

My Personal Program Requirements

Your Health Status is: **UNKNOWN**

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

You will not receive a discount in 2024 if your Health Status remains “Unknown.”

Your health status is unknown because the health plan doesn't have enough information to determine your health status. Ask your provider to complete and sign a Health

Visit Form and submit it as soon as possible so we can assign your health status.

You must submit a Health Visit form as soon as possible and then meet the goals that are set for your specific health status.

What should I do?

Follow these steps to learn your health status and get started:

- Ask your primary care provider to submit a completed Health Visit form as soon as possible. The health visit form is attached below so you can print it quickly, if needed.
- View your updated health status and Personal Program Requirements in your portal. More details will be provided on your portal, after your health status is updated.
- Start participating as soon as possible but no later than Mar. 31, 2023 to be eligible for full credit in 2024. You'll need to actively participate for at least six months and meet all the goals that are set for you by Sept. 30, 2023.

If your health status says HEALTHY:

You'll need to track your physical activity with an approved activity device that is linked to your portal account. Your goal is to reach 180,000 steps or 900 minutes of physical activity each month, for any six months from Jan. 1 through Sept. 30.

If your health status says CHRONIC CONDITION:

You'll need to join a Coordinated Care Program for each condition that's identified for you. Some members in the weight management and/or hyperlipidemia program will need to participate in an eCoaching program.

NOTE: If you are unable to schedule an appointment with your PCP before Mar. 31, contact the EHP to discuss your options for getting started, such as:

Getting Started with a Chronic Condition: Do you have one of the six chronic conditions that Healthy Choice focuses on, but your Health Visit form hasn't been completed yet? Call 216.986.1050, option 2, to find out if you can enroll in the programs that apply to you.

Getting Started with an Activity Device: If you do not have one of the six chronic conditions, you can start participating with an activity device, but your participation will not count until we determine if you have the Chronic or Healthy status.

Questions? Call **216.986.1050** (option 3) or toll-free at **1.888.246.6648** (option 3).

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>

EHP is committed to helping you achieve your best health. Rewards for participating in the Healthy Choice Premium Discount Program are available to all caregivers and spouses on the health plan. 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 **216.986.1050** option 3.



Cleveland Clinic
Employee Health Plans (EHP)
Health Visit Report Form

Must be completed by a licensed health professional (MD, DO, NP, PA) from your PCP's office and mailed or faxed directly to EHP

Date of Examination (Required): _____

Provider Information (Required):

Last name: _____ First Name: _____ Middle Initial: _____

Office Address: _____

Office Phone: () _____

Patient Information (Required):

Last Name: _____ First Name: _____ Middle Initial: _____

EHP ID: _____ Date of Birth: _____

Biometric Data (Required):

Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____/_____

Lab Work (Required):

If under age 40, all individuals should have a baseline panel. If normal, repeat at age 40. For age 40 or older, cholesterol screening must be within last three years.

Date Drawn: _____ LDL: _____

Chronic Conditions (Required) - Please complete each line

(Check Y if patient has diagnosis, Check N if screen is negative or there is no patient history):

Hypertension: Y_____ N_____ (Check Yes if BP > 140/90 or on treatment regimen)

Diabetes: Y_____ N_____ (If applicable, Type 1 or Type II: _____
goals for diabetes are BP < 130/80, LDL < 100)

Hyperlipidemia Y_____ N_____ (Check Yes if LDL > 130 or on treatment regimen)

Asthma Y_____ N_____

Overweight/Obese Y_____ N_____ (Check Yes if BMI is 27 or above)

Current Nicotine Use Y_____ N_____ (Includes smoking, chewing and vaping)

I authorize my patient to join the applicable physical activity and/or Coordinated Care Program to help maintain or improve their health status.

Provider Signature - (Required): _____

Please return by mail to:

Cleveland Clinic Employee Health Plan
25900 Science Park Dr. / AC242
Beachwood, OH 44122

email to: ehphc@ccf.org

or

via fax: 216.448.2053