



Your Health. Take Charge.

How to Complete the Health Assessment

There are two steps to completing the Health Assessment. This tutorial shows you step-by-step instructions for completing those steps. If you have questions, please call iHealth Medem Customer Service at 1-877-926-3336.

- **Part One:** Register on the Health, Benefits and Employee Services (HBE)-sponsored iHealth portal.
- **Part Two:** Complete the brief Health Assessment.

To register on iHealth, follow the step-by-step instructions provided under “How to Register on iHealth” (pages 2 – 4). If you’ve already registered, go directly to “How to Take the Health Assessment” (pages 5-7).

Remember! You have until December 31, 2009* to complete both the Health Assessment and biometric screening to be eligible for the full Sandia HRA contribution should you choose to enroll in Sandia Total Health.

* Please note that you have a 90-day grace period after the required December 31, 2009 deadline, to schedule and see your PCP to get your biometric screening and to complete the Health Assessment.

BEFORE YOU BEGIN

Complete a biometric screening before taking the Health Assessment. You will be asked to enter your screening information into your Health Assessment.

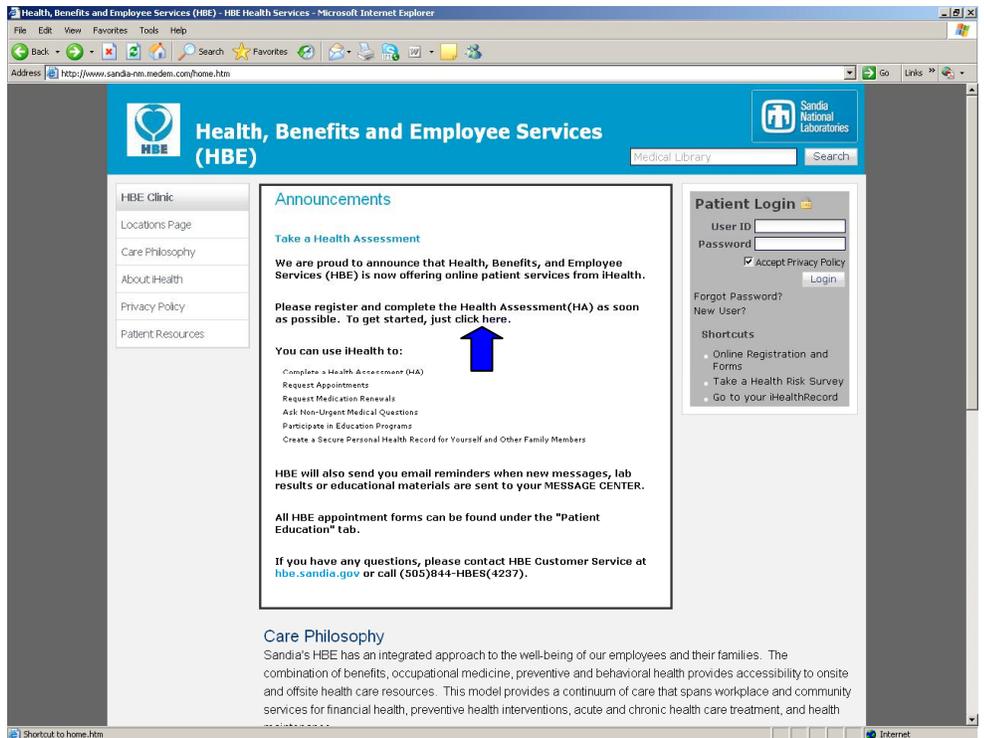
Part One: How to Register on iHealth

If you've already registered on iHealth, skip to "How to take the Health Assessment."

