

Personal Program Requirements

Your Health Status is: **CHRONIC CONDITION**

You have been identified with a chronic condition for 2021. Follow these steps to earn the best discount on your health plan premium for 2022. Up to 30%.

What does it mean if your health status says “Chronic Condition”?

You've been identified with at least one of the chronic conditions listed here (but may not have all of them).

View the dashboard on your Healthy Choice portal to learn which condition(s) apply to you. You'll need to make sure you're enrolled in the Coordinated Care program for each chronic condition that's listed, and meet the goals that are set just for you. It's really important to write down your goals and set reminders for yourself throughout the program. You can also review information on the goals section on your portal dashboard.

 Weight (BMI at or above 27)

 Hyperlipidemia (High Cholesterol)

 Hypertension (High Blood Pressure)

 Asthma

 Diabetes

 Nicotine/Tobacco use

How do I earn full credit?

To earn full credit, you must enroll by Mar. 31, 2021 and meet all the goals that are set for you by Sept. 30, 2021.

- Enroll in all the programs that apply to you no later than Mar. 31, 2021.
 - Click the link on your portal dashboard to enroll or call 216.986.1050, option 2. *Make sure you call the separate number if Nicotine/Tobacco is identified for you.*

Are you already enrolled in Coordinated Care?

Start here:

- Set goals with your Care Coordinator. Ask questions to make sure you understand exactly what you need to do by the final deadline of Sept. 30, 2021.
 - Write down your goals.
 - Set a reminder on your calendar to contact your Care Coordinator for your next scheduled call. This date is listed on your dashboard, along with your Care Coordinator's phone number.
- Actively participate in your program(s) for a minimum of six months.
- Meet all the goals that are set for you and submit your final results no later than Sept. 30, 2021.

Not sure what it means to actively participate?

- Make sure you have joined all the programs that apply to you.
- Communicate with your Care Coordinator on a regular basis. Your portal displays the date of your next scheduled call.
- Respond to calls, emails or letters from your Care Coordinator in a timely manner.
- Complete/submit forms that are requested.
- Commit to lifestyle behaviors that your Care Coordinator recommends, and take action to improve your health and well-being (example: using an activity device).

It's your responsibility to complete all your goals and submit results to your Care Coordinator by the deadline.

When submitting your results to your Care Coordinator, you must include your Full Name, DOB and health plan ID number. Submit your results by using one of the following methods:

- Call your Care Coordinator
- Email your Care Coordinator
- Send your Care Coordinator a My Chart message
- Fax the documentation to 216.442.5795

continued

Personal Program Requirements – CHRONIC CONDITION

How do I earn partial credit?

Members may be eligible for partial credit if they actively participate but don't meet all the criteria to earn full credit. Talk with your Care Coordinator to understand if you're eligible. You could earn partial credit in two ways:

- Enroll in all the programs that apply to you by June 30, 2021.
- Actively participate in your program(s) for a minimum of 3 months.
- Meet all the goals that are set for you, for each program, by Sept. 30, 2021.

—OR—

- Enroll in all the programs that apply to you by Mar. 31, 2021.
- Actively participate in your program(s) for a minimum of 6 months.
- Meet some of the goals that were set for you, as defined by your Care Coordinator.

Not sure what it means to actively participate?

- Make sure you have joined all the programs that apply to you.
- Communicate with your Care Coordinator on a regular basis. Your portal displays the date of your next scheduled call.
- Respond to calls, emails or letters from your Care Coordinator in a timely manner.
- Complete/submit forms that are requested.
- Commit to lifestyle behaviors that your Care Coordinator recommends, and take action to improve your health and well-being (example: using an activity device).

It's your responsibility to complete all your goals and submit results to your Care Coordinator by the deadline.

When submitting your results to your Care Coordinator, you must include your Full Name, DOB and health plan ID number. Submit your results by using one of the following methods:

- Call your Care Coordinator
- Email your Care Coordinator
- Send your Care Coordinator a My Chart message
- Fax the documentation to 216.442.5795

Did you miss any of these deadlines? We still want you to get started with Coordinated Care, so you can join anytime throughout the year. If you join after June 30, 2021 you will not be eligible for a discount in 2022.

