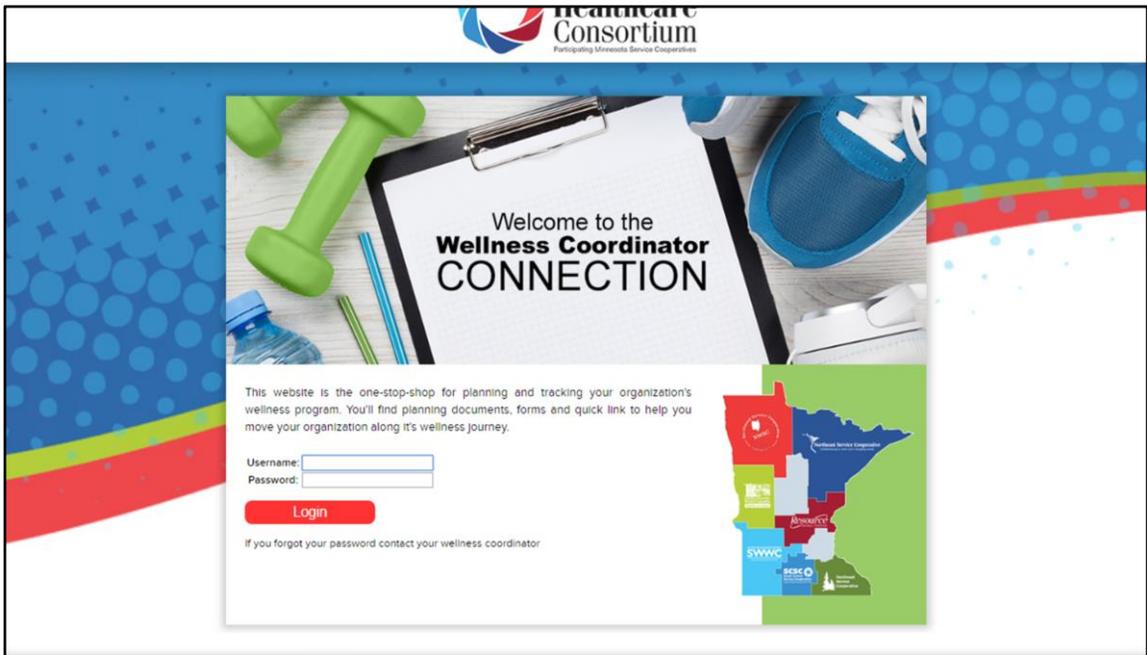




**WELLNESS COORDINATOR CONNECTION**

<http://mhcwellness.org>



The first step each year is to let us know you're participating by returning your signed [Letter of Agreement](#). After we've received the letter you will be able to submit funding requests.

Login to: [mhwellness.org](http://mhwellness.org) - the login and password are the same from year to year, and are listed on your budget sheet.

If you've forgotten your login information please email me.

Healthcare Consortium  
Participating Minnesota Service Cooperatives

Logout

### Wellness Program Overview

Member: demo

Showing Wellness Date For Year: Sep 2019 - May 2020

Wellness Coordinator(s):  
No coordinators found  
[Update Coordinator Profile](#)

Contracts	\$ Per Contract	Biometric \$ Per	Beginning	Used	Remaining
50	\$30.00	\$40.00	\$3,500.00	\$0.00	\$3,500.00

Planning:

- Letter of Agreement: 2019-20
- Participating: 2019-20
- Coordinator Profile Updated

[Funding Requests](#)