To register on iHealth, follow these 6 step

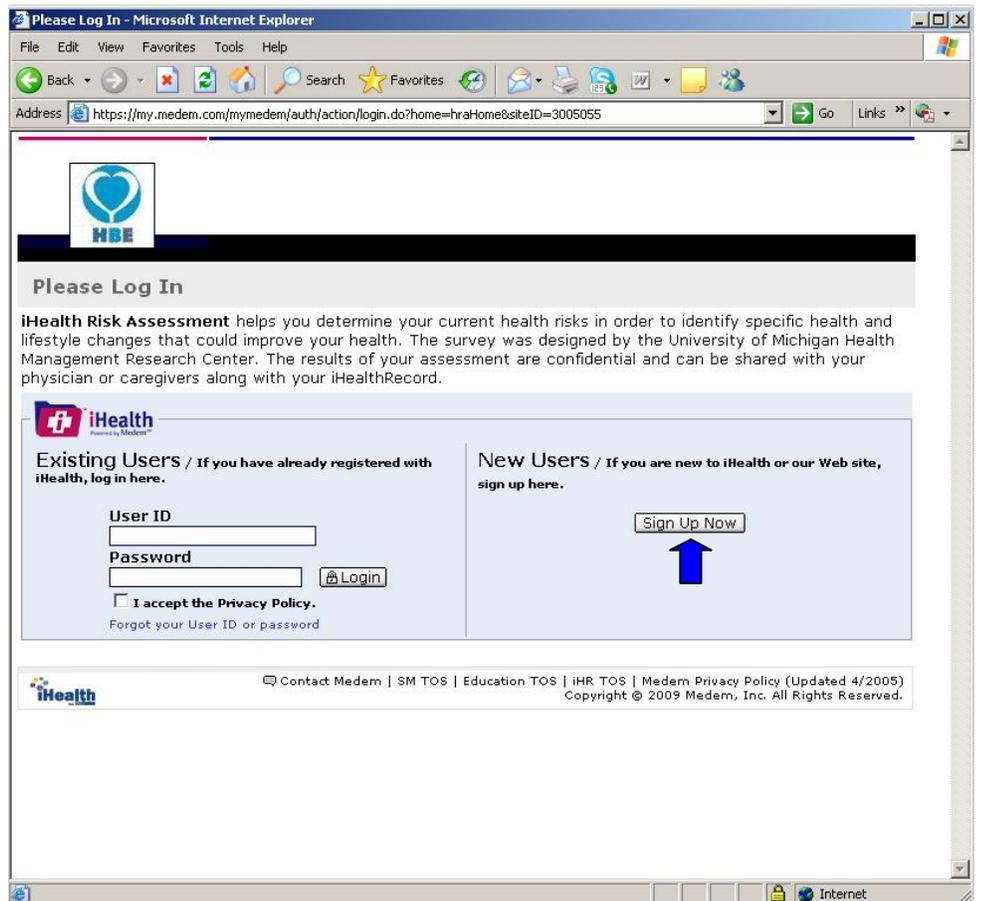
1. To Access iHealth Registration

Go to the HBE iHealth portal at <http://www.sandia-nm.medem.com/home.htm> and add it to your trusted internet sites and your favorites list. Then click "here" to register on the iHealth.



2. Sign Up

Click "Sign Up Now" to begin the registration process.



3. Patient Information

Create a User ID and Password then enter the requested information. Please note: Only the following *pink asterisk items are required:

- User ID
- Password
- Verify Password
- Secret Question
- Secret Answer
- Patient Name
- Patient DOB
- Patient Gender
- Patient Email Address
- One Patient Contact Phone #

Once the section is complete, click “Save and Continue” at the bottom of the page.

Online Services Registration (1 of 3)

Registration provides you the full range of online benefits including access to the personal iHealthRecord, which allows you to create and store personal health information online, as well as valuable Education Programs and Safety Notifications that provide important information to help you better manage your health.

To ensure your privacy, **all information is sent securely**. By registering with us now, you acknowledge that you have read and understood our Privacy Policy and our Terms of Service and are willing to abide by them.

***Required**

User Information

User ID*:

Password*:

Verify Password*:

Secret Question*:
If you forget your User ID/password, this will be one way to retrieve it.

Secret Answer*:

I accept the Privacy Policy.

