

***MyWellness* User Guide**



What is your health risk score?

MyWellness

Samaritan
Health Plans

MyWellness Portal

The *MyWellness* portal, accessed through [MyHealthPlan](#), provides a convenient and confidential way to better understand your risks for certain diseases and conditions that can affect your future health. Understanding your risks can help you make health decisions that are right for you and your family.

The following steps will help you determine your health assessment score and what you can do to improve it.

Step 1: Complete a personal health assessment

The personal health assessment is a questionnaire that asks you several questions about your lifestyle, behaviors and medical history. Instructions on how to complete your health assessment are described in this guide.

Step 2: Complete a biometric screening

Biometric screening results are based on a laboratory analysis of the blood sample you provided at an on-site biometric screening, through an at-home test kit or labs ordered by your health care provider. These tools help identify future health risks.

Personal health assessment + biometrics = your risk score and report

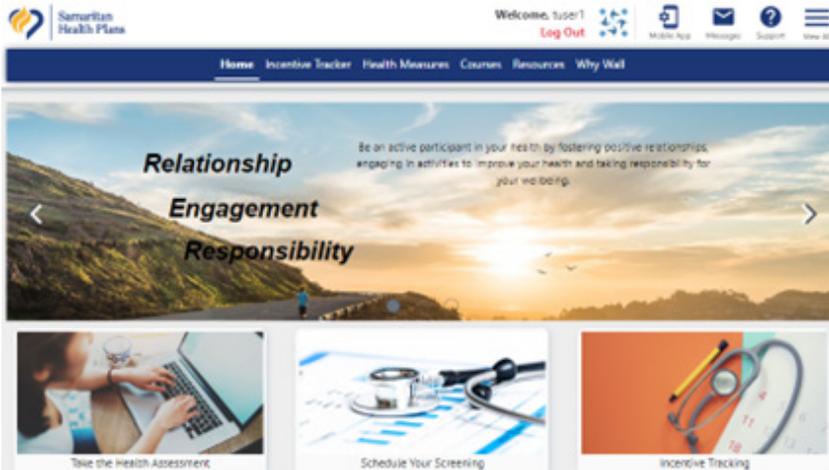
The results of your assessment and biometric screening add up to a risk score. This number will fall into one of four risk categories: low, borderline, moderate or high. Your score is designed to give you a snapshot of your current health, including a report that will help you identify areas you are doing well, and where you can take real and meaningful steps to invest in your health, wellness and longevity.