**Quick Links**

- Program Overview
- Funding Requests
- Coordinator Profile

**Program Links**

- Tools
- Resources
- Wellness Program Info

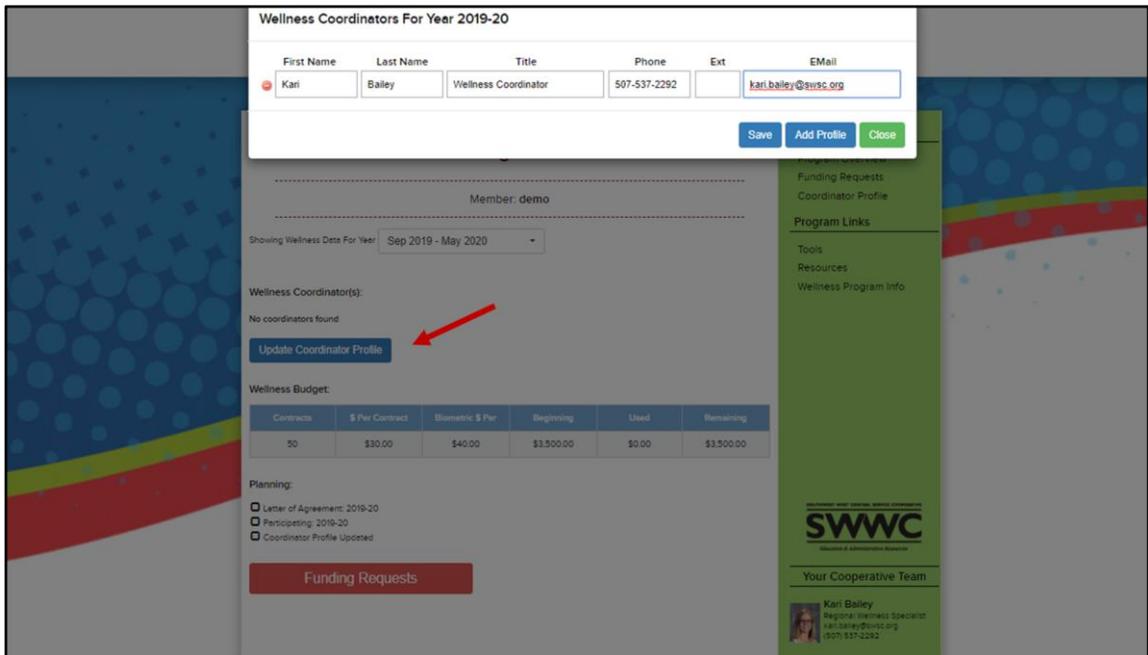
**SWWC**  
Member & Administrative Resource

**Your Cooperative Team**

Karl Bailey  
Regional Wellness Specialist  
karl.bailey@swwc.org  
(507) 537-2292

Start by selecting the current year from the drop down.

Previous years can be referenced for past activity or budget information.



The next step is to update the contact information for your Wellness Coordinators. These will be the people who receive information about the funding requests and general wellness updates throughout the year.

- Click "Update Coordinator Profile" - confirm the information is still correct and/or you can add/delete as necessary
- Click "add profile"
- Type in the contact information
- Click "save"
- Click "close"

Logoff

## Wellness Program Overview

Member: demo

Showing Wellness Date For Year: Sep 2019 - May 2020

Wellness Coordinator(s): Sep 2019 - May 2020  
Sep 2018 - May 2019

No coordinators found

[Update Coordinator Profile](#)

Wellness Budget:

Contracts	\$ Per Contract	Biometric \$ Per	Beginning	Used	Remaining
50	\$30.00	\$40.00	\$3,500.00	\$0.00	\$3,500.00

Planning:

- Letter of Agreement: 2019-20
- Participating: 2019-20
- Coordinator Profile Updated

[Funding Requests](#)

**Quick Links**

- Program Overview
- Funding Requests
- Coordinator Profile

**Program Links**

- Tools
- Resources
- Wellness Program Info

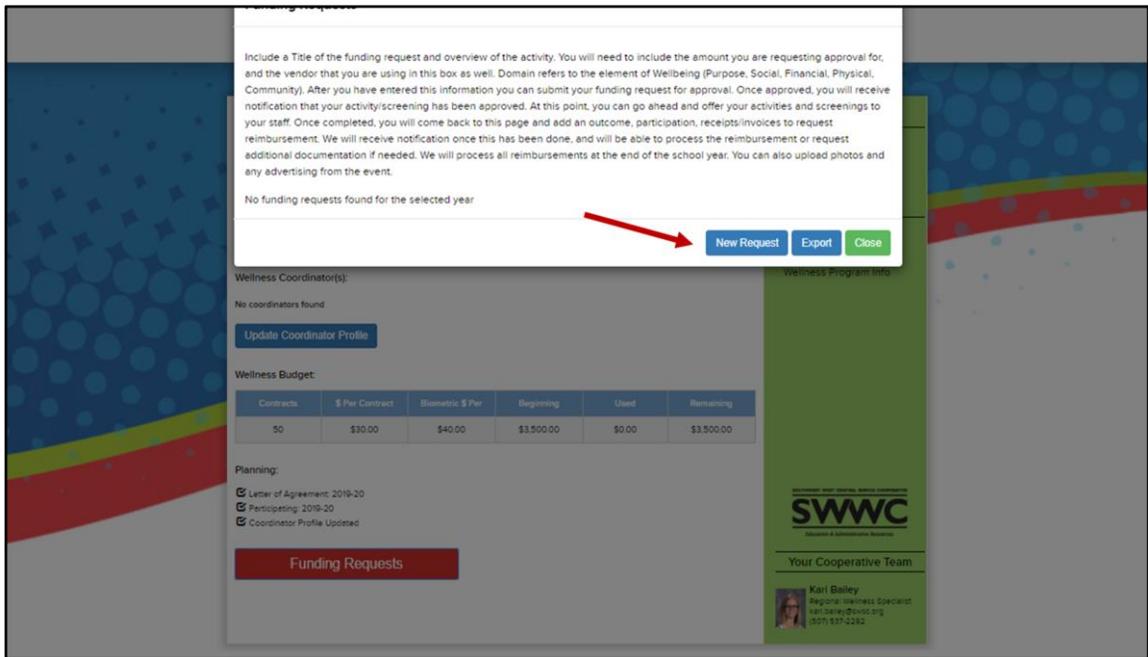
**SWWC**  
Educator & Administrative Resources

**Your Cooperative Team**

Kari Bailey  
Regional Wellness Specialist  
kari.bailey@swwc.org  
(907) 937-2292

The next step is to submit a funding request.

