

# HCM Wellness Guide

How to complete your Tobacco and Primary Care  
Provider Attestations



**CASE  
WESTERN  
RESERVE  
UNIVERSITY**

Employee Self Service ▾

Careers



Non Time Approvals



0

Open Enrollment

No Enrollment Available At This Time

CWRU Exception Timesheet



Wellness



Rave Alerts



Payroll



Last Pay Date 09/29/2023

Log into HCM (hcm.case.edu)

Select the  
“Wellness” tile

Then  
“Tobacco  
Attestation  
Form”



Employee Self Service CW Wellness

- Tobacco Attestation Form
- PCP Attestation Form
- Wellness Summary
- Wellness Program Participation

Failure to accurately attest to your tobacco usage status on the attestation form and/or failure to report the resumption of your tobacco use after completing this attestation will constitute an act of dishonesty, will disqualify you from eligibility for participation in the CWRU Wellness Program and receipt of the Wellness Incentive, and will result in appropriate disciplinary action.

If you are currently a tobacco user, completion of a tobacco cessation program is required prior to you receiving the monthly Wellness Incentive. The University offers a number of different free cessation programs (click [here](#) for full program information). Upon completion of a program, a medical plan participant must share documentation of program completion with the Benefits Department. If you completed the Health Risk Assessment and at least one of the other activities (e.g., Biometric Screening program or Primary Care Provider Attestation Form), and you are enrolled in one of the university's medical plans, you will then be able to obtain the Wellness Incentive effective retroactively to the start of the plan year (January). The retroactive payment will be provided in a lump sum payment, with the remainder of the Wellness Incentive allocated monthly. If you have questions about this, please contact [AskHR@case.edu](mailto:AskHR@case.edu).

Notice of Reasonable Alternative Standard: If a medical condition makes it unreasonably difficult for you to achieve the standards for the incentive under this program, or if it is medically inadvisable as determined by your physician or health care provider for you to attempt to achieve the standards for the incentive under this program, contact [erc10@case.edu](mailto:erc10@case.edu) to request a reasonable alternative standard, and we will work with you to provide another way to qualify for the incentive. Recommendations of your physician or health care provider will be considered and accommodated in developing an alternative standard that is reasonable in light of your health status.

"Tobacco" refers to any product containing tobacco in any form. Tobacco products include, but are not limited to, cigarettes (clove, bidis, kreteks, ecigarettes), cigars and cigarillos, pipes, all forms of smokeless tobacco, and any other smoking devices that use tobacco such as hookahs, and any other existing or future smoking, tobacco or tobacco-related products. This does not include Nicotine Replacement Therapy (NRT) products used as part of a tobacco cessation program or effort.

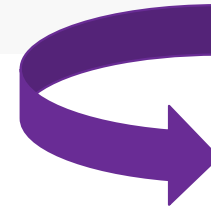
Benefit Year 2025 FORM COMPLETE

Please indicate your current status

I DO NOT smoke or use tobacco products  
 I DO smoke or use tobacco products

This choice was recorded on 09/04/2024

Save Add Next Benefit Year



Scroll to the bottom of the page.  
Certify honestly.  
Click Save!

Return to the  
“Wellness” tile

Choose “PCP  
Attestation  
Form”



Employee Self Service CW Wellness

Tobacco Attestation Form Empl ID 1027522 Deanna Duffy FORM COMPLETE

PCP Attestation Form

Wellness Summary

Wellness Program Participation

The Primary Care Provider Form:

Benefits-eligible faculty and staff interested in receiving the \$25 monthly Wellness Incentive in 2025 will need to enroll in one of the university's medical plans and complete the Health Risk Assessment along with two of these three activities within our fall engagement period (Sept. 1, 2024 - Nov. 30, 2024):

- o Biometric Screening through Quest Diagnostics, Inc. or
- o Tobacco Attestation Form (in HCM) or
- o Primary Care Provider Attestation Form (in HCM)

Numerous benefits are associated with having a primary care provider (PCP). Not only do regular visits with a PCP encourage preventive exam compliance (e.g., colonoscopy, mammograms, etc.), but they also lead to increased rates of necessary immunizations.

By completing this form, you are confirming that you have a Primary Care Provider (PCP)\* and have met with that professional at least once in the past year for a health care appointment or have an upcoming appointment with your PCP in 2024. Please click on the box below for confirmation.

\*A Primary Care Provider (PCP) is defined as a physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) or nurse practitioner (N.P.) , or physician assistant (P.A.) that takes care of the health care needs of patients and/or helps coordinate care and provides access to specialist services for patients. PCPs are seen for undiagnosed conditions as well as chronic and major health conditions.

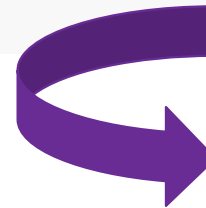
Benefit Year 2025 FORM COMPLETE

Please indicate your answer

I attest that I have met with my Primary Care Provider (PCP) at least once in the past year for a health care appointment and/or have an upcoming appointment with my PCP in 2024.

This choice was recorded on 09/04/2024

Save Add Next Benefit Year



Scroll to the bottom of the page.  
Certify honestly.  
Click Save!

Verify that your attestations are complete on the “Wellness Summary” page

Make sure you are looking at the benefit year toward which you are completing the activities

Employee Self Service CW Wellness

Current Benefit Year Prior Benefit Year Future Benefit Year

Wellness Information Summary

Benefit Year 2024

Wellness Premium Incentive Information

Completed Health Risk Assessment:  received on 09/21/2023

Completed Biometric Screening:  received on 09/21/2023

Completed PCP Attestation:  created on

Completed Tobacco Attestation:

NON-TOBACCO USER, choice made on 09/01/2023

★ Remember: You complete wellness activities in the fall to earn the \$25 Monthly Wellness Incentive during the following calendar year