2019 LiveWELL Incentives Know Your Numbers Form

A Know Your Numbers action is required each year.

Lab draws are <u>not</u> required each year. Electronically transfer normal labs completed in 2017 or 2018 for the 2019 Know Your Numbers (KYN) reward. If past labs were not normal, or if labs are needed in 2019, take an action below by October 4, 2019.



Electronically transfer labs from an Atrium Health provider

Use the KYN e-Form*

*Some labs from an Atrium Health provider will not be visible in the KYN e-Form. You must use Action #3 in this case.

The teammate must use the KYN e-Form to transfer *normal* labs completed in 2017 or 2018.

If past labs are not normal, or if labs are needed in 2019, call On-Site Care (see Action #2) or visit your provider to have labs (indicated below) drawn during your wellness visit.

Atrium Health providers will <u>not</u> transfer your lab results to LiveWELL. The teammate must transfer labs as follows:

Go to <u>HumanResources.AtriumHealth.org/LiveWELL</u> Find the KYN e-Form

Transfer all Numbers You Need to Know (indicated below)

KYN reward will show Achieved in Total Health Portal after two days.



Make a Know Your Numbers appointment with On-Site Care

Call 704-512-4296 or 855-438-0011

Have your labs drawn by On-Site Care staff

No form is necessary.

Labs will be electronically transferred to your Total Health Portal for the KYN reward. Lab results will be available in MyAtriumHealth after two weeks.

EXTRA: Schedule a KYN Lab Results Review with On-Site Care and earn the Health Coaching reward

Verify KYN reward shows Achieved in Total Health Portal after two weeks.



Mail your labs and this form to Applied Health Analytics (see side 2)

If lab numbers are not visible in the KYN e-Form or if labs completed by a non-Atrium Health provider

Print or make a paper copy of labs from your provider.

Complete Side 2. Write in your lab results AND enclose a paper copy of your labs with this completed form. 2017 or 2018 normal labs are acceptable. 2018 labs outside of the recommended values should be retaken in 2019.

Mail both a copy of your labs and this completed form to the address on Side 2. Save copies until reward is Acheieved. No physician/provider signature is needed on this form.

Forms received after the Open Enrollment deadline will not be received in time for the reward.

Verify KYN reward shows Achieved in Total Health Portal after four weeks of mailing and before the end of Open Enrollment.

Numbers You Need to Know	Goal (recommended values)
Total Cholesterol	Less than 200 mg/dl
Triglycerides	Less than 150 mg/dl
HDL (high-density lipoprotein)	Greater than 40mg/dl for men; 50 mg/dl for women
LDL (low-density lipoprotein)	Less than 100 mg/dl
A1C or Fasting glucose	A1C less than 5.7 or glucose less than 100 mg/dl
Blood Pressure Note: BP alone will not earn the KYN incentive	Less than 120/80

Please provide all of the labs above

Proven steps to reduce your risk:

- 1. Stop smoking.
- 2. Increase physical activity, exercise daily.
- 3. Choose poultry, fish (especially omega 3 fish such as salmon or trout) and vegetarian options more often. If you eat red meat, select lean cuts and broil or bake.
- 4. Eliminate sweetened beverages and choose foos with less or no added sugar.
- 5. Avoid deep fried foods.
- 6. Choose healthy fats: plant based liquid oils such as olive oil, nuts and seeds.
- 7. Eat more vegetables and friuts, choose smaller portions of white starches.
- 8. Be aware of portion sizes.
- 9. Lose weight.

STATEMENT OF CONFIDENTIALITY, CONSENT AND RELEASE

Your participation in the health screening is strictly voluntary, and the data that we collect in your health screening is intended to help you understand health risks you may face and offer suggestions on how to minimize or manage these risks. However, the data we collect is preliminary and does not constitute a diagnosis of any health condition or a recommendation of any specific treatment, because that can only come from your physician or from another appropriate health care professional, and your participation in this screening does not establish a health professional relationship. Since a health care professional will be the person who diagnoses and treats any health condition, Applied Health Analytics is not responsible to arrange follow up examinations or appointments, or to confirm the accuracy of results.

By agreeing to participate in this health screening, and to obtain the data to share with your health professionals, you are consenting to the collection of data, which may include the drawing of blood samples, and you also agree to release all organizations associated with this screening, their affiliates, directors, officers, employees, successors, and assigns, from any and all liabilities connected in any way with any aspect of the screening.

You also understand and agree that the data derived from these tests may be used by Applied Health Analytics and Atrium Health to generate statistical information about the workforce that Atrium Health may use it to design and offer programs to benefit you and your teammates. However, none of the data shared with Atrium Health will include personally identifiable information.

To learn more about the LiveWELL Notice Concerning Employee Wellness Programs and Protections from Disclosure of Medical Information, please visit HumanResources. AtriumHealth.org/LiveWELL.





KNOW YOUR NUMBERS FORM 2019



CONTACT INFORMATION	LiveWELL PCP Form / Surveys - 201		
Please print letters and numbers clearly. Example: E x a m p l e blood samp			
First Name:	m m d d y y y y Middle Initial:		
Last Name:			
Home Zip Code			
Employee ID:			
Date of Birth: (mm-dd-yyyy):	What is your gender? O Female O Male		
What is the best telephone number to reach you?			
E-mail Address:			
On the day of your blood sample for the lab results you are reporting below, did you have anything to eat or drink (other than water or black coffee) in the 10 hours before the test? PLEASE READ INSTRUCTIONS - Be sure this form is clearly printed on an 8½ x 11 page, faint photocopies will not scan. Step 1: Obtain a printed copy of your cholesterol panel and either blood glucose or A1C. Step 2: Write your name and six-digit employee ID number on the lab results. Step 3: Completely fill out this Know Your Numbers Form including lab result numbers. Step 4: Mail your completed form AND lab report to our vendor (address below). Forms received after the Open Enrollment deadline in 2019 will not be received in time for reward. Verify Know Your Numbers reward shows achieved in your Total Health Portal four weeks after submitting this form. Do not fax or email this form to LiveWELL. Mail To: Applied Health Analytics 414 Union Street, Suite 910 Nashville, TN 37219-9968			
I have read and agree to the terms and conditions provide			
Signature:	Date:		
HEALTH SCREENING DATA			
Total Cholesterol: (mg/dL) Blood Pressure:	/ (mmHg) Optional		



LDL:

HDL:

Triglycerides:

(mg/dL)

(mg/dL)

(mg/dL)

Be sure to include a copy of your lab results for verification when mailing (*no staples please*). Write your name and 6-digit employee ID on your lab results (on each page if more than one).

Blood Glucose:

OR HbA1C:

(mg/dL)

(IFCC/DCCT)





