

HMO PARTICIPANTS

HOW TO COMPLETE BIOMETRICS





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1

Review Completed Tests

Log in to kp.org or the app to review previous Test Results and Past Visits for Biometric Screening.

2

Finish Incomplete Tests

Complete missing tests or labs at a Kaiser Facility.*

**If all your tests are current and complete, skip to Step 3.*

3

KAISER HIPAA Authorization

No need to send screenshots!

Log in to your Participant Account on ufcwtrust.com to complete your Kaiser HIPAA Authorization.

4

Biometrics Status

Wait 5 days for your Biometric Status to update in your Participant Account.

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DETERMINE WHAT YOU NEED TO DO:



You are required to verify you've completed the Biometric Screenings. You may have already complete most of your requirements.

If all your tests are current and complete, skip to Page 14.

First, determine if any tests are missing online on KP.org and follow these instructions, or you can call your doctor's office at 1-866-454-8855.

KAISER (HMO) PARTICIPANTS CLINICAL GUIDELINES



****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.**

If all your tests are current and complete, skip to Page 14.

SCREENING TYPE	FASTING REQUIREMENT	MUST BE TAKEN BETWEEN
Blood Pressure	None	August 1, 2022, through November 22, 2024
Body Mass Index (BMI) (Weight and Height)	None	August 1, 2022, through November 22, 2024
Total Cholesterol (Lipid Panel)	Fasting or Non-Fasting	August 1, 2019, through November 22, 2024
Blood Glucose (A1c)	Fasting	August 1, 2019, through November 22, 2024



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.



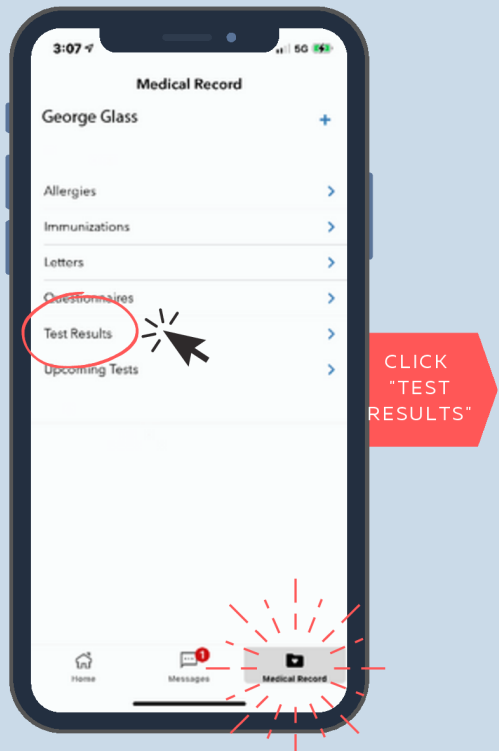
MOBILE DEVICE INSTRUCTIONS

1 Review Completed Tests

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

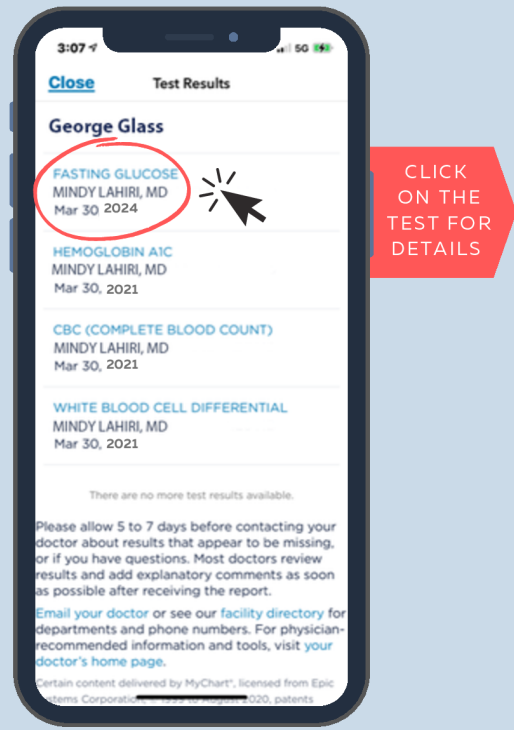


1 Log in to your KP App from your mobile device.



Under Medical Record click on "Test Results."

