

Health Enhancement Program Chronic Condition Tracker

		Diabetes Type I and Type II	Heart Failure/ Heart Disease (Coronary Artery Disease)	Asthma and COPD (Chronic Obstructive Pulmonary Disease)	Hyperlipidemia	Hypertension
Primary Care/Specialist Office Visit (Annual preventive visit counts towards requirement)		Two per year	Two per year	Two per year	Two per year	Two per year
The Following screenings occur at one of your required two visits per year:	◦ HDL screening	Yes	Yes	N/A	N/A	N/A
	◦ LDL screening	Yes	Yes	N/A	N/A	N/A
	◦ Triglyceride screening	Yes	Yes	N/A	N/A	N/A
	◦ Hemoglobin A1c (HbA1c) test	Yes	N/A	N/A	N/A	N/A
	◦ Retinopathy screening	Yes	N/A	N/A	N/A	N/A
	◦ Pulmonary Function Studies	N/A	N/A	Yes	N/A	N/A
	◦ Osteoporosis Screening	N/A	N/A	One per two years if over the age of 40 and taking chronic oral corticosteroids	N/A	N/A
Condition Specific Medication Regimen (if appropriate)	As Recommended by Physician	Heart Failure diagnosis- One of the following: a.) ACE-inhibitor b.) Angiotensin II c.) Beta-blocker As Recommended by Physician	Asthma diagnosis- One of the following: a.) prescribed long acting inhaled corticosteroid b.) inhaled corticosteroid plus Beta 2 agonist c.) oral leukotriene. COPD Diagnosis- One or more inhaled bronchodilators and Tiotropium bromide As Recommended by Physician	As Recommended by Physician	As Recommended by Physician	
Disease Counseling and Education Programs (if appropriate)	If identified as High Risk, you will be contacted by a health care counselor familiar with the specific program applicable to your condition(s) who will explain current strategies to control the disease; you will receive materials to help you and your enrolled dependents to better understand and control or eliminate the disease condition; and you will be provided a variety of on - line and/or printed support. If you refuse to participate when contacted by your Health Plan, you will be deemed non-compliant with HEP and will forfeit applicable rewards.					

➤ Annual Flu Shots are covered at No Charge and are highly recommended for any Members with Chronic Conditions. When receiving a Flu Shot at your pharmacy, show your CVS Caremark prescription card. When receiving a Flu Shot at your Doctor's Office, show your Medical Insurance ID card.

- Take your Prescribed Condition Specific Medications
 Talk to your Primary Care Physician
 Eat Healthy
 Exercise Regularly
 Quit Smoking
 Manage your Stress



As is currently the case under the State Health plan, any medical decisions will continue to be made by you and your physician. Employees and their enrolled dependents in the Health Enhancement Program will have available, and agree to participate in, disease counseling and education programs, which consist of the following components and these are the components you must meet to fulfill your commitment to the Health Enhancement Program. These programs only apply to those employees and their enrolled dependents in the disease states listed in the description of the Health Enhancement Program. For more details on the Health Enhancement Program please visit your employer's website at: <http://www.osc.ct.gov>