Patient Information

Title	First Name	Middle Name	Last Name	Suffix
Patient Name*: <input type="text" value="Ms."/> <input type="button" value="v"/>	<input type="text" value="Jane"/>	<input type="text" value="B."/>	<input type="text" value="Doe"/>	<input type="text" value=""/> (Jr., Sr., etc.)

Patient DOB*: MM/DD/YYYY

4. Primary Health Insurance Information

Add your primary health insurance information then accept the iHealth Record Terms of Service. Please note: Only the following *pink asterisk items are required:

- Insurance Company
- Accept Terms of Service

Once the section is complete, click “Save and Continue” at the bottom of the page.

Online Services Registration (2 of 3)

Review and accept the iHealthRecord Terms of Service at the bottom of this page to complete your sign up.

Primary Health Insurance Information

***Required**

Add Primary Health Insurance Plan Below: No Insurance (Select 'No Insurance' if you do not have any insurance)

Insurance Company Name*:

Insurance Subscriber Name: First Name Last Name

Insurance Phone: ###-###-####

Insurance Subscriber Relationship to Patient:

Insurance Subscriber DOB: MM/DD/YYYY

Insurance Group ID:

Insurance Subscriber SSN:

Insurance Plan Name/Number:

Insurance Member ID: Why we ask

Insurance Eligibility Dates: Benefit Start: Benefit End:
YYYY MM DD YYYY MM DD

Insurance Prescription Plan Name/Number:

I accept the iHealthRecord Terms of Service.

Contact Medem | SM TOS | Education TOS | IHR TOS | Medem Privacy Policy (Updated 4/2005)
Copyright © 2009 Medem, Inc. All Rights Reserved.

5. Emergency Contact Information

You can choose to include emergency contact information here, however no input is required. Click “Save and Continue” to finish registration.

Online Services Registration (3 of 3) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://my.medem.com/mymedem/auth/action/ihr/register.do>

Online Services Registration (3 of 3)

Previous Save and Continue Cancel

Emergency Contact Information

Emergency Contact Name: First Name: John Last Name: Doe Emergency Contact Phone: Day Phone: 222-222-2222
Emergency Contact Relationship to Patient: Spouse Evening Phone: Cell Phone:

Caregiver Information Not Applicable

Caregiver Name: First Name Last Name Caregiver Phone: Day Phone Evening Phone Cell Phone

Caregiver Relationship to Patient:

Employment Information Not Applicable

Patient Employer Name: Patient Work Phone: Patient Occupation:

Previous Save and Continue Cancel

Contact Medem | SM TOS | Education TOS | iHR TOS | Medem Privacy Policy (Updated 4/2005)
Copyright © 2009 Medem, Inc. All Rights Reserved.

6. Take the Health Assessment

Once you’ve registered on iHealth, you can immediately take the Health Assessment by clicking “Continue.” If you choose to continue directly to the Health Assessment, skip to step 4 under “How to Take the Health Assessment.” If you choose to take the Health Assessment at a later time, go to step 1 under “How to Take the Health Assessment.”

Online Services Registration - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://my.medem.com/mymedem/auth/action/ihr/register_all.do

Online Services Registration

You are signed up for iHealth. If you are new to iHealth, you will receive notice via email confirming your login information.

Click [Continue](#) to take your Health Risk Assessment Survey.

Contact Medem | SM TOS | Education TOS | iHR TOS | Medem Privacy Policy (Updated 4/2005)
Copyright © 2009 Medem, Inc. All Rights Reserved.