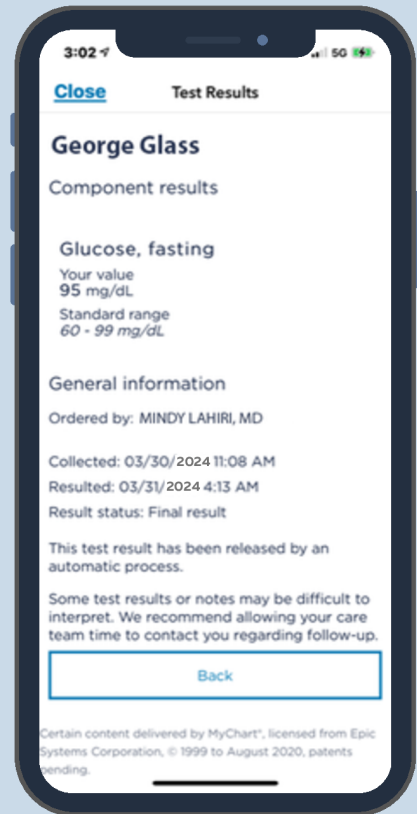
2 Review your list of previously completed Medical tests and compare the completed tests to the Biometric requirements on page 4.



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

3

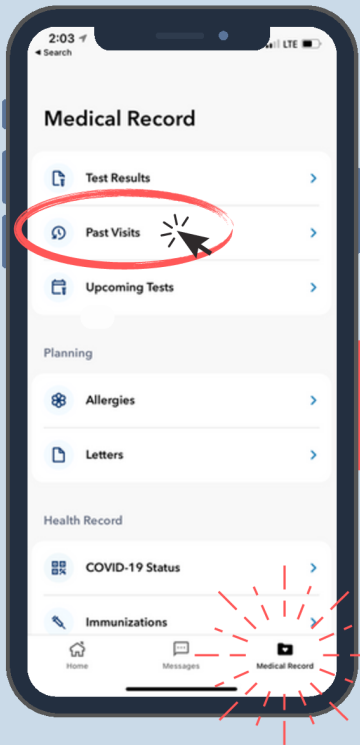
Verify the information displayed is the correct test and the date test was administered is within the correct time frame.





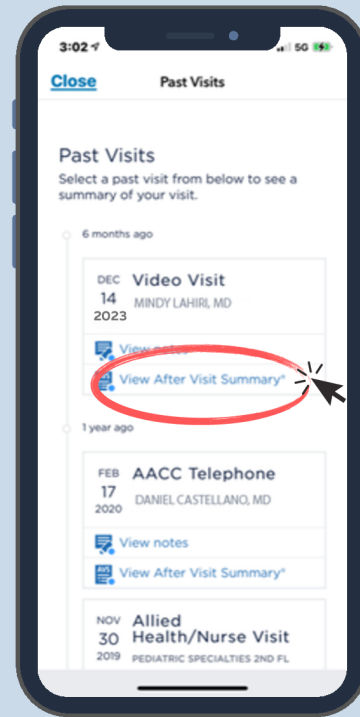
***Your BMI is a combination of your Height and Weight*

1 Log in to your KP App from your mobile device. Select the "Medical Records" tab then click "Past Visits".



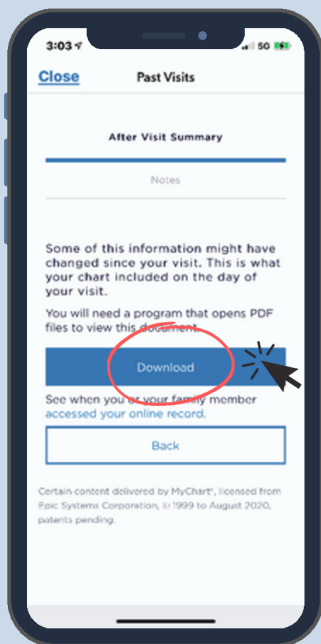
CLICK "PAST VISITS"