Instructions

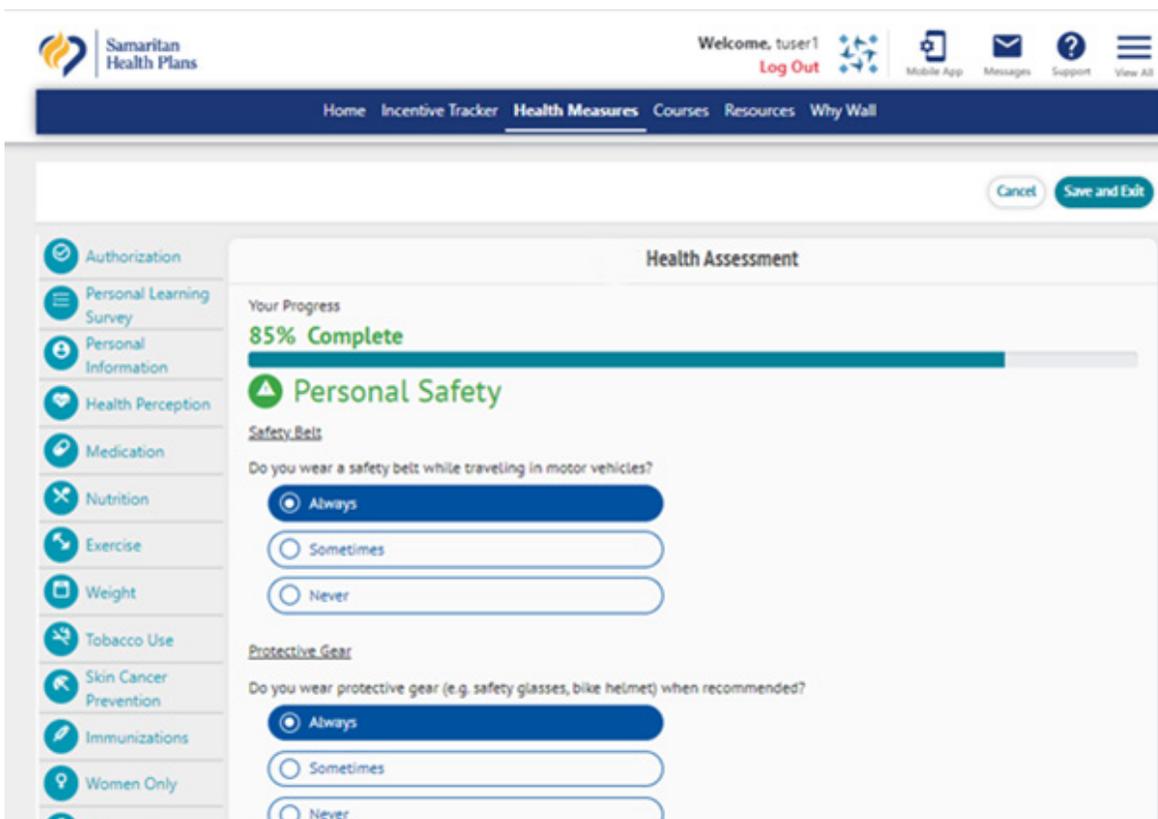
The following instructions will help you access and complete your personal health assessment on the Samaritan Health Plans' *MyWellness* portal, schedule an on-site biometric screening, order an at-home test kit or submit a health care provider screening form with your lab results. For technical support, please email Asset Health at support@assethealth.com or call **855-444-1255**. They are available Monday through Friday, from 5 a.m. to 5 p.m. PT.

Take your personal health assessment

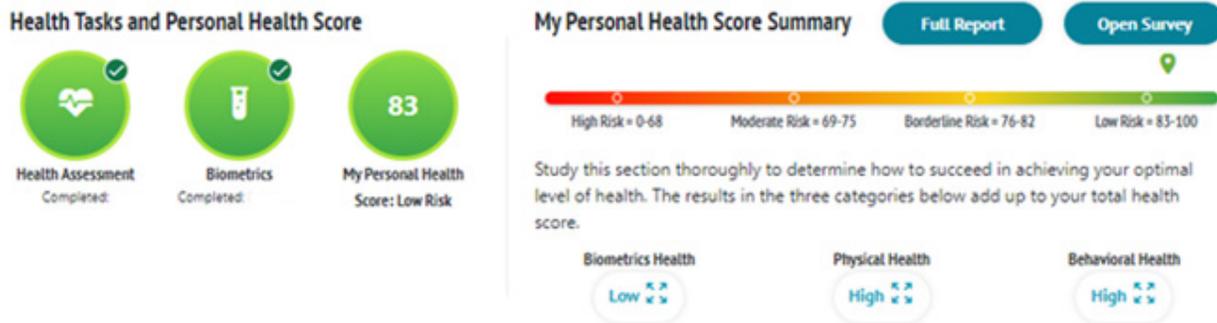
- Log in to your Samaritan Health Plans' member portal at MyHealthPlan.samhealth.org.
- Select the "MyWellness" option. Click on "Take Health Assessment."



- Answer the questions that appear. Be sure to click "Next Section" to complete all questions.
- When you reach the end, click "Complete Health Assessment."



- Once you complete your personal health assessment, your home page (below) will be updated to reflect your completion status. The health assessment icon under “Health Measures” will change color to green and will display the date you completed the questionnaire.



Health care provider screening form

If you had labs performed within the past year, upload your results to the *MyWellness* portal or submit them with the health care provider screening form via one of the alternate methods listed below.

Email: support@asethhealth.com

Fax: 248-816-3326

Mail: Asset Health Inc.
 Attn: Provider Forms
 2250 Butterfield Drive, Suite 100
 Troy, MI 48084

To upload your form

- Click the “Browse” button.

