Tests

Complete missing tests or labs at a Kaiser Facility.

3 Upload Results

Log in to your Participant Account on ufcwtrust.com, to upload your Bio23 form or screenshots.

Wellness
Approval

Wait 7-10 days for Wellness Approval in your Participant Account.

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COMPLETE YOUR CONTACT INFO



Complete your personal contact information on the Bio23 Form (see page 22). or submit proof of completion via print screens from your Kaiser portal (www.kp.org).

DETERMINE WHAT YOU NEED TO DO:



You are required to verify you've completed the Biometric Screenings listed on the Bio23 Form. You may already have done most or all of them.

To determine if anything is missing, check online at KP.org by following these instructions, or by calling your doctor's office or a Kaiser representative at 1-866-454-8855.

BIOMETRICS

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**Screening Disclaimer: The following tests are required for your Biometrics. Only the following tests, based upon

Kaiser Permanente Clinical Guidelines will be accepted for your biometric screening:

SCREENING TYPE	FASTING REQUIREMENT	MUST BE TAKEN BETWEEN
Blood Pressure	None	September 1, 2020, through November 18, 2022
Body Mass Index (BMI) (Weight and Height)	None	September 1, 2020, through November 18, 2022
Total Cholestrol (Lipid Panel)	Fasting or Non-Fasting	September 1, 2017, through November 18, 2022
Blood Glucose (A1c)	Fasting	September 1, 2017, through November 18, 2022



Your health care plan will only cover one Wellness Visit at 100% per calendar year. Any lab testing NOT described above will be subject to co-pay and deductibles and not be paid at 100%, unless the testing is covered separately under the Kaiser's Preventive Care guidelines.



MOBILE INSTRUCTIONS

Review Completed Tests

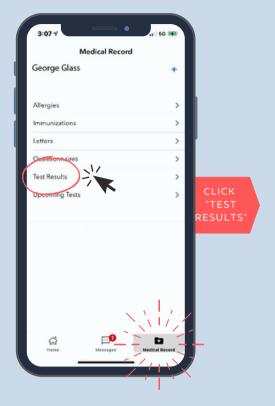
Log into the Kaiser website (kp.org) or app to review previous Test Results and Past Visits for Biometric Screening.

TO VERIFY GLUCOSE & CHOLESTEROL TEST RESULTS



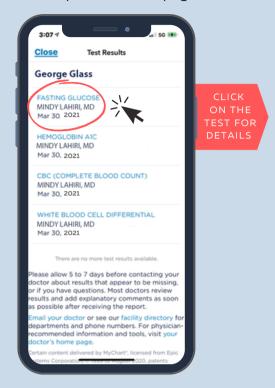
1

Log in to your KP App from your mobile device.



Under Medical Record click on "Test Results."

Review your list of previously completed Medical tests and compare the completed tests to the Biometric requirements on page 4.



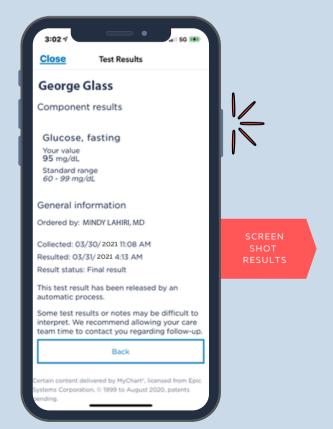
If you have completed any of the required tests, please click on the name of the test to show additional details.

(3)

Verify the information displayed is the correct test and the date test was administered is within the correct time frame.

To submit, see page 14.







TO VERIFY PAST VISITS, BLOOD PRESSURE & BODY MASS INDEX (BMI)



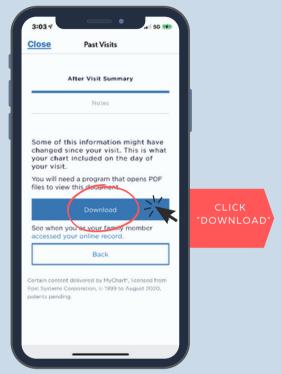
**Your BMI is a combination of your Height and Weight

Log in to your KP App from your mobile device. From the available options select "Past Visits".



Select your most recent "Past Visit" and click "View After Visit Summary".

Click "Download" to view. You'll find your blood pressure, height and weight in this report under the section titled "Today's Visit".