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



CLICK "AFTER VISIT SUMMARY"

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



CLICK "DOWNLOAD"

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



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



DESKTOP COMPUTER INSTRUCTIONS

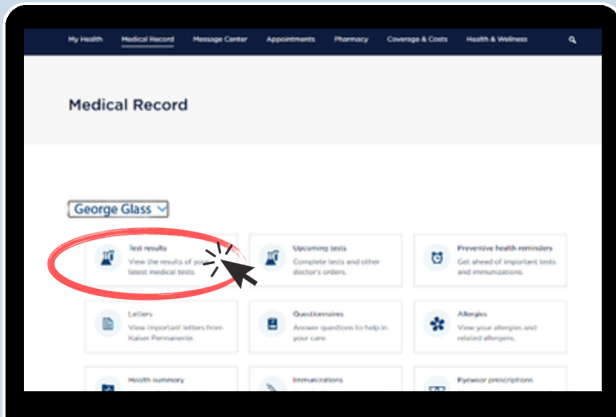
1

**Review
Completed
Tests**

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

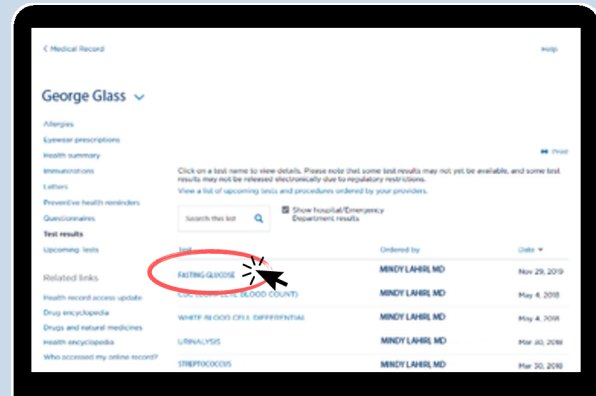


1 Go to kp.org and log in with your username and password.



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

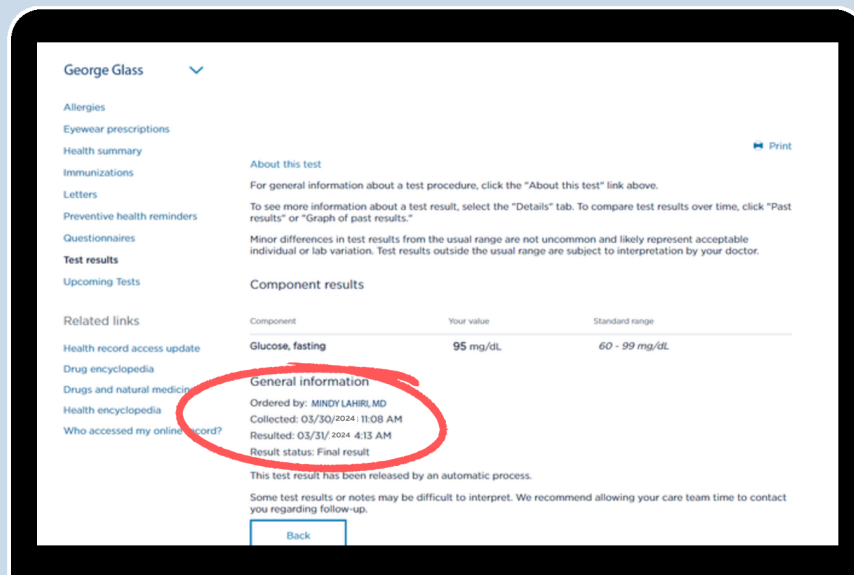
2 Review your list of previously completed Medical tests and compare the completed tests to the Biometric requirements on page 4.



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.