If you believe these guidelines don't apply to you, or if you have other questions about Coordinated Care, contact your Care Coordinator.

Questions? Call **216.448.2247** (option 2) or toll-free at **1.877.688.2247** (option 2).

Under HIPAA, EHP like other health insurers, is permitted to access health data for the purposes of claims payment, health program development and treatment coverage. As with any of our healthcare plans and programs, plan member privacy is protected in full compliance with HIPAA.

For more details about our privacy policies, visit:
<https://employeehealthplan.clevelandclinic.org/Privacy-Policy.aspx>

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Personal Program Requirements – CHRONIC CONDITION

Guidelines for setting goals

Your Care Coordinator will set realistic, personalized goals for each condition that is identified for you, including some educational goals, as you work together throughout the program. You can click to view your personal goals from your portal dashboard. Talk to your healthcare professional about these goals and ask them to place any orders needed such as lab work.

When you meet your goals, you may also become eligible for copay reimbursements. Learn more [here](#).

Weight Management

Your weight loss goal will be based on your starting BMI (Body Mass Index).

BMI Range	BMI Weight Loss	Contact with your Care Coordinator
27 – 29.99	1	Every 6 months
30 – 34.99	2	Every 3 months
35 – 39.99	3	Every 2–3 months
40 or more	4	Every 2 months

You must also meet criteria for the following:

- **Blood Pressure:**

Goal: at or below 140/90

Frequency: measured at least once per year

- **Cholesterol (LDL):**

Goal: LDL at or below 130 (Or below 100 for those Coronary Artery Disease)

Frequency:

Under age 40: at least one blood test on file

Age 40 or over: blood test every 3 years if LDL stays at or below 130

If you do not meet your weight loss goal, you may be eligible for partial credit.

NOTE: *If your final weight is above your starting weight, or you do not report a final weight, you will get no credit for participating in the Weight Management program.*

NOTE: *Some members with a higher muscle mass may be eligible to complete a Body Fat Analysis if the BMI is not an accurate measurement of body composition. If you do not agree with your weight diagnosis, you must contact the health plan to request an appeal before you can start participating. If you're enrolled in Coordinated Care, contact your Care Coordinator to make this request.*

Weight Management for Pregnant Moms:

Pregnancy changes your program requirements. Contact your Care Coordinator for information and updates.

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Personal Program Requirements – CHRONIC CONDITION

Hyperlipidemia (High Cholesterol)

Your Care Coordinator will work with you to establish an LDL goal. If your provider has prescribed medications, you must take them as ordered.

- **LDL Goal Guidelines:**

Annual LDL at or below 130

Annual LDL at or below 100 for those with Coronary Artery Disease and or diabetes

Hypertension (High Blood Pressure)

Your Care Coordinator will work with you to establish a blood pressure goal. If your provider has prescribed medications, you must take them as ordered.

- **Blood Pressure Goal Guidelines:**

Annual blood pressure reading at or below 140/90

Annual blood pressure reading at or below 130/80 for those with Coronary Artery Disease

Asthma

Your Care Coordinator will work with you to establish goals to manage asthma. If your provider has prescribed medications, you must take them as ordered.

Diabetes

Your Care Coordinator will work with you to establish goals to manage diabetes. If your provider has prescribed medications, you must take them as ordered.

You must also meet criteria for the following:

- **Bi-annual (twice per year) Hba1C at or below 7%**
- **Annual Microalbumin**
- **Annual Retina Exam**
- **Annual Foot Exam**

Nicotine/Tobacco

You must join an approved Nicotine/Tobacco Cessation Program and complete an application. For assistance enrolling, visit the [EHP website](#) or call 216.448.2247, option 2.

- **Goal Guidelines:**

To be eligible for full credit you must quit nicotine/tobacco. You must participate in an approved program for at least three months before you are eligible to submit a negative cotinine test to verify that you quit nicotine/tobacco.

To be eligible for partial credit you must participate in the nicotine/tobacco program for a minimum of three months.

EHP is committed to helping you achieve your best health. Rewards for participating in the Healthy Choice Premium Discount Program are available to all employees. If you think you might be unable to meet a standard for a reward, you might qualify for an opportunity to earn the same reward by a different means. Contact us at **216.448.2247** option 2.