Select the "funding requests" button on the bottom of the overview page.



Click the "new request" button

Biometric Screenings (New)

**Funding Request Details**

Biometric Screenings

We will offer our onsite biometric screenings on Tuesday, November 5th. Employees will be able to have their cholesterol, glucose, blood pressure, BMI, and waist circumference tested. Our local Ayers clinic will be doing the screenings and charges \$40/person. We anticipate 40 of our staff members will participate in this event, for a total of \$1600.

Domain: Physical    Date: November 5, 2019    Who Leads: Marj

**Submit For Approval**

**Action Results**

# Participants:    Gave Credit: No

Outcome:

**Receipt Log**

No Receipts Logged

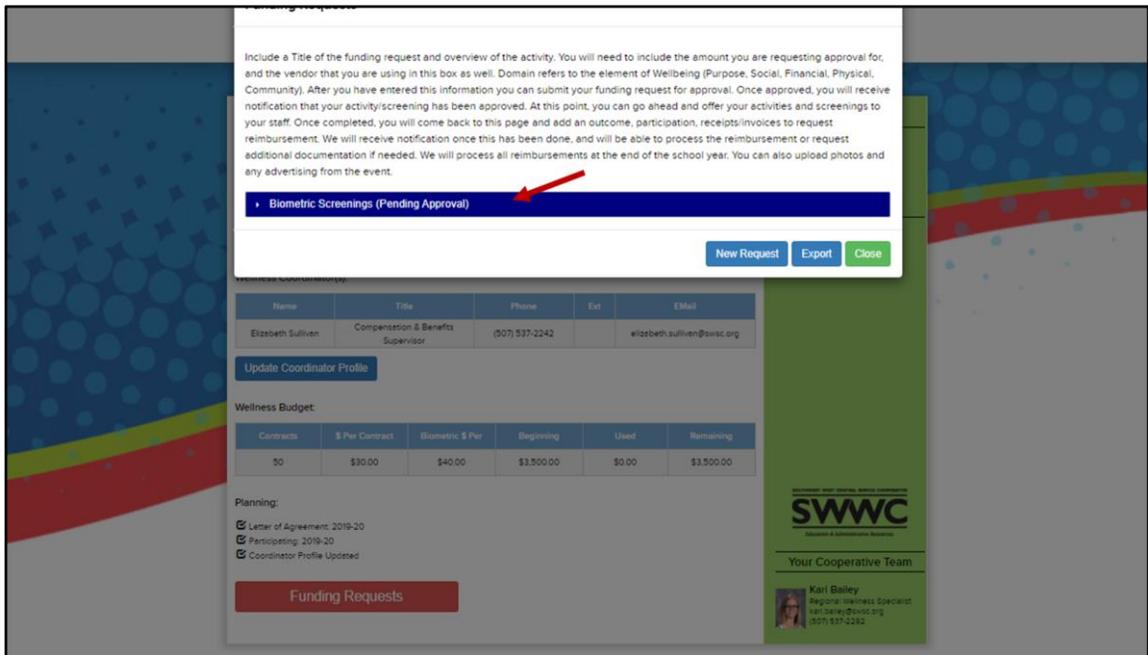
**Uploaded Receipts**

A window will open for you to enter the details of your request.

At a minimum we need you to provide:

Title, description, domain, date, who leads, amount requesting and breakdown of funds.