3

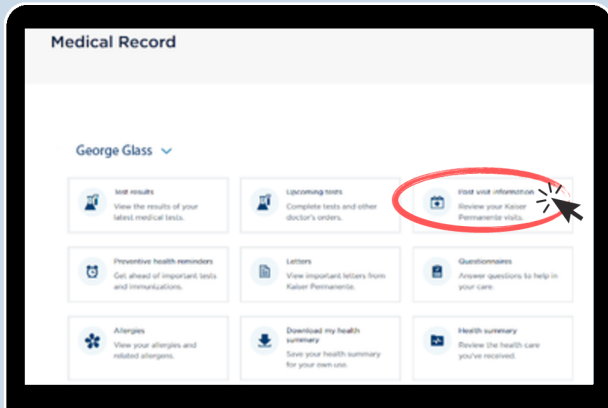
Verify the information displayed is the correct test and the test was administered within the correct time frame.





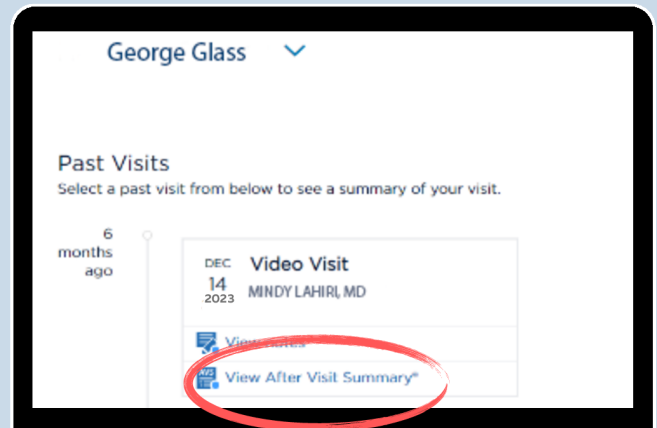
****Your BMI is a combination of your Height and Weight**

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



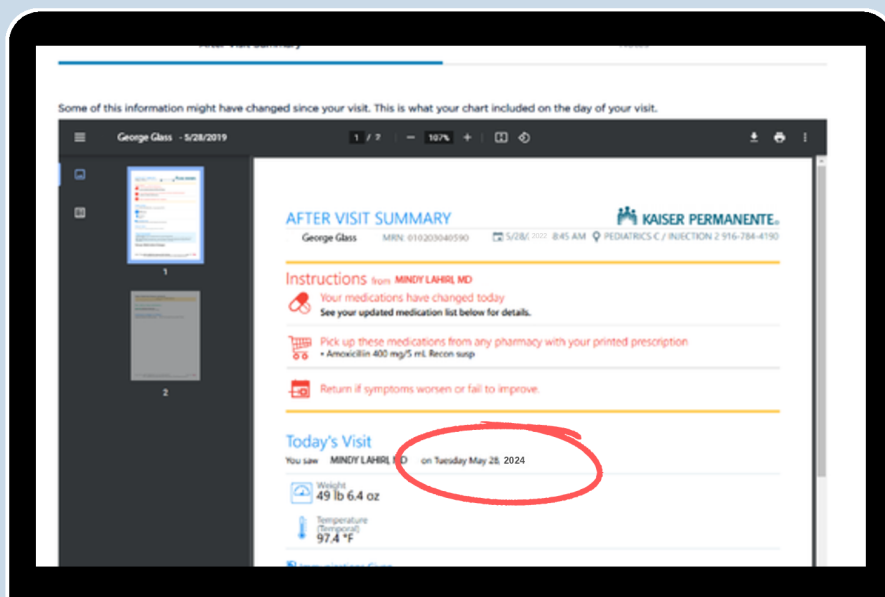
Under the Medical Record tab, select the box labeled "Past Visit Information."