Health Care Provider Screening Form ⓘ

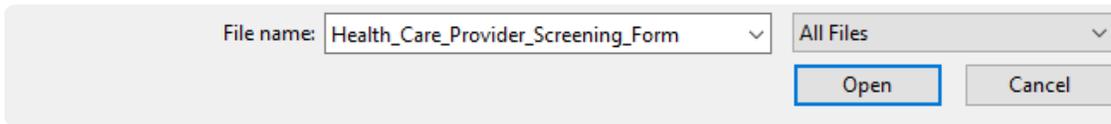
Click the Browse button or drag and drop your file here.
 Then, click the Upload button. Once approved, forms will be processed within 10 business days.

[Click here to access the Health Care Provider Screening Form.](#)

Black = Pending | Green = Approved | Red = Denied*

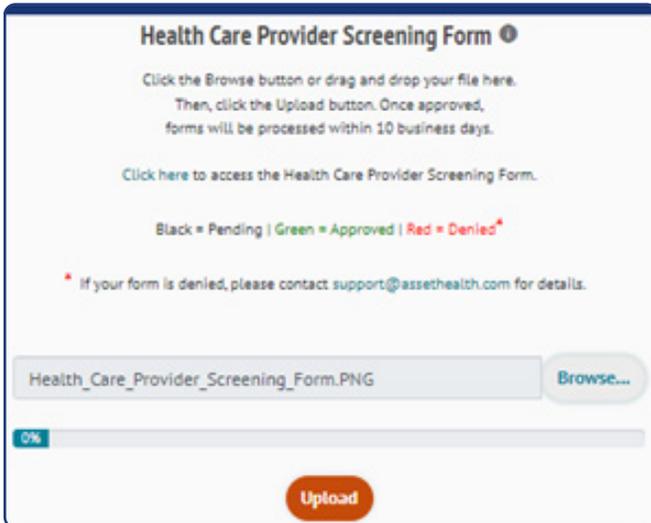
* If your form is denied, please contact support@asethhealth.com for details.

- Search for your document and click “Open.”



A file selection dialog box with a search bar containing "Health_Care_Provider_Screening_Form", a file type dropdown set to "All Files", and "Open" and "Cancel" buttons.

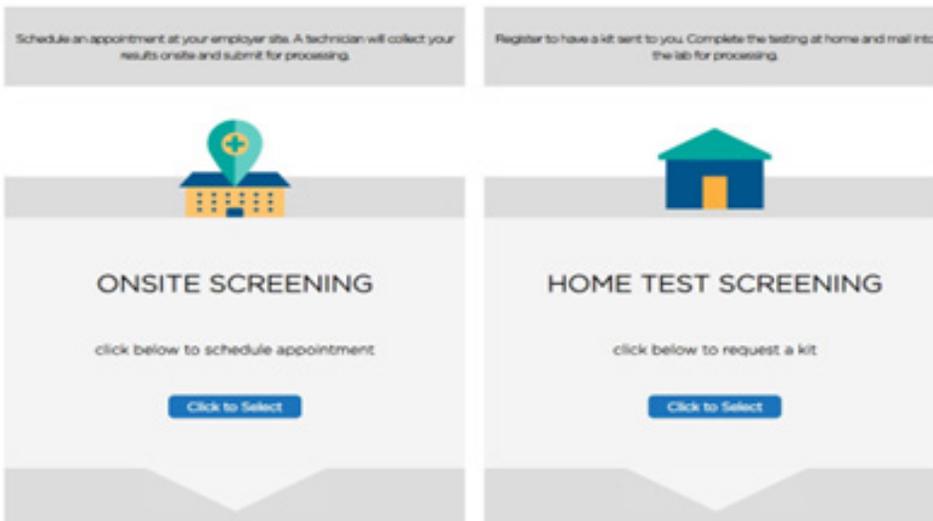
- Click “Upload.”



A screenshot of the "Health Care Provider Screening Form" upload interface. It includes instructions to click "Browse" or drag and drop a file, followed by an "Upload" button. A progress bar shows 0% completion. A legend indicates: Black = Pending | Green = Approved | Red = Denied. A note states: "If your form is denied, please contact support@assethealth.com for details."