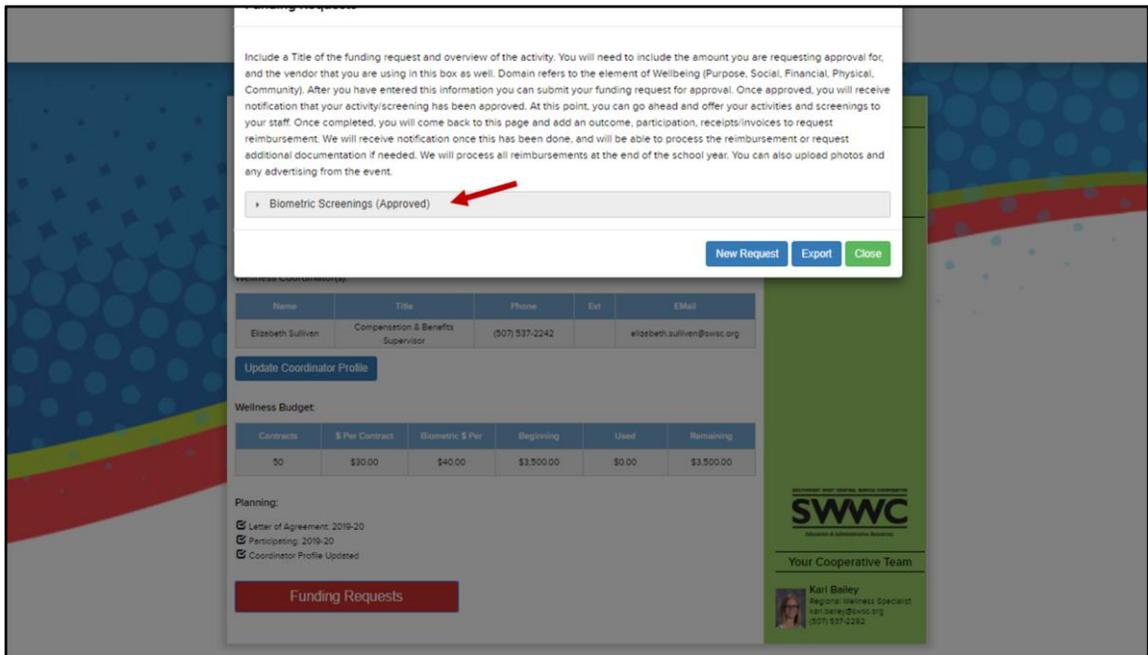
Then Click submit for Approval



The window will collapse, change the status to pending and send an email to the SWWC staff letting them know there's a request to review.

At this point you can submit another funding request if you'd like.

You should submit each major event or activity as a separate request.



Once your activity has been reviewed and approved, you will receive an email and also be able to see that it's been approved on your funding request page.

At this point you can go ahead and offer your activities.

**Biometric Screenings**

We will offer our onsite biometric screenings on Tuesday, November 5th. Employees will be able to have their cholesterol, glucose, blood pressure, BMI, and waist circumference tested. Our local Avera clinic will be doing the screenings and charges \$40/person. We anticipate 40 of our staff members will participate in this event, for a total of \$1600.

This is approved as outlined. 9.9.19 Kari Bailey

Domain  Date  Who Leads

**Action Results**

# Participants  Gave Credit

Outcome

**Receipt Log**

No Receipts Logged

[Add Additional Receipt](#)

**Uploaded Receipts**

Existing Files

No Files Found

After your activity has been completed and you have received an invoice and paid the bill, you can go back and submit the action results, upload your receipt/proof of payment, upload your flyer/advertising, and submit for reimbursement.

**Biometric Screenings**

We will offer our onsite biometric screenings on Tuesday, November 5th. Employees will be able to have their cholesterol, glucose, blood pressure, BMI, and waist circumference tested. Our local Avera clinic will be doing the screenings and charges \$40/person. We anticipate 40 of our staff members will participate in this event, for a total of \$1600.

This is approved as outlined. 9.9.19 Kari Bailey

Domain: Physical | Date: November 5, 2019 | Who Leads: Mari

**Action Results**

# Participants: 41 | Gave Credit: No

Outcome: 41 employees participated in the screening!

**Receipt Log**

No Receipts Logged

[Add Additional Receipt](#)

**Uploaded Receipts**

Existing Files

No Files Found

The Action Results section is a place to log the attendance/impact, notes to remember for next time and feedback from the participants.

Then click on add additional receipt button to enter your receipt information.

**Biometric Screenings**

We will offer our onsite biometric screenings on Tuesday, November 5th. Employees will be able to have their cholesterol, glucose, blood pressure, BMI, and waist circumference tested. Our local Avera clinic will be doing the screenings and charges \$40/person. We anticipate 40 of our staff members will participate in this event, for a total of \$1600.

This is approved as outlined. 9.9.19 Kari Bailey

Domain:  Date:  Who Leads:

**Action Results**

# Participants:  Gave Credit:

41 employees participated in the screening!