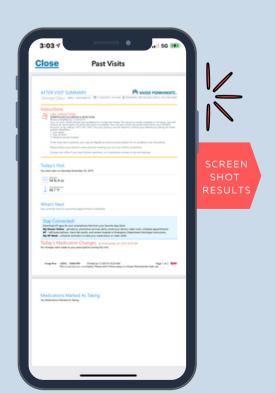
*Hint - if you don't see this information, go back and look in a different in-person visit.

Verify the information displayed is correct and the date is within the stated time frame on page 4.

Take a screen shot and save or print.

To submit, see page 14.

*Make sure your name appears on the information.







Review Completed Tests

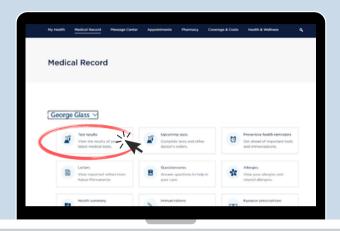
Log into the Kaiser website (kp.org) or app to review previous Test Results and Past Visits for Biometric Screening.



TO VERIFY GLUCOSE & CHOLESTEROL TEST RESULTS

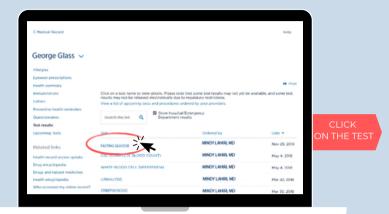


Go to kp.org and log in with your username and password.



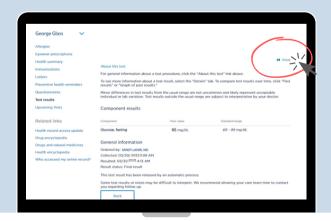
Under the Medical Record tab, select the box labeled "Test Results."

Review your list of previously completed Medical tests and compare the completed tests to the Biometric requirements on page 4.



If you have completed any of the required tests in the specific time period, click on the name of the test to show additional details.

Verify the information displayed is the correct test and the test was administered within the correct time frame.



Either screen shot the test result or select the "Print" button in the top right corner. Your name must appear on the screen shot or print out for each test.



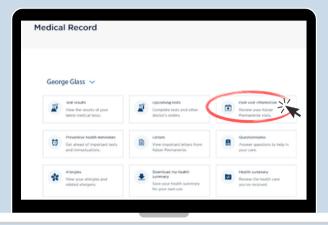
To submit, see page 14.

TO VERIFY PAST VISITS, BLOOD PRESSURE & BODY MASS INDEX (BMI)



**Your BMI is a combination of your Height and Weight

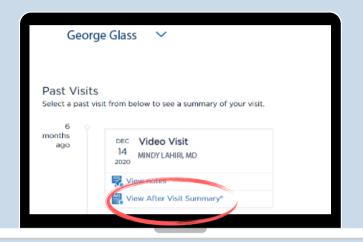
Go to kp.org and log in with your username and password.



Under the Medical Record tab, select the box labeled "Past Visit Information."

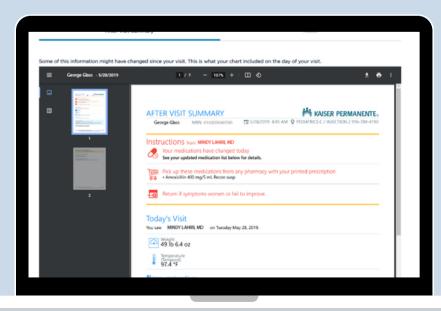
Click "View After Visit Summary".

Once the summary is open you'll find your blood pressure, height and weight in this report under the section titled "Today's Visit".



*Hint: if you don't see this information, go back and look in a different in-person visit.

Verify the information displayed is correct and the date is within the stated time frame on page 4.



*Make sure your name appears on the information.



Finish Incomplete Tests

Complete missing tests or labs at a Kaiser Facility.

COMPLETE BIOMETRIC SCREENING



A face mask is required to enter all Kaiser facilities. Kaiser will provide a nonmedical-grade mask to wear if you don't have one.



BLOOD PRESSURE, BMI (BODY MASS INDEX) OR WELLNESS VISIT

Please speak to a Kaiser Permanente representative at 1-866-454-8855 to request an appointment to complete your missing activities. Please let the representative know which tests or labs you need completed.

All Members must check in at the front desk of the medical office building. Once you check in you will be directed where to go for your blood pressure and BMI. You may be directed to a Nurse's station or other area of your local Kaiser facility, based on your location.



GLUCOSE & TOTAL CHOLESTEROL

You will first need to email your primary care physician through kp.org stating you would like to request an order for glucose and/or cholesterol lab tests.

