

CMSD Health Plan Wellness Incentive – 2021 Eligibility

Since 2018, CMSD health plan participants completing the Wellness Incentive requirements and submitting the required Physician Certification Form have received a wellness credit by paying lower payroll contributions. For most plan participants, Physician Certification Forms indicating completion of all requirements had to be returned no later than October 31st of each year to receive the credit for the next Calendar Year.

If you are currently receiving the credit:

Due to the current COVID-19 Coronavirus pandemic, the recertification process for all participants receiving the credit in 2020 is being eased. **All plan participants currently receiving the credit in 2020 will automatically have their certifications extended through 2021.** For those participants, there is no need to complete the wellness credit process by October 31st.

If you currently have, or are able to schedule, an appointment with your primary care physician for an annual visit, we would encourage you to maintain that appointment, however it is not required for your continuing to receive the credit in 2021.

If you are not currently receiving the credit:

Employee's not receiving the credit in 2020 do have the opportunity to complete the requirements and submit the required Physician Certification no later than October 31, 2020 to receive the credit in 2021. For any new enrollee to the plan, you can receive the credit by completing the requirements and submitting the Physician Certification within sixty (60) days of your coverage effective date.

For those not currently receiving the credit, you and your covered spouse (if covered as primary under a CMSD health plan) must complete all of the following:

1. Complete the Physician Health Risk Assessment Form available on the Employee Benefits page of the CMSD website and submit it to your certifying healthcare provider.
2. Complete your health exam including the required cholesterol, glucose, blood pressure and body mass index (BMI) screenings.
3. Return your Physician Certification Form available on the Employee Benefits page of the CMSD website completed by your certifying healthcare provider no later than October 31, 2020 or sixty (60) days after initial enrollment for newly enrolled participants.

Why is this being done?

The COVID-19 pandemic has placed significant challenges on the healthcare system that are expected to continue through the balance of 2020. In order to help maintain access to needed services, current 2020 wellness incentive recipients will have credits extended through 2021.

I am receiving the wellness incentive in 2020. What do I need to do to get it in 2021?

Nothing, 2020 wellness incentive participants will see the credit automatically extended through 2021. They will need to complete the requirements in place for 2022 to continue the credit.

What if I am receiving the credit in 2020, but have a newly covered spouse in 2021?

Continuation of the credit for 2020 recipients will be based upon their 2020 status. If you receive the credit in 2020 you will automatically be extended the credit in 2021 despite any changes in dependent coverage.



Physician Certification Form

The Cleveland Metropolitan School District has established a wellness incentive for eligible participants that complete certain activities.

To qualify the employee and covered spouse, if the spouse is covered as primary under a CMSD health plan, must submit an annual physician certification of having completed the listed activities. **Please note: The actual results, diagnoses and/or any other details of any testing or assessment are not to be included with this form.**

Please submit employee and spousal form together for the most expedited processing.

Patient First Name	Patient Last Name	Patient Date of Birth
CMSD Employee First Name	CMSD Employee Last Name	CMSD Employee Date of Birth
Certifying Physician Name		
1) The patient named above has completed a screening on or after 11/1/2019 that included the following at a minimum: <ul style="list-style-type: none"> • Cholesterol screening • Glucose screening • Blood Pressure screening • Body Mass Index (BMI) 		Yes _____ No _____
2) The patient named above completed and submitted the CMSD Physician Health Risk Assessment to me on or after 11/1/2019.		Yes _____ No _____

Physician / Physician Assistant / Nurse Practitioner Signature

Date

Send a copy of this completed and signed form for processing to:

Via Email: CMSDHRA@Hylant.com	Via Mail: Hylant Attn: CMSD HRA 6000 Freedom Square Dr Ste 400 Cleveland, OH 44131
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