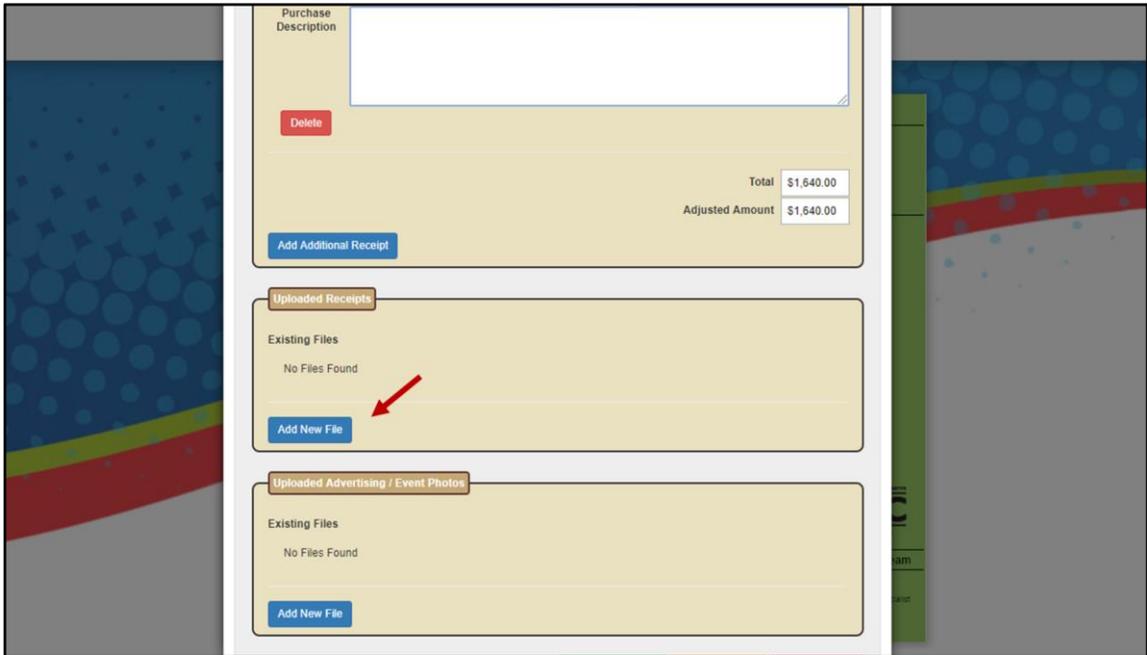
Outcome:

**Receipt Log**

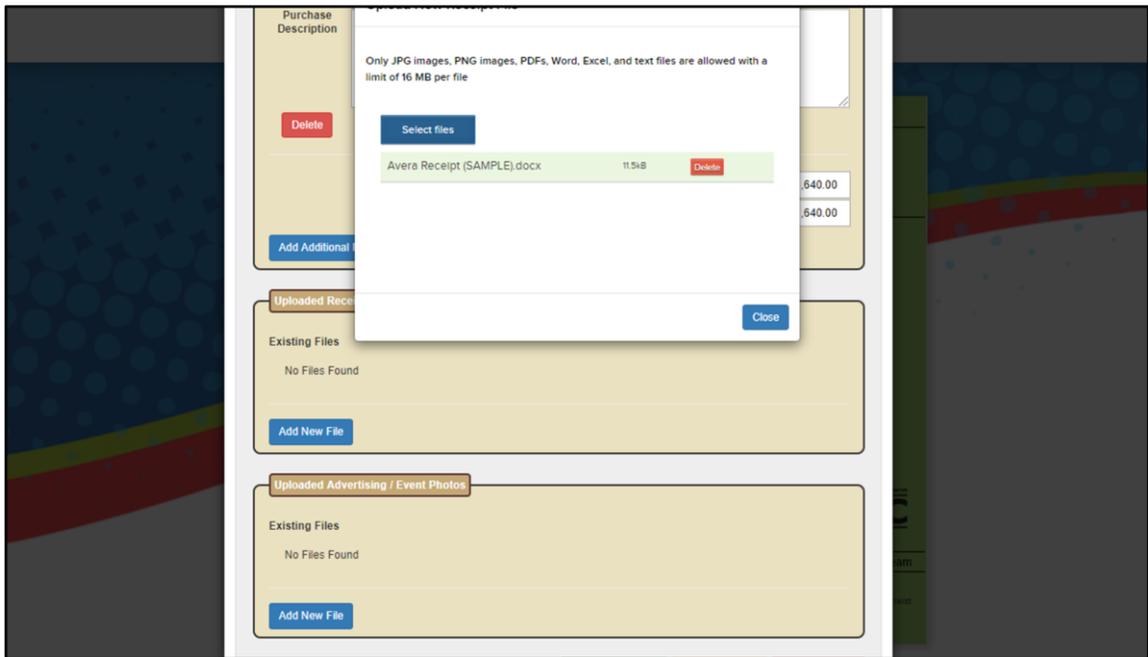
Store	Purchase Description	Total	
Avera		\$1,640.00	
<input style="width: 100%; height: 100%;" type="text"/>			

