



MEDICAL MUTUAL®

Solutions Program Reasonable Alternative Form

Member Instructions: Complete this form if you are seeking a Reasonable Alternative as a way to earn an incentive for your employer's wellness program target(s).

Member Information (please print)

Name:	Birth date:	Employer: Diocese of Toledo - 861250	
Medical Mutual identification (ID) number (on ID card):		Phone number:	
Street address:	City:	State:	ZIP:

Reasonable Alternative Request

Member: Check which program measure(s) you are completing a reasonable alternative for. Include your health screening result(s).

Provider: Describe the counseling and recommended action plan you discussed with your patient to help achieve healthier outcomes.

✓	Program Measure(s):	Employer Target(s):	Health Screening Result(s):
	Body Mass Index	≤29.90	
	Blood Pressure	≤139/89	
	Total Cholesterol	≤239	
	Hemoglobin A1c	≤6.4%	

Provider Acknowledgement

My signature verifies all information supplied is accurate.

Provider name (please print):	NPI:	Date:
Provider signature:	Phone number:	

Member Acknowledgement

My signature verifies all information supplied is accurate and authorizes the release of medical information to Medical Mutual. I understand any costs associated with an office visit and/or any lab work completed are subject to plan benefits and are my responsibility.

Member signature:	Date:
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Incomplete or late forms will not be accepted or processed.

Send this form to Medical Mutual by **January 15, 2016**. If you have any questions, please call (419) 473-7213.

Email form to: **Solutions@medmutual.com** Fax form to: (888) 219-8693

Or mail form to: Medical Mutual
Wellness Team MZ: 01-5B-7500
2060 E. 9th Street
Cleveland, OH 44115

***Detailed instructions for you and your provider are found on the back of this form.**

Reasonable Alternative Instructions

Member Instructions

1. Schedule an appointment with your healthcare provider for counseling and discussion of any program targets you did not meet. Discuss goals that are medically advisable for you and an action plan for achieving healthier outcomes.
2. Have your provider complete the Provider sections on the reverse side of this Reasonable Alternative Form.
3. Complete the Member sections of this Reasonable Alternative Form make a copy for yourself and submit the original form to Medical Mutual **by January 15, 2017**, to qualify for the initial standard(s) you did not meet.
4. Comply with your healthcare provider's action plan and recommendations over the next year to achieve your best health.

Please note: Medical Mutual cannot accept or process incomplete or late forms. If you do not submit your form complete and on time, you will not meet the Reasonable Alternative requirement.

Provider Information

General Information: Your patient is participating in a wellness program through his/her employer's health plan or spouse's employer health plan. This program allows participants to receive rewards for each program target. For any unmet target(s), the participant has the opportunity to qualify by completing a reasonable alternative. The reasonable alternative is to work with you, as the healthcare provider, to discuss biometric goals and lifestyle choices that will help your patient achieve his/her best health.

Instructions: Please verify this individual is under your care and discuss any unmet target(s). The discussion should include medically advisable biometric goals appropriate for your patient, and recommended actionable lifestyle choices to improve health related to unmet target(s).

Example action plan: Body Mass Index target not met: Discuss a recommended amount of weight loss and how to achieve a healthy weight; (e.g. including weight loss tips, monitor portion size and calorie intake, increase fruit and vegetable intake, or determine a walking program appropriate for your patient, etc.).

The recommended action plan should be designed to improve your patient's health and provide guidance of what is medically appropriate to achieve.