For instructions on contacting your physician, continue to page 13.

You can also obtain a doctor's order for missing labs by calling 1-866-454-8855 and a KP representative will get you connected with the doctor's office.



HELPFUL RESOURCES

- For Kaiser service hours & closures CLICK HERE
- To locate a Kaiser Facility <u>CLICK HERE</u>
- To Chat with Kaiser Member Services CLICK HERE

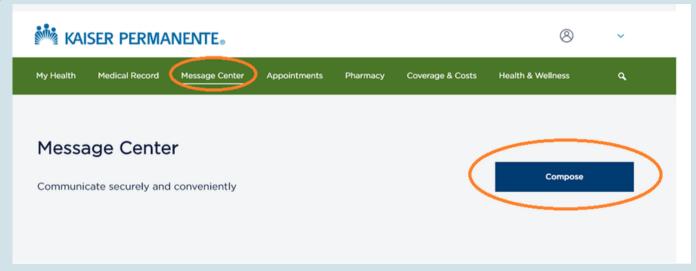


COMPLETE BIOMETRIC SCREENING

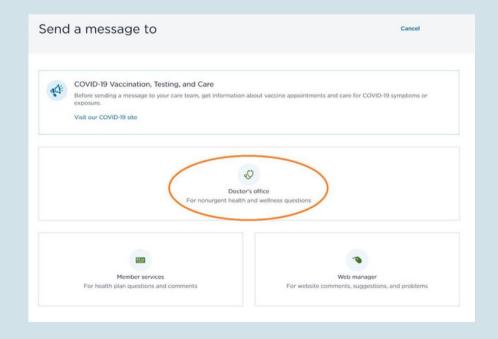
HOW TO REQUEST A GLUCOSE & CHOLESTEROL ORDER FROM YOUR PHYSICIAN

1

Go to kp.org and log in with your username and password. Go to the "Message Center" tab and hit the "Compose" button.



Click "Doctor's Office" and write a message to your primary care physician stating you would like to request an order for glucose and/or cholesterol lab tests.



Once you receive the doctor's order, Please speak to a Kaiser Permanente representative at 1-866-454-8855 to request an appointment to complete your test. Please let the representative know which tests or labs you need completed.

You can also make a lab appointment under the "Appointments" tab on the website.



FASTING REQUIRED FOR GLUCOSE TEST. Do not eat or drink anything other than water and medications for 12 hours before the glucose test.



3 Upload Results

Log in to your Participant Account on ufcwtrust.com, go to the Open Enrollment tab to submit your completed

Bio23 Form or Kaiser screenshots.

FINISH AND SUBMIT

After you've completed all Biometric Screenings, follow these instructions for getting your Bio23 Form signed:



CLICK HERE to find your Release of Information
Department at the medical center your Primary Care
Physician is located. Email them your Bio23 form to be
completed and signed, and ask them to email and
mail back to you when completed. Please allow 7 to 10
business days. Kaiser may request that you come
back in person to their department to pickup your
completed form.



To protect your privacy, Kaiser Permanente may not send the Bio23 Form to the TFO. You are responsible for ensuring your Bio23 form and related screen shots/printed, previously completed test results (if applicable) are returned to the TFO by November 18, 2022.

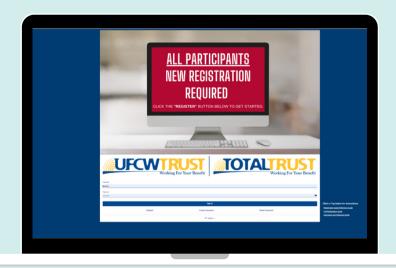
3 Upload Results

INSTRUCTIONS TO SUBMIT BIOMETRICS

NOTE: It is the responsibility of the member to ensure that you and your enrolled Spouse or Domestic Partner's Biometric Screening requirements are submitted to the Trust Fund Office on or before November 18, 2022. A Member may upload their Spouse's proof of biometrics from their own Member Participant Account.