Total: \$1,640.00

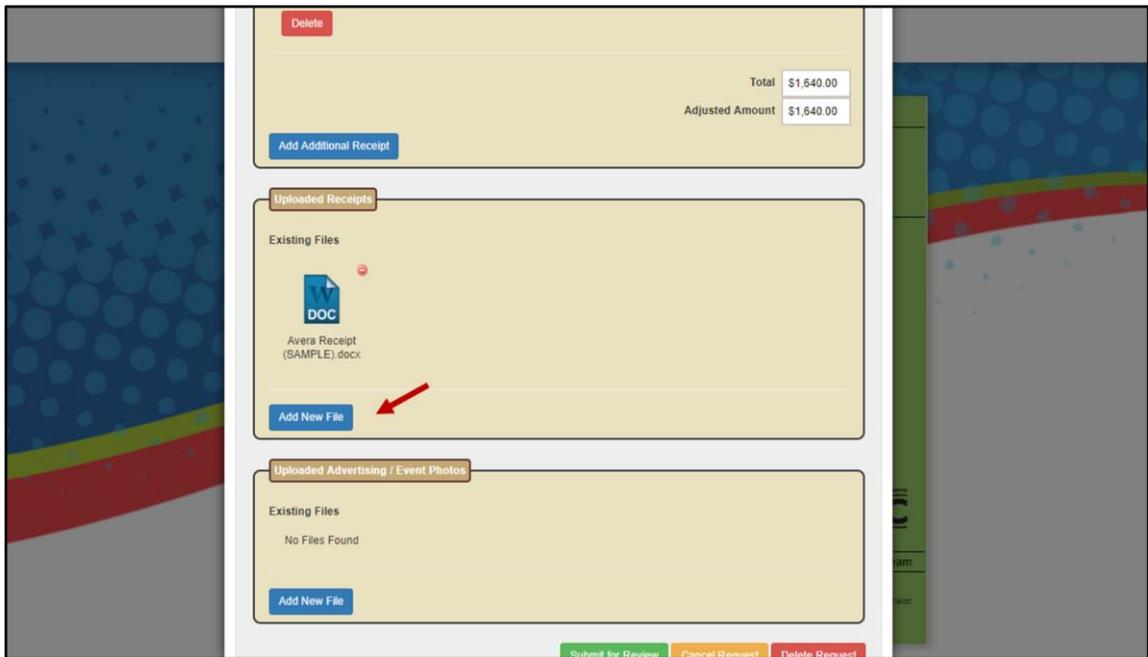
The receipt log is a place to track the breakdown of your spending.



To upload receipts, click on add new file



Select your files and click close.



To upload your proof of payment, or if you have additional receipts, click on "add new file" and upload those the same way.

840.00

Add Additional

Uploaded Receipts

Existing Files

DOC

Avera Receipt (SAMPLE).docx

Add New File

Close

Only JPG images, PNG images, PDFs, Word, Excel, and text files are allowed with a limit of 16 MB per file

Select files

Avera Proof of Payment (SAMPLE).docx	11.5kB	Delete
--------------------------------------	--------	--------

Uploaded Advertising / Event Photos

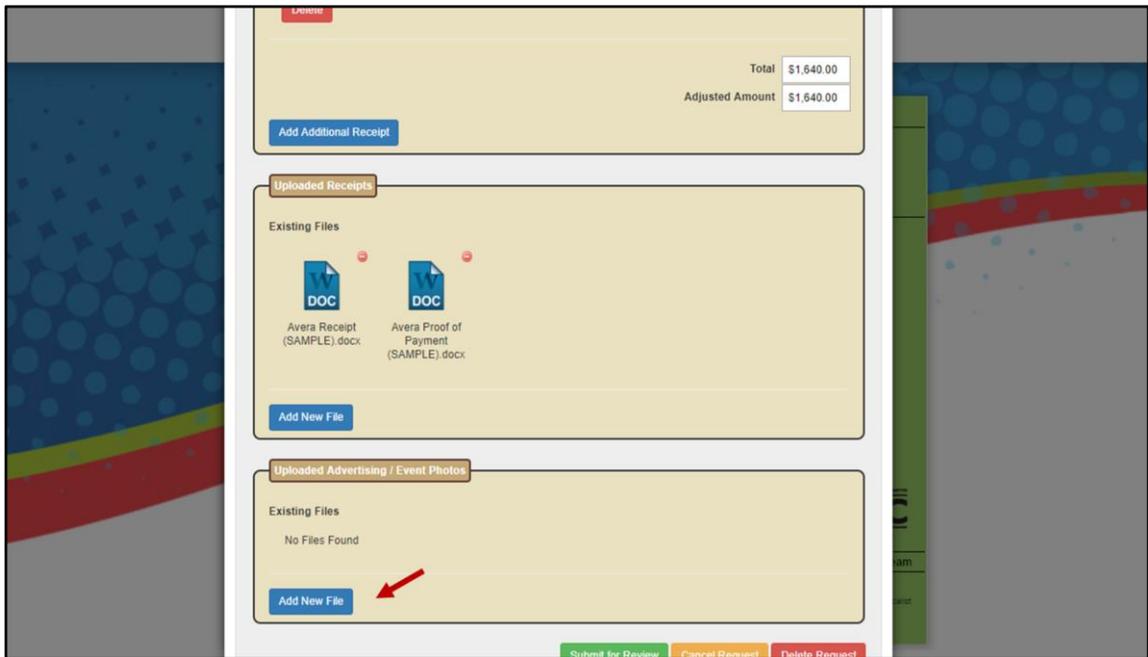
Existing Files

DOC

Biometric Screenings Flyer (SAMPLE).docx

Add New File

Submit for Review Cancel Request Delete Request



To upload your advertising or event flyer, click on add new file and upload just as you did the receipts/proof of payment.