Schedule an on-site biometric screening

Choose a screening option (on-site or home test kit).



A selection screen for biometric screening options. At the top, two grey boxes describe the options: "Schedule an appointment at your employer site. A technician will collect your results onsite and submit for processing." and "Register to have a kit sent to you. Complete the testing at home and mail into the lab for processing." Below are two main cards: "ONSITE SCREENING" with a location pin icon and "HOME TEST SCREENING" with a house icon. Each card has a "Click to Select" button.

On-site screening

- If you would like to opt in for text messaging, enter “Yes” and provide your phone number, otherwise, select “No.”
- Click “Submit” to continue setting up your appointment.

TEXT MESSAGING OPT IN

If you would like to receive text message notifications in regards to your EHS appointment, please provide a response below.
Standard text messaging fees from your mobile provider may apply.

Question	Answer
1. * I would like to receive text messages from ehealth/screenings.	<input type="text" value="Yes"/>
2. * Please enter a phone number capable of receiving text messages.	<input type="text"/>

[Submit](#)

- Select a date/location for your appointment and choose an open time slot from the drop down menu.
- Click “Register” to set your appointment.



REGISTER FOR ONSITE SCREENING

Please select a date and time that best fits within your schedule. For more detailed information on any screening locations listed below click on the location that you would like to see.

Screening key:

Appointment Date	Screening	Availability	Time	Confirm Appointment
July 08, 2024 7:00 AM to 11:30 AM	Samaritan Health Plans - SAGH - Albany 1085 South Avenue SW Albany, OR 97321	0 Filled slots / 66 Total slots	Please make a selection ▼	Register
July 08, 2024 12:30 PM to 5:00 PM	Samaritan Health Plans - SAGH - Albany 1085 South Avenue SW Albany, OR 97321	0 Filled slots / 44 Total slots	Please make a selection ▼	Register
July 09, 2024 7:00 AM to 11:30 AM	Samaritan Health Plans - GSRMC - Corvallis 3600 NW Samaritan Drive Corvallis, OR 97330	0 Filled slots / 66 Total slots	Please make a selection ▼	Register
July 09, 2024 12:30 PM to 5:00 PM	Samaritan Health Plans - GSRMC - Corvallis 3600 NW Samaritan Drive Corvallis, OR 97330	0 Filled slots / 44 Total slots	Please make a selection ▼	Register

- Read through the consent, electronically sign it, then click “Continue.”

ONSITE SCREENING CONSENT

Please read carefully the consents below and sign at the bottom.

Consents for screening key:

Health Screening Consent

Your employer has contracted with Premise Health Employer Solutions, LLC, on behalf of its affiliate eHealthScreenings ("Premise Health") to provide certain health and/or wellness services in connection with voluntary health screen program.

If applicable, by participating in the biometric screening, you consent to the collection of a blood specimen and/or bodily fluids. You understand and acknowledge that the collection of blood through a needle or fingerstick may cause pain, a bruise or, rarely, an infection. You also consent to the collection of additional biometrics (height, weight, blood pressure, waist circumference, and perhaps other measurements, as per the design of the program). You understand that a biometric screening is not meant to replace the care

I Agree (must scroll through consent)

Signature (First and Last Name):

Today's Date:

Order your biometric home test kit

If you are returning to the *MyWellness* portal, please follow these steps to start:

- Log in to your Samaritan Health Plans' member portal at MyHealthPlan.samhealth.org.
- Select the “MyWellness” option.
- After single sign-on from Asset Health, please choose the “Home Test Screening” option.

Schedule an appointment at your employer site. A technician will collect your results onsite and submit for processing.

Register to have a kit sent to you. Complete the testing at home and mail into the lab for processing.



ONSITE SCREENING

click below to schedule appointment



HOME TEST SCREENING

click below to request a kit

- Enter the address where the home test kit should be shipped.

HOME TEST SCREENING KIT

ENTER DELIVERY ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

- Enter self-reported biometrics.

HOME TEST KIT SCREENING BIOMETRICS

Self-reported biometrics are a part of the home test kit screening process. Please input measured values or best-guess estimates of the requested information below in order to continue.