Visit UFCWTrust.com, and log into your Participant Account

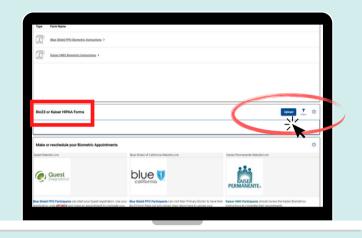


INSTRUCTIONS TO SUBMIT BIOMETRICS

- Once logged in, click on the "Open Enrollment" tab on the top left menu.
 - MY INFO

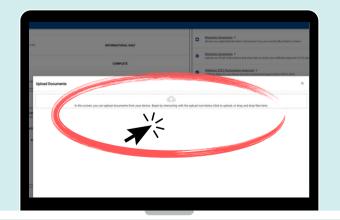
 OPEN ENROLLMENT

 CORRESPONDENCE
- Scroll down and until you see the "Bio23 or Kaiser HIPAA Forms" section on the right side.

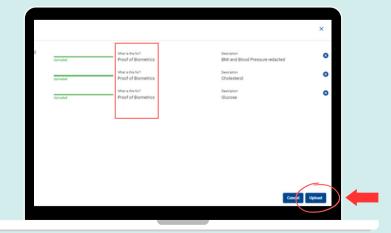


Select the blue "**Upload**" button on the right corner.

Click the cloud icon to begin uploading your screenshots or Bio23 form.



Upon uploading your screenshots or Bio23 form, please select "Proof of Biometrics" from the drop down menu.



Don't forget to hit the blue "Upload" button on the bottom right corner.

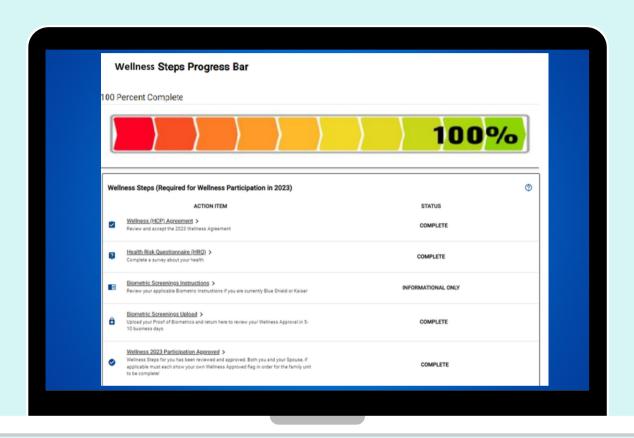


Wellness Approval

Wait 7-10 days for Wellness Approval in your Participant Account.

WELLNESS APPROVAL

Once your Wellness Steps have been completed and approved, your "Wellness Approval" bar will show as complete automatically. Your status bar will automatically update to 100% complete.



Wellness documents are approved on a first come, first serve basis. Log into your ufcwtrust.com Participant Account to check your status often

WARNING: Both the Member and the enrolled Spouse or Domestic Partner must individually complete their own Wellness Steps for a household to be complete and participate in the Wellness (HCP) Program for 2023 Plan Year.



Please note it may take the TFO up to 7-10 business days to accurately reflect your Wellness Steps completion.

FAQ

Questions about the Wellness Program (HCP), what you need to complete on your form, deadlines, etc., consult the Open Enrollment materials sent to you mid-September 2022 or call 1-800-552-2400 for more information.

Can I submit proof of COVID-19 vaccination this year?

No, all Members and spouse/domestic partners (if applicable) need to provide proof of Biometric Screening completion to participate in Wellness for the 2023 Plan Year.

If I have screen prints that prove completion of a Biometric Screening, do I still need to submit a Bio23 form?

No, you can simply upload proof of your Biometric Screening by sending us the screenshots you created from your Kaiser portal (kp.org) or Kaiser app.

What if I have completed all of my Biometric Screenings?

For Members who have completed all their Biometric Screenings, please take your Bio23 Form to the Release of Medical Information (ROMI) Department or Health Information Management Services (HIMS) Department at the medical center your Primary Care Physician is located and ask them to fax, email or mail your Bio23 Form to you when completed. Please allow 7 to 10 business days.

How long before my lab results show on the portal?

Please allow 7-10 business days. It will likely show up sooner, so check the KP.org often for your results.

I am new to Kaiser and had my annual physical prior to joining Kaiser, will I need to complete all Wellness Steps again?

No, not if your Biometric Tests were completed after January 1, 2022.

Request the Dr.'s office, who performed the Annual Physical, complete the Bio23 Form and you will need to upload the form to your Participant Account on ufcwtrust.com. **You are responsible for ensuring your Bio23 form and related screen shots/previously completed test results (if applicable) are uploaded by November 18, 2022.

How do I upload my Spouse's proof of Biometrics? A Spouse may require that the Member uploads their proof of biometrics from the Member Participant Account. The Spouse may also directly email and attach their own Proof of Biometrics to: TFODocuments@ufcwtrust.com

What if I don't remember my KP.org username and password?