Only JPG images, PNG images, PDFs, Word, Excel, and text files are allowed with a limit of 16 MB per file

640.00  
640.00

Select files

Drop files here

Close

Delete

Add Additional

Uploaded Receipts

Existing Files

DOC

Avera Receipt (SAMPLE).docx

Add New File

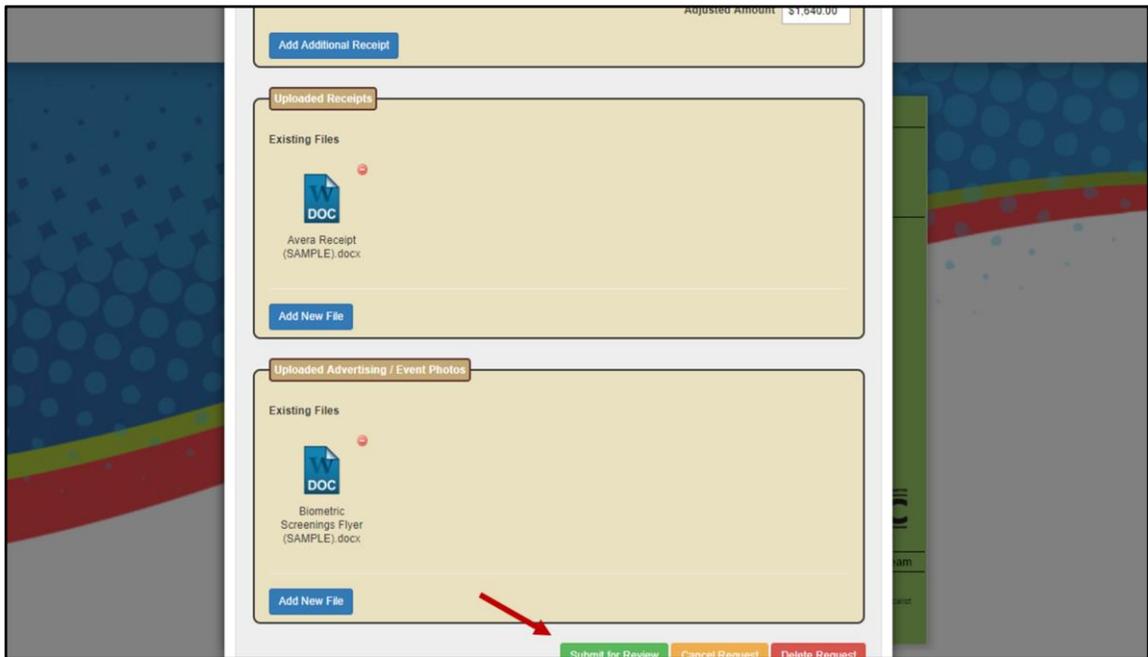
Uploaded Advertising / Event Photos

Existing Files

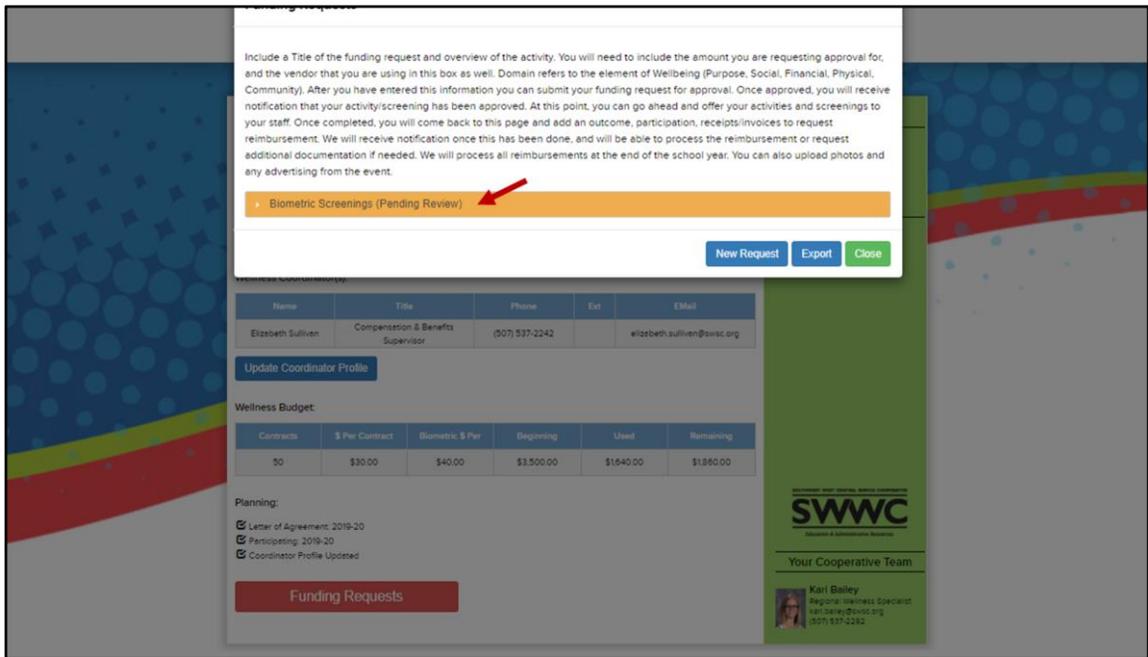
No Files Found

Add New File

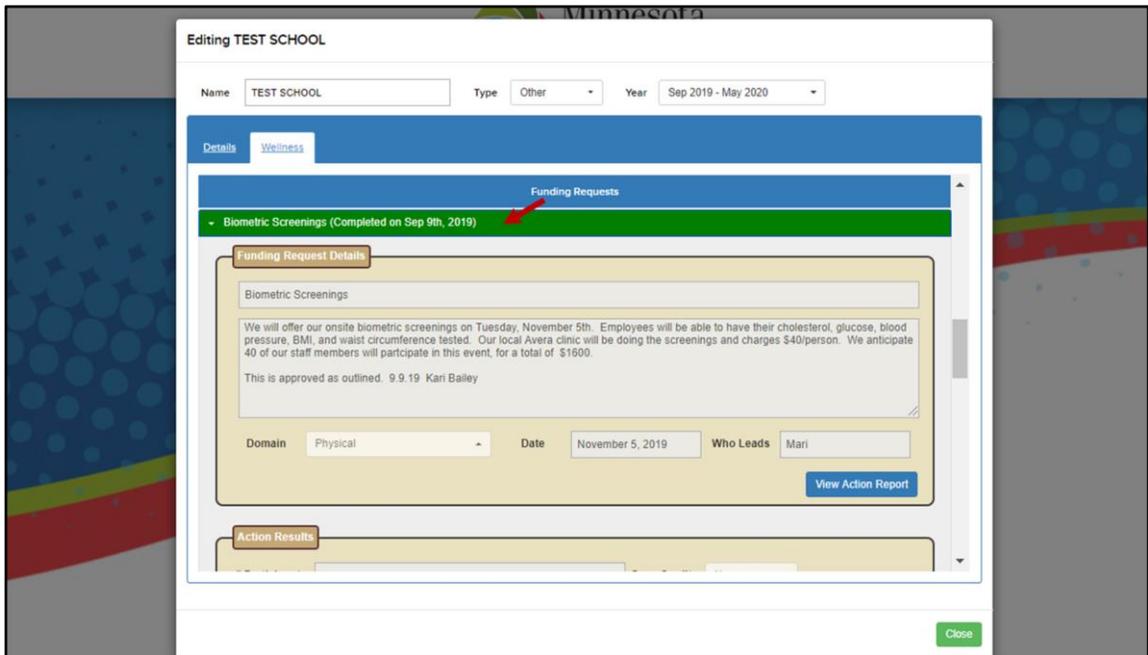
Submit for Review Cancel Request Delete Request



After you've completed all sections and uploaded your receipt, proof of payment, and flyer, click on submit for review.



The activity will show pending review while SWWC processes your request.



Once approved for reimbursement, it will show completed. All reimbursements will be paid out at the end of the plan year (December for CCOGA's and June for Schools)

## REMINDERS

1. Log in – username/password is unique for each organization, this information is provided on your budget sheet
2. A signed Letter of Agreement must be received by SWWC before a funding request can be submitted (page 9 of Live Well Packet)
3. Update Coordinator Profile – you can change Coordinator information/passwords
4. Fill out and submit a funding request
  - Include a Title of the funding request and overview of the activity. You will need to include the amount you are requesting approval for in this box as well. Domain refers to the element of Wellbeing (Purpose, Social, Financial, Physical, Community). After you've entered this information you can submit your funding request for approval.
  - An outcome, participation, receipts, invoices, proof of payment are required for reimbursement. You will need to upload your receipts and invoices in order to be reimbursed. You can also upload photos and any advertising from the event.

**SWWC**  
LIVE WELL

## DEFINITIONS

- Contract = How many health insurance contracts you had at renewal time
- \$ Per Contract = 2020-21 (Schools) and 2021 (CCOGA) the activity budget is \$30/contract, Biometric screening budget is \$40/contract
- Beginning = Total budget...activity dollars + biometric screening dollars
- Used = As you request reimbursement, the dollars that have been spent will show up here
- Remaining = After you've requested reimbursement for activities/screenings, the dollars remaining will show up here