2 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.*

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



2

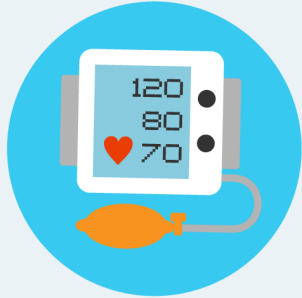
Finish Incomplete Tests

Complete missing tests or labs at a Kaiser Facility.

COMPLETE BIOMETRIC SCREENING



A face mask is encouraged to enter 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

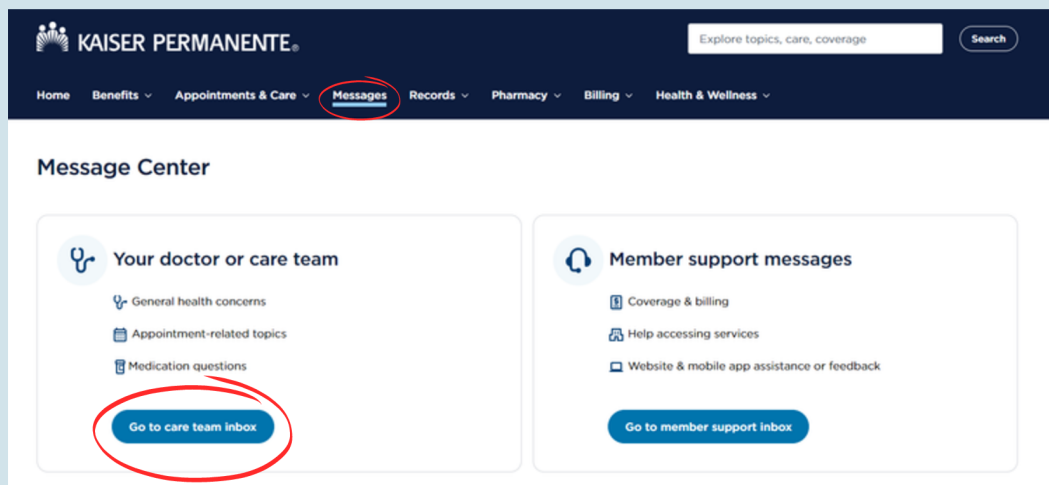


- For Kaiser service hours & closures [CLICK HERE](#)
- To locate a Kaiser Facility [CLICK HERE](#)
- To Chat with Kaiser Member Services [CLICK HERE](#)

COMPLETE BIOMETRIC SCREENING**HOW TO REQUEST A GLUCOSE & CHOLESTEROL ORDER FROM YOUR PHYSICIAN**

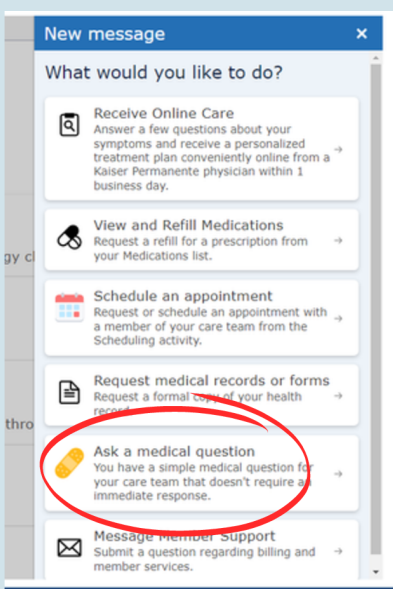
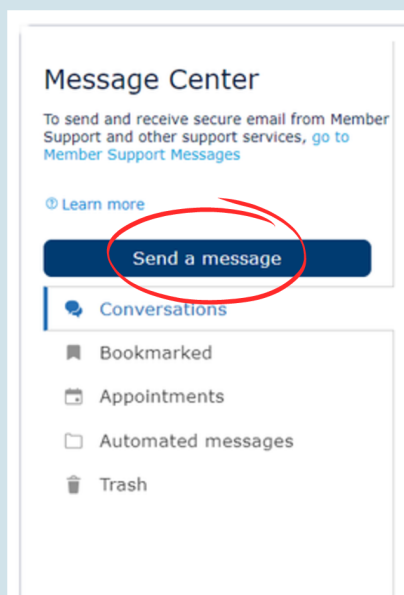
1

Go to kp.org and log in with your username and password.
Go to the "Messages" tab and select the "Go to care team inbox" button.



