

# Physician Certification Form

## Expanded and Streamlined Wellness Credit Program

Beginning for the 2027 plan year, the District has offered all employees the opportunity to participate in an expanded and streamlined wellness credit offering, which no longer requires the online submission of Physician Certification Forms. This was offered to all bargaining groups for opt-in in 2027. Bargaining groups who preferred to maintain the current online form submission process were provided the opportunity to continue that practice.

At this time, non-bargaining staff and the following bargaining groups have opted-in to this expanded wellness credit program: SEIU 1199, Local 777, Local 860, OPBA, Trades, and Local 436.

The Cleveland Teacher's Union has elected to continue under the existing wellness credit program - CTU Members will submit their forms through the Healthworks Portal. If you are a CTU member, please access your form on the wellness page of the mycmsdbenefits.com page, under "CTU Members ONLY Wellness Form"

### Attention CMSD Employees:

In an effort to simplify our wellness program moving forward, we are looking to eliminate the physician certification form submission process. **By following the steps below, you won't need to submit this form to receive your wellness credit for the 2027 plan year!**

To make this possible, we've partnered with our Medical carrier, Aetna, to remove the need for form completion, account log-ins, and online submissions. You will need to print and bring this form to preventative exam (steps below), but will not be required to complete additional steps beyond that.

### HOW THIS WORKS:

1. Complete your Health Risk Assessment through the Aetna App or Website by logging into <https://www.aetna.com/> click [HERE](#) for instructions or visit the wellness page of the mycmsdbenefits.com website and locate the "My Active Health Portal Flyer Tips" for more information.
2. Attend any of the following preventive exams between the dates of 11/1/25 - 10/31/26 and provide the enclosed form with you for your physician to complete.
  - a. Qualified preventive exams:
    - Routine Physical/Wellness Exam
    - Routine Colonoscopy
    - Routine Mammogram
    - Routine Pap



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3. In completing this form, your physician will submit your preventive care exam to the claims department coded as “preventive” and Aetna will notify your HR team accordingly in order to give you the wellness credit.

*\*If your physician checks the “diagnostic” box, skip to step 5*

4. YOU'RE DONE! No need to submit the form your physician filled out anywhere! *We do recommend you hold on to it just in case you need to reference it later!*
5. **If your physician checks the “diagnostic” box—you have another step to take!** This form is for preventive exams, therefore, if your physician codes your appointment as **diagnostic**, Aetna will not be able to confirm your participation in a preventive care exam—**Which is where this form comes in handy!**

**IF your physician checks the “diagnostic” box, you will need to submit your form to the Healthworks portal in order to confirm your participation in a preventive care exam. Forms will be due to the portal 10/31/26. Visit the wellness page for more information/instructions on accessing the Healthworks portal.**





# ANNUAL PHYSICAL VERIFICATION FORM INSTRUCTIONS

Thank you for choosing to participate in the wellness program being offered through Cleveland Metropolitan School District. Your doctor will need to sign this VERIFICATION form so that you will receive credit.

- This form is for appointments between **11/1/2025-10/31/2026**
- Take the Annual Physical Verification Form to your Primary Care Physician for your annual visit by **10/31/2026**.
- Ask your Primary Care Physician to complete the form.
- Follow instructions at the bottom of the form to submit for credit.
- HealthWorks will record that you have completed your annual visit. Please allow 3 business days for the processing of your form.
- Your employer will receive confirmation that you have completed this portion of your wellness program

Thank you,  
The IH21/HW Central Division Team

Please allow 3 business days for  
processing of forms.

**Questions? Call 513-751-1288**

INTEGRATED  
HEALTH



HealthWorks  
Central Division



# ANNUAL PHYSICAL VERIFICATION FORM

**Cleveland Metropolitan  
School District**

**Form for appointments between 11/1/2025-10/31/2026  
will be accepted if submitted NO LATER THAN 10/31/2026**

## PERSONAL INFORMATION

**Full Name** :

**Date Of Birth** : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Home Address** : \_\_\_\_\_

**Phone Number** : \_\_\_\_\_ **E-Mail** : \_\_\_\_\_

I am an employee

I am a spouse of an employee. Complete Policy Holder Info:

Policy Holder First Name: \_\_\_\_\_

Policy Holder Last Name: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

## PHYSICIAN VERIFICATION

This form is to verify an annual physical/well-check visit for a wellness program offered through the patient's employer.

The patient named above has completed a screening during the period of 11/1/2025-10/31/2026 that, at a minimum, included the following:

- Cholesterol Screening  Yes
- Glucose Screening  No
- Blood Pressure Screening  No
- Body Mass Index (BMI)

I, \_\_\_\_\_ (Provider Name), conducted an annual physical/well-check office visit and received the paper Health Risk Assessment for the patient listed above. This visit was completed on \_\_\_\_\_ (Date).

**Provider Signature** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Non-CTU Members Only Respond:** Is this appointment being submitted to insurance as preventative or diagnostic?  Preventative  Diagnostic

### To receive credit, upload this form to your personal dashboard:

- Login at myHealthWorksportal.com
- On your Wellness Checklist, click Annual Physical Verification
- Use "Click Here to Upload a Document for Review" to upload your form
- Choose a file and click ok (any file type permitted: PDF, screenshot, Word doc)
- A "Document Uploaded Successfully" box appears once uploaded
- Please allow 3 business days for processing of forms

Please allow 3 business days for processing of forms

**Questions? Call 513-751-1288**