SELF REPORT BIOMETRICS

Blood Pressure : Systolic Diastolic

Waist Circumference : in.

Height : ft in

Weight : lbs.

- Confirm the biometric measurements are entered correctly.

HOME TEST SCREENING KIT

Please review your answers below. You may change your responses or click "Continue" to submit your request. Once the request has been submitted, you will be unable to update your responses.

HOME TEST BIOMETRIC RESPONSES

Blood Pressure : 120 / 79

Waist Circumference : 38 in.

Height : 5' 3"

Weight : 145 lbs.

- Read the consent, click “I Agree” and electronically sign your name.

Health Screening Consent

including uses and disclosures permitted under HIPAA, I further understand that my revocation of this authorization may impact my ability to participate in the screening program.

Statement and Consent: I have read this form in its entirety and voluntarily consent to the HRSA collection and biometrics procedures. I agree to the consent to the uses and disclosures of the information described above. I acknowledge that the person executing this form is the person participating in or receiving services, or such participant's legal representative who is authorized to act on such person's behalf to sign this form. I further acknowledge the participant is at least 18 years old. I understand that I have the right to receive a copy of this authorization upon request.

I Agree (must scroll through consent)

Signature (First and Last Name):

Today's Date:

- The screen will show confirmation of your request. You will receive a confirmation email as well.

CONFIRMATION

Thank you for registering for the option to complete a home test kit. Your home test kit request has been received. Please expect up to 7 - 10 business days to receive your kit. If you do not receive, please contact EHS at 1.888.708.8807.

As a reminder, the email address that we have on file for notifications is:

AMHTestKit@test.com

To edit, simply go to the "My Information" tab. If that field is not modifiable, you need to edit it with your employer.

[Click here to download a printer friendly version of Health Screening Consent.](#)

- When you receive your biometric test kit, you will find it contains printed step-by-step instructions as well as a supply checklist. Follow the instructions' diagrams that show how to use the kit and mail the sample back within 24 hours. A copy of the instructions can be found in the appendix of this user guide.
- The “Know Your Risks” page will explain your biometric screening test.

Know Your Risks

Knowing your risks for certain diseases and medical conditions is an important step in taking action to invest in your health, wellness and longevity. As part of your Samaritan health plan, you have a no-cost, health risk screening benefit that provides a home test kit (finger stick) that will check these important measures:

Cholesterol – It's a waxy substance found in the fats in your blood. High cholesterol can cause cholesterol deposits to build up in your arteries, making it harder for blood to flow through them, which can lead to chest pain, heart attack and stroke.

Blood Glucose – Glucose is a type of sugar found in your blood and a major source of energy for your body. High blood glucose, which is also known as hyperglycemia, may cause dry mouth, frequent urination, feelings of constantly being tired, weight loss, blurry vision, and can be a sign of diabetes.

1. When you order your home test kit, you'll also be asked to provide your height, weight, blood pressure, and waist circumference

Most local drug stores or grocery stores have blood pressure machines that you can use at no cost if you don't have a recent reading. Although the system requires you to enter your waist circumference, the value you provide can be estimated and it