2

Click "Send a Message" then Select "Ask a Medical Question" 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 KAISER HIPAA Authorization

Kaiser participants no longer need to send screenshots. The process is quick and easy! Simply log into your Participant Account on ufcwtrust.com, to do your annual Kaiser HIPAA Authorization.

After you've reviewed and completed all Biometric Screenings, you will need to make sure your annual Kaiser HIPAA Authorization is complete.

Every year the Kaiser HIPAA Authorization must be electronically signed by both you and your Spouse in the Wellness Section under your individual logins. This annual requirement allows Kaiser to send the Trust Fund Office your Biometric information, and Reimburse claims with your HRA dollars.

! You must submit your Kaiser HIPAA Authorization in your Participant Account before we can process your completed Biometric information. If your Authorization Status says "INCOMPLETE" your information will NOT be sent over.

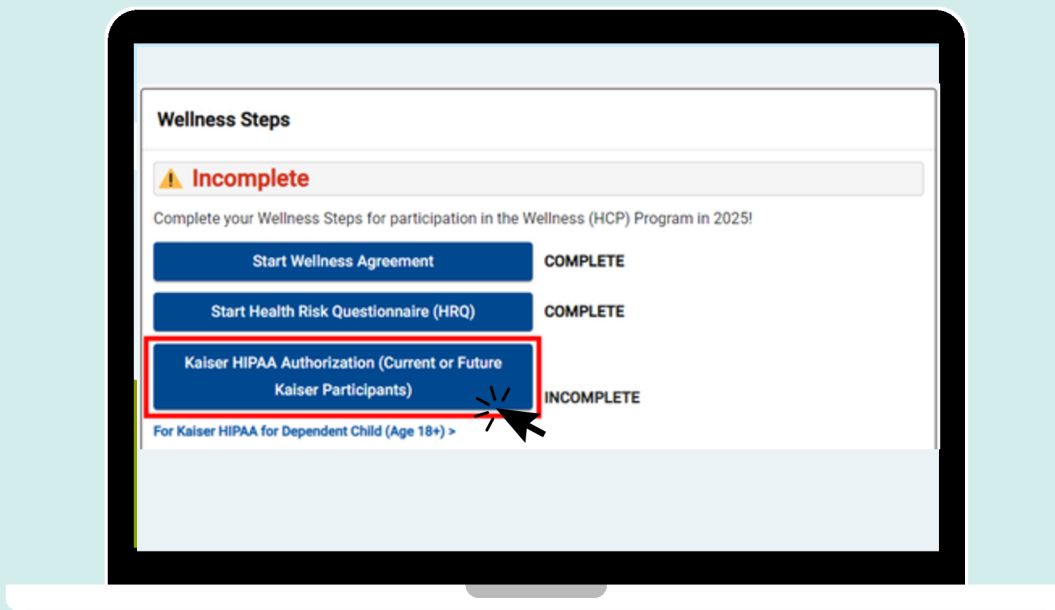
KAISER HIPAA INSTRUCTIONS

NOTE: It is the responsibility of the member to ensure that you and your enrolled Spouse or Domestic Partner's Biometric Screening requirements and Kaiser HIPAA Authorization are submitted to the Trust Fund Office on or before November 22, 2024.