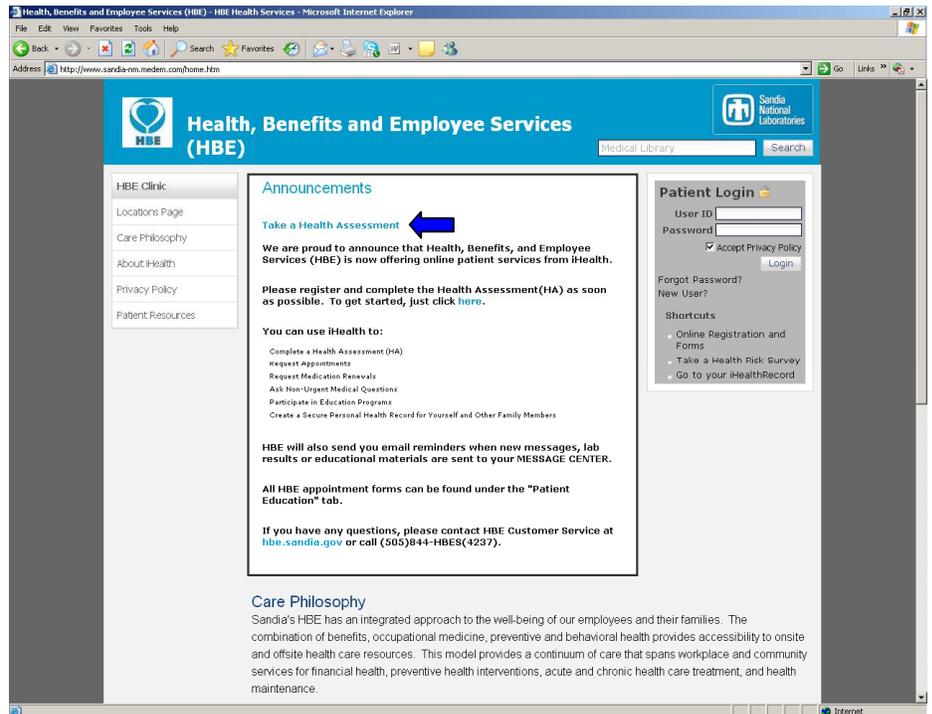
Part Two: How to Take the iHealth Health Assessment

If you haven't registered on iHealth, go back to "How to Register on iHealth."

To take the iHealth Health Assessment, follow the 6 steps below. You also may be asked to confirm the information you previously entered into registration. *Please have your biometric screening results on hand when completing the Health Assessment.*