You may use the "Forgot Username and/or Password" options at kp.org to reset your username and/or password. If that wasn't successful, you can go into a Kaiser facility with your current state identification card.

Are my dependent children required to complete Wellness Steps?

No. Dependent Children are not required to complete Wellness Steps.

My Spouse/Domestic
Partner and I have Dual
coverage with the Trust
Fund. Do we both need to
complete a Bio23 form?

Please refer to the Letter you receive with your Open Enrollment materials in mid-September. Instructions specific to your requirements are provided. If you need a duplicate copy of your Open Enrollment Cover Letter go to UFCWTrust.com and click the "Cover Letter" icon under the Open Enrollment tab for an electronic copy of your cover letter.

The Bio23 form is asking if I'm a Nicotine User; however, Kaiser didn't ask me that. Am I required to answer it on the form?

No. Nicotine is not a required test for Kaiser Members.

My Cholesterol results only came back with only a Total Cholesterol value. Will that be accepted?

Yes.

How do I return my completed Bio23 form?

Completed Bio23 forms can be uploaded to your Participant Account on UFCWTrust.com. See page 14 for full instructions.

BIO23 — Biometric Screenings Form

BIO23 – PROVIDER DATA ENTRY FORM
GENERAL INFORMATION
PLEASE PRINT CLEARLY AND STAY WITHIN THE BOXES BELOW
PARTICIPANT (PERSON BEING MEASURED) INFORMATION – Completion required.
First Name: Must match the name on record for your health benefits.
Last Name:
DOB (MM/DD/YYYY):
Member ID# Spouses/Domestic Partners have a distinct Member ID# that is separate from the Subscriber's Member ID#. Enter the Member ID# of the person being measured. If you do not know your Member ID#, you must complete the field for SSN below.
If you have entered your Member ID# above, you may leave the field for SSN blank.
Important: This form is ONLY for current UEBT/UCBT Members and Spouses/Domestic Partners who are completing their Wellness Steps for 2023 benefits.
If you are the Spouse of a Member, you <u>must</u> submit your completed GINA Agreement to the Trust Fund Office before completing and submitting this form
By submitting this form, I am authorizing my physician to report the laboratory and biometric results to UFCW & Employers Trust, LLC for my Biometric Health Screenings, and for UEBT/UCBT to collect such information. If I am a Participant in the UEBT/UCBT Plan because I am the Spouse of a Member, I further acknowledge that by agreeing to this authorization, I am providing information regarding my current or past health status (or manifestation of disease or disorder) and that I authorize the use of this information for the purposes described in the Biometric Screenings Instructions.
1. Please review the Biometric Screenings Instructions to verify you need biometric screenings tests prior to having any done.
2. You, the Participant, are responsible for meeting all program deadlines. You, the Participant, must collect this form from your physician or clinician and submit to UFCW & Employers Trust, LLC, as prescribed. Only one physician form can be submitted per person.
 See the program description in your enrollment materials for more details. Please keep a copy of this physician complete form for your records.
Participant's Signature: Date (MM/DD/YYYY):
Page 1/2

Please upload this form to the Member's Participant Account on ufcwtrust.com, or fax this form to 925-746-7549

BIO23 — Biometric	Screenings Form		
BIO23 – PROVIDER DATA	ENTRY FORM		
GENERAL INFORMATION			
Participant Last Name:			
DOB (MM/DD/YYYY):			
FOR PROVIDER OR OFFICE	STAFF USE ONLY BELOW THIS LINE		
Blood Pressure	Cholesterol	Glucose	
Systolic	HDL: TRI:	Fasting:	
Diastolic	LDL: Total:	A1c:	
	Total/HDL Ratio:		
BODY MEASURE		NICOTINE USER?	
Height: W	Veight: Waist: (lbs) (in)	□ Y □ N	
	TR	RACKING NUMBER	
Test Date (MM/DD/YYYY)			
NOTE: Facility and agent r	name must be printed in the boxes.		
☐ I certify these value	ues are correct.		
Facility Name:			
Certifying Agent			
First Name:			
Last Name:			
NPI#:			
Today's Date: (MM/DD/YYYY)	Signat	ture:	
NOTE: Use this area for office or fac	cility stamp	Page 2/	2
		cwtrust.com, or fax this form to 925-746-7549	
For more intormation	call the HECW Trust Fund Office Health and W	Welfare Services Denartment at 800-552-2400	