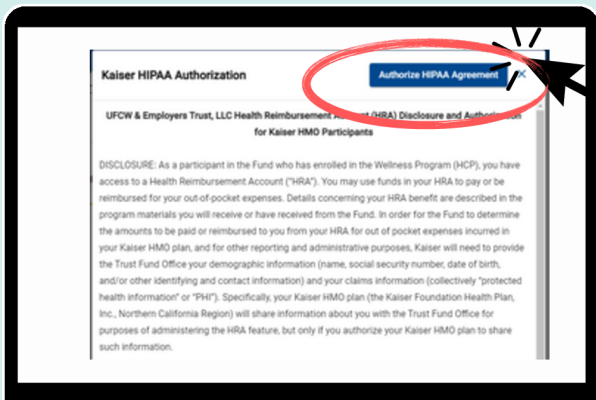
1 Visit UFCWTrust.com, and log into your Participant Account



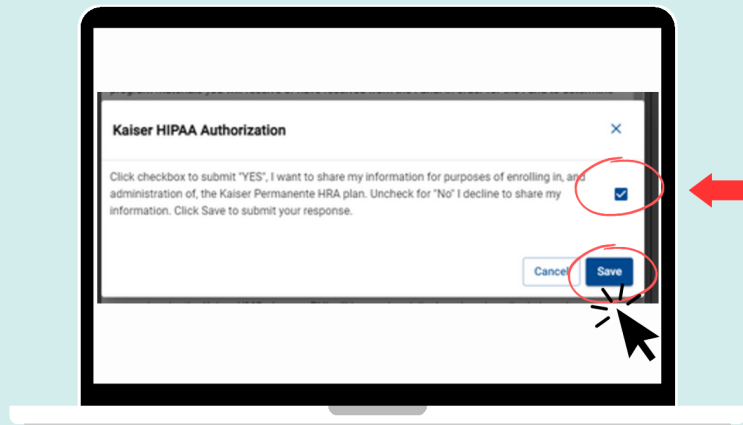
2 Scroll down until you see the Wellness Steps section. Select the blue "Kaiser HIPAA Authorization" button



3 Read the entire Authorization, then select the blue "Authorize HIPAA Agreement" on the top right corner of the window.



4 Read the following message and please select the checkbox to submit "YES"



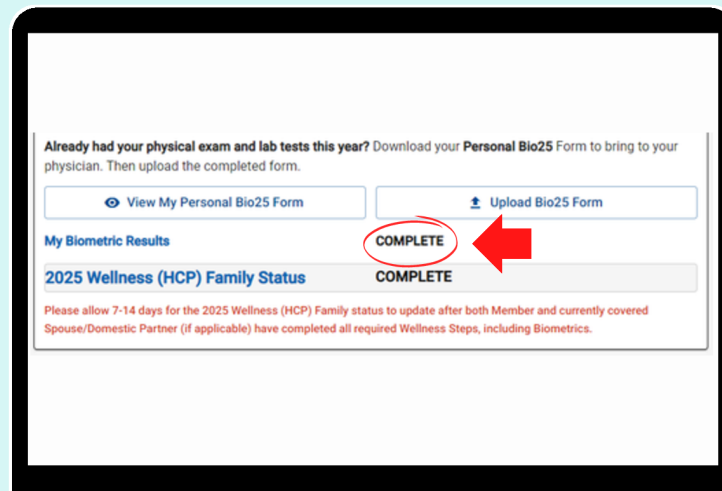
Don't forget to hit the blue "Save" button on the bottom right corner.

4 Biometric Status

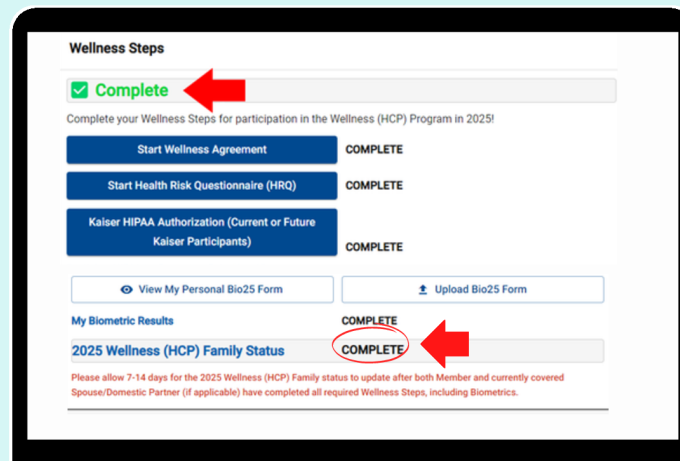
Wait 5 days for your Biometric Status to update in your Participant Account.