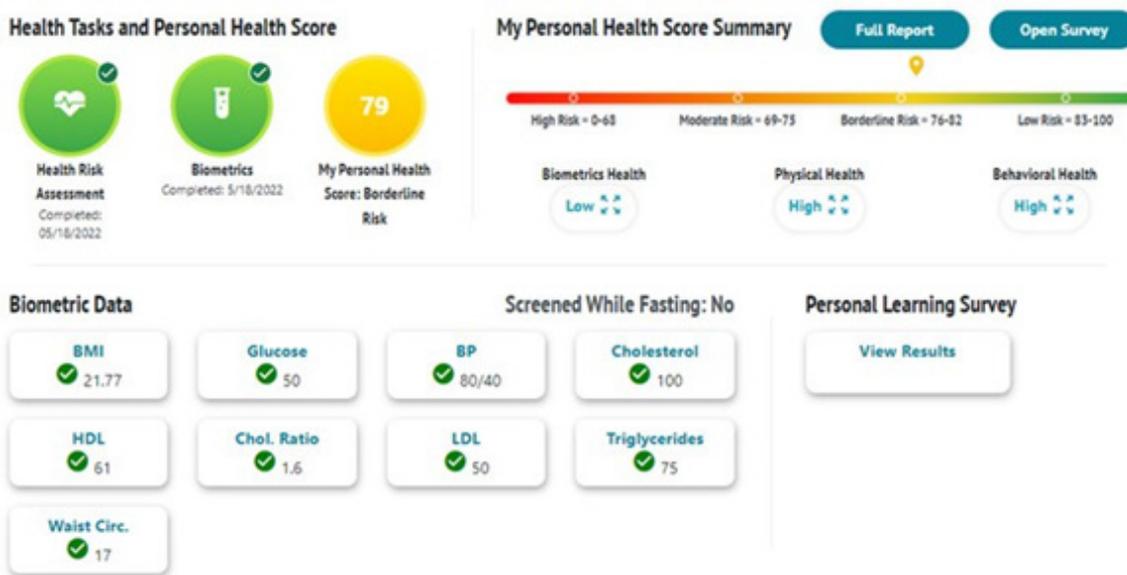
View your risk status score and download your custom report

Once your health assessment is complete and your biometric numbers are received by Asset Health, you can return to the *MyWellness* portal to view your risk status and download your health risk report. Please follow the steps below:

- On the portal home page, click on “Health Measures” to review your score and report.



- The “Health Measures” section now displays your risk score. Match the color of your score to the risk score key to determine your risk level. Click “Download Report” to view your health risk details.



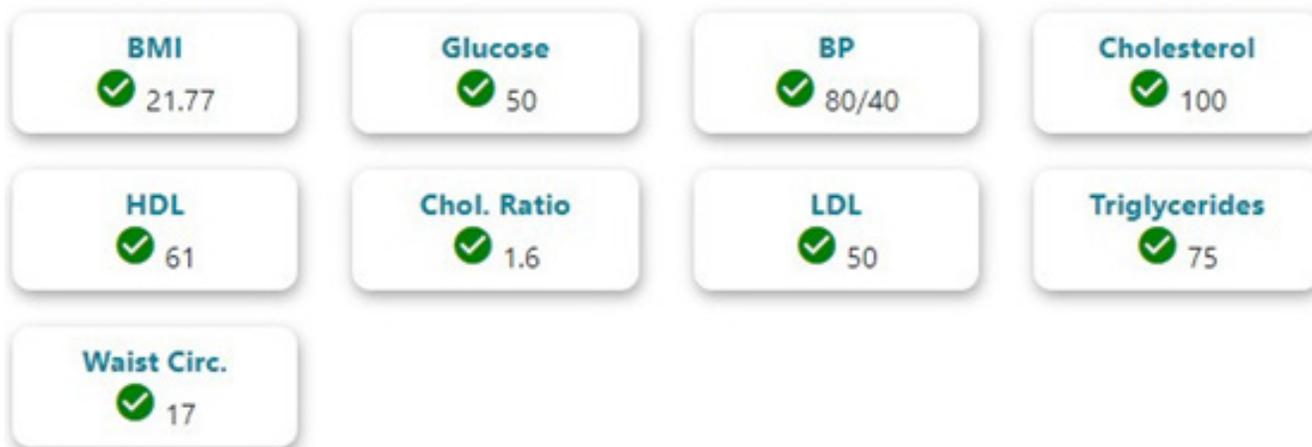
- When the pop-up window appears, click “Download Report” and wait a few moments while your report is prepared. A PDF document will automatically be downloaded to your computer. This document provides further instructions on how to utilize this important health information.



- On the “Health Measures” page, you will also see the “Biometric Data” section, which shows the results of your biometric screening. Each time you complete a screening, the results are stored here so you can see how you are doing year to year.

Biometric Data

Screened While Fasting: No



- Below the “Know Your Numbers” section is the “Health Assessment History” section. Here you may review current and past health risk scores and reports.

Next year: follow the steps above to update your risk score and report

Take advantage of this free health risk benefit you receive as a member of Samaritan’s Choice PPO plan. As you complete the personal health assessment and biometric screening each year, the results will be displayed so you can compare your progress year to year.

