



eHealth—Biometric Screening

Kansas City Orthopedic Alliance

eHealthScreenings
A Premise Health® company

All employees and spouses on the health plan have access to a comprehensive, venipuncture panel. This includes tests for Chem 30 panel, CBC, HbA1c, TSH for females and PSA for males 50 and older, blood pressure, height, weight, waist and BMI.

Get rewarded

Employees and spouses on the health plan who complete a biometric screening and additional wellness activities will earn an insurance premium discount in 2023. All lab forms must be requested by October 24, 2022 and submitted by October 31, 2022. If you have completed a comprehensive blood draw with your physician since January 1, 2021, you can submit your results through the physician screening option. You will need to follow the same steps to register and then choose physician screening.

How to register for your Healthy Merits portal

To get registered for your biometric screening create an account on the Healthy Merits portal or log in.

1. Click on or copy and paste the below website:
<https://kcoa.healthymerits.com>.
2. Click on *Register*.



Login



User Name

Password

☐ Remember my email

Login

Forgot Password?

Register

If you're having trouble with registration, please contact support at HealthyMerits@meritain.com or 877-348-4533.

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3. Select *I am the Member*

Registration

I am the Member **I am related to the Member**

If you need help, contact Support at
HealthyMerits@meritain.com or 8773484533.

4. Enter your information as it appears on your Meritain Health® medical ID card. Your unique ID is your member ID found on your ID card.

MERITAIN HEALTH
Customer Service and Eligibility Inquiries
800.925.2272
www.MERITAIN.com

Member
ABC Company
Group #: 12345
Member: **JOHN Q. SAMPLE**
Member ID: 123456789123
Division: 003
Dependent(s):
JANE W. SAMPLE
JOHN Q. SAMPLE JR.

Medical Plan
Coverage:
Network
by **aetna**
Plan: Aetna Choice POS II

Pharmacy Plan
RXBIN: 004336
RXPCN: ADV
RXGRP: RXZ738
Member: 866.475.7589
Pharmacy: 800.364.6331

Please note: If your member ID card has your middle initial listed, be sure to include it in the First Name line of the registration form. Just leave a space between your first name and your middle initial, and do not include a period (e.g., John T or Natalie M).

Registration

I am the Member **I am related to the Member**

First Name *

For medical plan members your name must match how it is displayed on your medical ID card. Include your middle initial if present.

Last Name *

Email *

Your Email will be used as your Username when logging into your account

Confirm Email *

Password *

Your password must be at least eight (8) characters in length, include a minimum of three (3) of the following mix of characters: uppercase letter, lowercase letter, number, and special character (!@#\$%^&*). The password cannot contain the word "password" or your email.

5. Verify your address via the email you receive.

Please note: After you register, you will receive an email asking you to verify your email address. Please be sure to check your spam/junk folder for this email. Your registration is not complete until you verify your address through this email.

Spouse registration

After you have registered, your spouse can enter their information and register. **Please note:** the primary member's email is required and is equal to the email address used to register with by the employee.

Registration

I am the Member **I am related to the Member**

First Name *

For medical plan members your name must match how it is displayed on your medical ID card. Include your middle initial if present.

Last Name *

Email *

Your Email will be used as your Username when logging into your account

Confirm Email *

Relationship with employee *

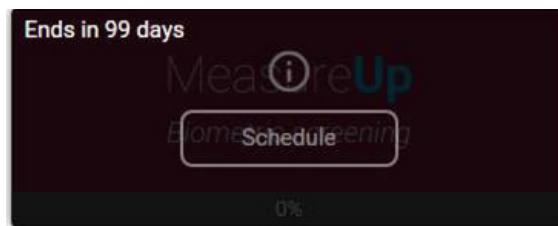
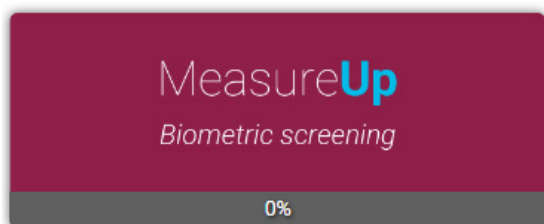
Primary Member Email *

Your spouse must register first before you will be allowed to complete registration.