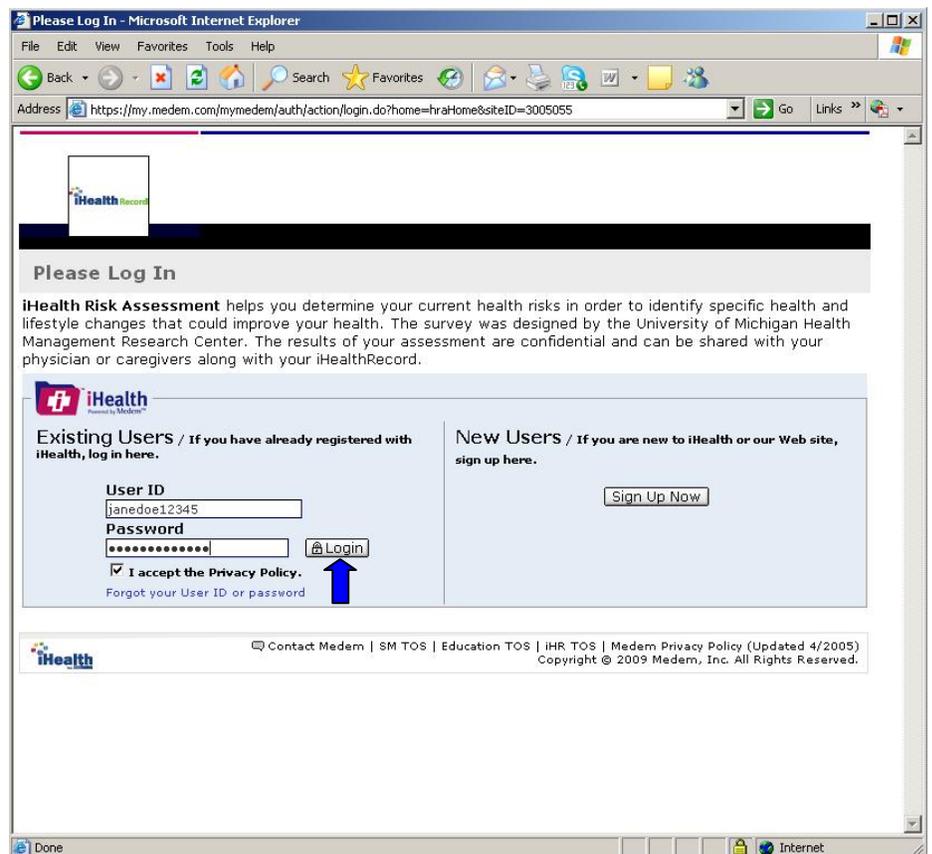
1. To Access the Health Assessment

Go to the HBE iHealth portal at <http://www.sandia-nm.medem.com/home.htm>, then click "Take a Health Assessment."



2. Log In

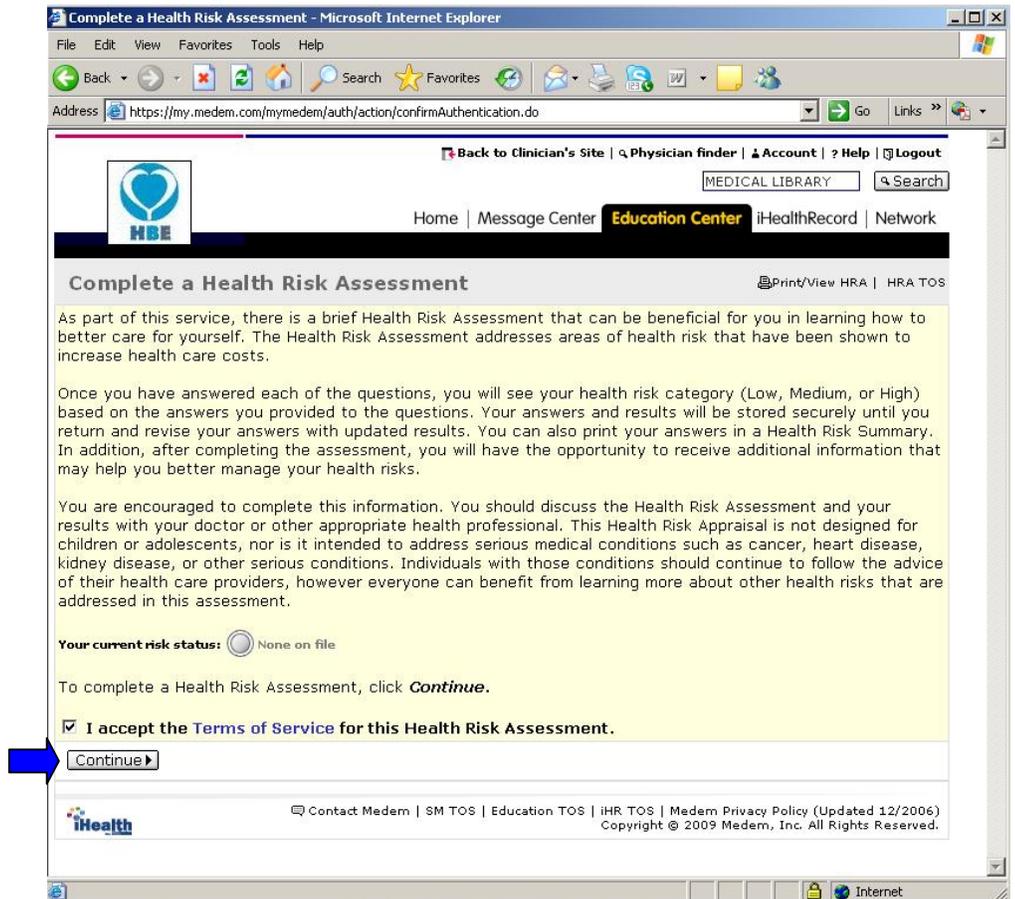
Log in with the User ID and Password you created during iHealth registration. Click "Login" to continue.