Appendix

Supply checklist

The following supplies should be included in your blood collection kit. Please make sure your collection kit contains the items below. If you are missing any items, please call LabCorp at **888-522-4452**.

Set of Instructions -1



Foil Pouch with Moisture Absorbers (do not remove) - 1



Lancets (1 plus one extra) - 2



Sterile Gauze Pad-1



Alcohol Swab -1



Bandage - 1



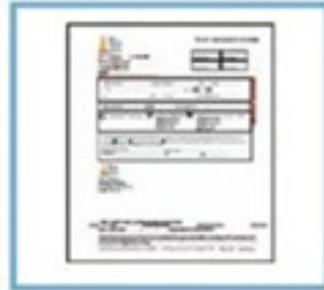
Blood Collection Card - 1



Pre-addressed Postage Paid Envelope - 1



Test Request Order Form - 1



Biometric home test kit instructions

These instructions are included with the home test kit. They are repeated here for your convenience.

Blood Collection Instructions

Questions? Please call
800.522.4452



Home Healthcare Laboratory of America, LLC
A United Therapeutics Company

201 Phoenix Court, Suite 200, Phoenix, PA 15108

STEP 1

- Place all kit contents on a clean, dry surface.
- Complete all fields as indicated on the Test Request Form. Please print in ink.
- Remove one of the bar-code labels found in the upper right corner of the Test Request Form and place it on the Blood Collection Card where indicated.
- Print your full name as it appears on the Test Request Form on the Blood Collection Card where indicated. Please print in ink.



Number code label here →

STEP 2

- Wash your hands with soap and WARM water and dry thoroughly.
- Rub your hands together for 10 to 15 seconds to help increase blood flow.
- Remove one of the blue and white lancets from the package.
- Remove alcohol swab from the package, and clean the tip of either your middle or ring finger with the swab. Allow your finger to air dry for 10 to 15 seconds.



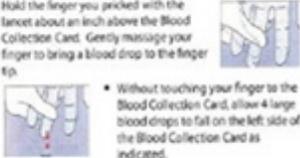
STEP 3

- Remove the sterile gauze pad from the package and set it aside.
- Remove the protective blue tip from the lancet.
- Rest your forearm on a solid surface such as a counter top or table. With your palm facing up, place the tip of the lancet slightly off the center of the fingertip you cleaned.
- Hold the lancet between your thumb and forefingers. To activate, press the lancet firmly against the fingertip. Do not remove the lancet until you hear a "click". Then release the lancet.
- Throw away all used materials.



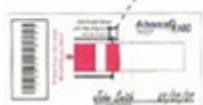
STEP 4

- Lay the Blood Collection Card on the solid surface with the signed side of the card facing up.
- Hold the finger you pricked with the lancet about an inch above the Blood Collection Card. Gently massage your finger to bring a blood drop to the finger tip.
- Without touching your finger to the Blood Collection Card, allow 4 large blood drops to fall on the left side of the Blood Collection Card as indicated.



STEP 4 (continued)

Keep adding blood drops to the strip until the red color spreads to the first line as indicated.



IMPORTANT: Do not touch your finger to the Blood Collection Card.

STEP 5

- Wipe your finger with the alcohol swab or another clean wipe, such as a tissue or cotton ball. Firmly hold the sterile gauze pad on your fingertip until the bleeding has stopped.
- Place a bandage on your finger.
- Allow your blood sample to air dry on the Blood Collection Card for 1 hour. Do not place the card in direct sunlight while drying.

STEP 6

- After your blood sample has dried for 1 hour, place the Blood Collection Card in the Blood Sample Return bag and seal. Do not remove moisture absorbers from the Blood Sample Return bag.
- Remove the bottom part of the Test Request Form by tearing along the perforation. Keep this for your records.
- Place the top part of the Test Request Form and the sealed bag with your Blood Collection Card into the postage-paid, pre-addressed envelope and seal.
- Discard all remaining materials.

MAIL THE ENVELOPE WITHIN 24 HOURS



2300 NW Walnut Blvd., Corvallis, OR 97330
800-832-4580 (TTY 800-735-2900)

samhealthplans.org