BIOMETRIC STATUS

Your Biometrics Results Status will update to “Complete” once the TFO reviews and approves your submitted documentation (5 business days).



Once you and your Spouse/Domestic Partner (if applicable) have both completed all Wellness Steps, your Family Wellness status will update, and your overall Wellness Steps status bar will automatically update to “Complete.”



WARNING: Both the Member and the enrolled Spouse or Domestic Partner (if applicable) must individually complete their own Wellness Steps for a household to be complete and participate in the Wellness (HCP) Program for 2025 Plan Year. If you are dropping your Spouse/Domestic Partner from your plan for the 2025 Plan Year, they must still complete Wellness Steps for your household to participate in the 2025 Wellness Program.



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

BIO25 – PROVIDER DATA ENTRY FORM

GENERAL INFORMATION

PLEASE PRINT CLEARLY AND STAY WITHIN THE BOXES BELOW

PARTICIPANT (PERSON BEING MEASURED) INFORMATION – Completion required.

First Name: [Grid of 20 boxes]

Must match the name on record for your health benefits.

Last Name: [Grid of 20 boxes]

DOB (MM/DD/YYYY): [Grid of 8 boxes]

Member ID#: [Grid of 10 boxes] U [Grid of 1 box]

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.

SSN: [Grid of 9 boxes]

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 2025 benefits.

If you are the Spouse of a Member, you must 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.
3. 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): [Grid of 8 boxes]

BIO25 – Biometric Screenings Form

BIO25 – 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																														
<table> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>Systolic</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>Diastolic</td> </tr> </table>	<input type="text"/>	<input type="text"/>	Systolic	<input type="text"/>	<input type="text"/>	Diastolic	<table> <tr> <td>HDL:</td><td><input type="text"/></td><td>TRI:</td><td><input type="text"/></td> </tr> <tr> <td>LDL:</td><td><input type="text"/></td><td>Total:</td><td><input type="text"/></td> </tr> <tr> <td>Total/HDL Ratio:</td><td><input type="text"/></td><td>.</td><td><input type="text"/></td> </tr> </table>	HDL:	<input type="text"/>	TRI:	<input type="text"/>	LDL:	<input type="text"/>	Total:	<input type="text"/>	Total/HDL Ratio:	<input type="text"/>	.	<input type="text"/>	<table> <tr> <td>Fasting Glucose:</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="4" style="text-align: center;">-OR-</td> </tr> <tr> <td>A1c (Fasting or Non-fasting):</td><td><input type="text"/></td><td>.</td><td><input type="text"/></td> </tr> </table>	Fasting Glucose:	<input type="text"/>	<input type="text"/>	<input type="text"/>	-OR-				A1c (Fasting or Non-fasting):	<input type="text"/>	.	<input type="text"/>
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BODY MEASURE	NICOTINE USER?						
<table> <tr> <td>Height: (in.)</td><td><input type="text"/></td> <td>Weight: (lbs.)</td><td><input type="text"/></td> <td>Test Date (MM/DD/YYYY):</td><td><input type="text"/></td> </tr> </table>	Height: (in.)	<input type="text"/>	Weight: (lbs.)	<input type="text"/>	Test Date (MM/DD/YYYY):	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
Height: (in.)	<input type="text"/>	Weight: (lbs.)	<input type="text"/>	Test Date (MM/DD/YYYY):	<input type="text"/>		

NOTE: Facility and agent name must be printed in the boxes.

I certify these values are correct.

Facility Name:	<input type="text"/>
Certifying Agent First Name:	<input type="text"/>
Last Name:	<input type="text"/>
NPI#:	<input type="text"/>
Today's Date: (MM/DD/YYYY)	<input type="text"/>
Signature:	_____

NOTE: Use this area for office or facility stamp