3. **Take the Health Assessment**
Click “Continue” to take the Health Assessment.



4. **Terms of Service**
Read the Terms of Service then check the box below if you accept. Click “Continue” to complete the Health Assessment.



5. Current Health Indicators

Use your biometric screening results to complete each question. Use the drop down menus to select the answers that match your results. That's all there is to it! When you are done, click "Save and Continue" to receive your Health Assessment results.

The screenshot shows a web browser window titled "Health Risk Assessment- Current Health Indicators - Microsoft Internet Explorer". The address bar shows "https://my.medem.com/mymedem/hra/survey.do". The page header includes a logo for HBE and navigation links: "Back to Clinician's Site", "Physician finder", "Account", "Help", "Logout", "MEDICAL LIBRARY", and "Search". Below the header are links for "Home", "Message Center", "Education Center", "iHealthRecord", and "Network".

The main content area is titled "Health Risk Assessment- Current Health Indicators" with a sub-header "HRA TOS". A yellow box contains instructions: "Please complete each question below by selecting the best or most accurate response from the drop down menu. If you do not know your blood pressure or other vitals, please select 'Not sure'. You will be able to verify these vitals at our office, and revise your assessment after your appointment." Below this are "Save and Continue" and "Cancel" buttons.

The form itself is titled "Health Risk Assessment" and shows patient information: "Patient Name: Jane Doe" and "Patient DOB: 11/22/1967". The questions and answers are as follows:

- Current Weight (without shoes): 140 lbs
- Current Height (without shoes): 5' 6"
- What is your blood pressure now:
 - Systolic (High Number): 120-139 mm Hg
 - Diastolic (Low Number): 70-89 mm Hg
 - If you selected 'Not Sure' in the last question, which option best describes your blood pressure: Please choose an answer
- Has your physician prescribed medicine for high blood pressure: No
- What is your total cholesterol:
 - 120-179 mg/dl (based on a blood test)
 - If you selected 'Not Sure' in the last question, which option best describes your cholesterol level: Please choose an answer
- What is your HDL cholesterol:
 - 50-64 mg/dl (based on a blood test)
- Do you have any of the following conditions: Heart Problems No

6. Your Health Assessment Results

Review your personalized results to learn tips on how to better manage your health.

The screenshot shows a web browser window titled "Your Health Risk Assessment Results - Microsoft Internet Explorer". The address bar shows "https://my.medem.com/mymedem/hra/survey.do". The page header is identical to the previous screenshot.

The main content area is titled "Your Health Risk Assessment Results" with a sub-header "Print/View HRA | HRA TOS". A green box contains the message: "Congratulations! You are in a **Low Risk** category." Below this is a paragraph of text: "You should repeat this Health Risk Assessment every six months to a year, to make certain you remain at this risk level. If you are interested, a Sandia National Laboratories Preventive Health Coach will review your results with you, and help you determine the best ways of maintaining your low risk. To make an appointment, please return to the home page or call 505-844-HBES (4237). To view and print your health summary and survey results, click the **Print/View HRA** link at the top right of the page. In addition, the HRA service will automatically enroll you in programs that will provide you with ongoing education regarding your health risks. You can opt out of these programs at any time, but we strongly encourage you to participate so that you can learn ways to improve and control your health. You will receive important information on these health risks in the form of Secure Messages in your Message Inbox on a periodic basis. To begin the programs, click **Done**. To opt out of a program, click the **Remove** link on the right." Below this text are "Done" buttons.

Below the text is a table with the following structure:

Education Program	Description	Start Date
There are no programs available at this time		

At the bottom of the page, there are links for "Contact Medem", "SM TOS", "Education TOS", "IHR TOS", "Medem Privacy Policy (Updated 12/2006)", and "Copyright © 2009 Medem, Inc. All Rights Reserved." The iHealth logo is also present.