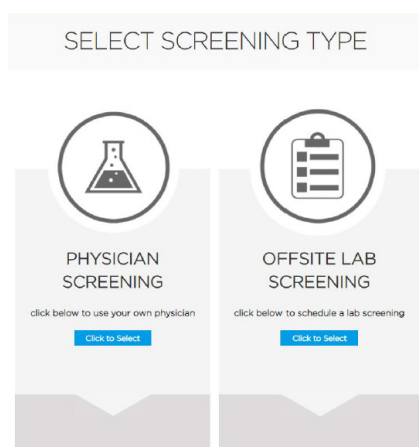


Schedule your screening

6. Once you have logged in to your wellness portal, click on the MeasureUp Card and Click *Schedule*. You will need to input your registration information one more time. From there, choose if you would like to participate at a local lab or complete the screening with your physician.



Options for health screenings



Physician Screening Form
Screening Key: 10000X

SCREENING NAME
Company Health Screenings

CRITERIA AND INSTRUCTIONS
The following screening criteria must be met for the participant to be eligible for the wellness program benefits:

- The required fasting laboratory tests include: Lipid Panel and Fasting Glucose.
- The required laboratory tests include: Blood Pressure, Height, Weight, and Waist Circumference.
- The blood sample must be drawn by a phlebotomist. Urine tests must be voided, and urine tests will not be accepted.
- Blood results must be provided to the lab and reported by a copy of your official laboratory return.
- Results must be provided to the lab and reported by a copy of your official laboratory return.
- All of the information included on this form is required. Any missing information will prevent your results from being entered and will delay your results in the wellness program.
- Do not create a copy of this form to other participants. Each participant must request their own form.
- Screening must be completed no later than 10:00 AM on the day of the screening.
- Completed Physician Screening Form and supporting official laboratory return (copy of your results) can be scanned to your health screening guide. See the Requirements for Lab Report (Lab Report) for more information. Documentation can be provided to the physician at the screening site.

Section A | Participant Information (Participant must complete)

First Name: [] Last Name: []
 Sex: [] Date of Birth: []
 Phone: []
 Participant Signature: [] Date: []

Section B | Physician Information (Participant must complete)

Physician's Name: []
 Address: []
 Physician Signature: [] Date: []

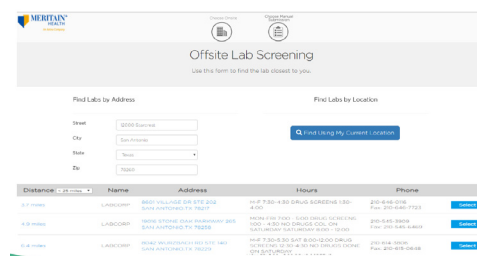
Section C | Screening Information (Participant must complete)

Screening Date: [] Screening Time: [] Screening Location: []

Section D | Screening Results (Participant must complete)

Weight: [] Height: [] Waist: [] Blood Pressure: []
 Fasting Glucose: []
 Total Cholesterol: [] LDL Cholesterol: [] HDL Cholesterol: [] Triglycerides: []
 Cholesterol Ratio: []
 Blood Pressure: []
 Blood Pressure Results: []
 Blood Pressure Results: []
 Blood Pressure Results: []

LAB REPORT MUST BE ATTACHED



Select Physician Screening or Offsite Lab Screening

Sample Physician Screening form to take to your provider

Offsite Lab Screening search page

Please note: Fasting (no food) for nine hours before your appointment is recommended. Please drink plenty of water. Black coffee is permitted. Continue to take any prescription medications. If you are diabetic, please consult your physician before fasting.

Wellness matters!

When you feel better, you can accomplish more and get more enjoyment out of doing the things you love.

Advocates for Healthier Living

At Meritain Health, we care about your well-being! That's why we offer a number of tools and resources to help you on your wellness journey.



Questions? Just call Healthy Merits Customer Service at 1.877.348.4533 or email healthymerits@meritain.com.

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