**FORM 8070001240-P-HEALTH RISK SCREENING ACTIVITY RATES**

|  |  |
| --- | --- |
| **Bidder Name:** |  |

**Instructions**

Enter the requested data for three programs. Include data for the most recent available 12-month period. If you collect and report rates by contract year, you may instead include data for the most recent complete contract year. If there is no Health Risk Screening conducted, and/or no data available, enter “N/A”. Provide any clarifying information in the comments section.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Program 1** | **Program 2** | **Program 3** |
| **Program Name** |  |  |  |
| **Period evaluated (month/year to month/year)** |  |  |  |
| **Screening methods (Telephone, Mail etc.)** |  |  |  |
| **Number of new Health Plan Enrollees** |  |  |  |
| **Number completing Health Risk Screening** |  |  |  |
| **Percent completing Health Risk Screening** |  |  |  |

**Comments**

|  |
| --- |
|  |