



Wellness Program Frequently Asked Questions (FAQs)

Introduction: This document serves to provide answers to frequently asked questions about the State of Maryland Wellness Program implemented for Maryland State employees, non-Medicare eligible retirees, and enrolled spouses. It addresses frequently asked questions for both the 2015 and 2016 requirements.

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If you find you need more information, please visit the State of Maryland Wellness website at <http://dbm.maryland.gov/benefits/Pages/WellnessHome.aspx>.

I. The Wellness Program

1. Why has the State implemented a wellness program?

It's no secret that healthcare costs are on the rise and that a large majority of the costs comes from poorly managed conditions that often go undetected and untreated. These costs continue to rise as the population ages, thus threatening our ability to sustain a comprehensive and cost effective benefit offering to State employees, retirees and their families. In addition, individuals with a poorly managed conditions often experience a reduced quality of life. Evidence has shown that an employer-sponsored wellness program reduces the escalating healthcare costs of the organization while improving the health, happiness and overall quality of life of its participants.

The State of Maryland's Wellness Program is designed to increase your self-awareness by helping you understand your current health status, to provide simple ways to either stay healthy or work to become healthier in collaboration with your Primary Care Physician (PCP), and to help you be a more informed medical consumer.

2. What activities are required by the 2015 State of Maryland Wellness Program?

The 2015 Wellness Program involves completing the simple activities listed below:

- Visit your health insurance carrier's website to register for your wellness account.
- Once registered, designate a primary care provider (PCP).
- Complete the online health risk assessment (HRA) available on your insurance carrier's website.
- Print out the HRA results and the Physician Notification Form (PNF).
- Take both the HRA results and the PNF to your primary care provider. Obtain his/her signature on the PNF, and submit the completed PNF to your medical carrier address indicated on the form.
- The 2015 deadline for completion of these activities is **December 31, 2015**.

3. What activities are required by the 2016 State of Maryland Wellness Program?

The 2016 Wellness Program involves completing the simple activities listed below:

If identified as not eligible for disease management

- Visit your health insurance carrier's website to register for your wellness account if not done in 2015.
- Once registered, designate a primary care provider (PCP) if not done in 2015.
- Complete the online health risk assessment (HRA) available on your insurance carrier's website (done annually).
- Print out the 2016 HRA results and the Physician Notification Form (PNF).
- Take both the 2016 HRA results and the PNF to your primary care provider. Obtain his/her signature AND his/her recommendations for the age/gender appropriate screenings that you should have on the PNF (these are listed on the back of the PNF). Then, sign the PNF indicating your agreement to complete any recommended preventive screenings **by 9/30/16**, and submit the completed PNF to your medical carrier's address indicated on the form.

If identified as eligible for disease management

- Complete the steps listed above and, for those with diabetes, high cholesterol, high blood pressure, asthma, COPD, cardiovascular disease, congestive heart failure or low back pain and who have been contacted by your medical carrier's disease management nurse, you must agree to engage with that nurse in a mutually agreed upon treatment plan who will help you to manage your condition better (please see Section V: "2016 Disease Management Participation" in this document).
- The 2016 deadline for completion of these activities is **September 30, 2016**.

4. What are the Benefits of Wellness Program Participation, and What Happens if I Don't Participate?

One benefit is that you save money by participating! When you and your enrolled spouse participate in the Wellness Program, the copays for all of your visits to your PCP are waived until the end of the calendar year—sick and well visits! The sooner you complete your activities, the sooner you start saving.

If you don't participate, you lose out on free PCP copays, and you will have an additional deduction (surcharge) taken from your pay in the following year. The surcharge for not participating in 2015 is \$50 and is spread out over your pay beginning with the first pay in April 2016. The surcharge for not participating in 2016 is \$75 (\$3.12 bi-weekly or \$5.25 monthly), spread out over pays beginning on January 1, 2017.

And, regarding the additional requirements for those with the conditions of diabetes, high cholesterol, high blood pressure, asthma, COPD, cardiovascular disease, congestive heart failure or low back pain and who have been contacted by your medical plan's disease management nurse: if you choose not to engage with that nurse in a treatment plan after being contacted, a \$250 surcharge will be deducted from your bi-weekly (\$10.42) or monthly (\$20.84) pay starting January 1, 2017.

5. Who is eligible to participate in the State of Maryland's Wellness Program?

All employees with State of Maryland health insurance benefits enrollment effective dates before August 1 of each calendar year and their enrolled spouses are eligible to participate. Also, non-Medicare eligible retirees and non-Medicare eligible enrolled spouses are eligible to participate.

Retirees and retirees' spouses for whom Medicare is primary are not eligible to participate, nor are enrolled children even if they are adults.

Please note: for retirees, if Medicare becomes the primary insurance within the plan year during which the health activities are required, the retiree is not subject to the surcharge the following year.

6. What if I am unable to complete the healthy activities due to medical reasons?

In that case, alternative options suggested by your physician will be used to ensure your ability to satisfy the healthy activity requirements. Please contact the Employee Benefits Division if you are unable to complete the health activities due to medical reasons. A letter from your physician will be needed to explain your limitations.

7. What if I have religious, cultural or conscientious objections to the Wellness activities?

If you have religious, cultural or conscientious objections to the wellness activities, you may submit a written Request for Waiver detailing the basis of your objection and why that prohibits you from completing the activities to the Employee Benefits Division no later than February 28 (or February 29th of the plan year to which the objection applies, whichever is later). Responses to written Requests for Waivers will be provided by March 15th of each plan year. New employees must submit their request within 60 days of his/her benefits effective date.

II. The Health Assessment

1. What is a Health Assessment?

The Health Assessment is a series of questions that provide individuals with a comprehensive view of their total well-being. Health Assessments have historically been focused on the physical health of a participant, i.e., height, weight, cholesterol, blood pressure, etc., and while all of these items are very important and relevant, they are also influenced by other factors such as lifestyle, financial stability, and work satisfaction. We don't always think of these items as part of wellness, but they can contribute significantly to stress levels that manifest themselves physically as high blood pressure, as an example. Therefore, it is important that questions about these dimensions of wellness are included on the assessment in order to obtain a more holistic, accurate view of one's total well-being. If there are any questions you do not wish to answer, you may simply skip over them or respond "choose not to answer" or "Don't know."

2. Who sees my Health Assessment or my Health Information?

Only you, your PCP when he/she reviews the assessment, and the clinicians/nurses/coaches on care management teams from your insurance carrier will see your health information. **The health assessment strictly adheres to HIPAA, the federal privacy law regarding protected health information. No one at the State of Maryland has access to your health assessment or personal health information—not your supervisor, not your agency benefits coordinator/personnel officer, nor anyone in the Department of Budget and Management or its Employee Benefits Division.**

In determining participation in the Wellness Program, each insurance carrier is required to provide a report to EBD with only these data elements:

- Employee/Retiree Name and SSN
- Enrolled Spouse and SSN (if applicable)
- A column indicating: Yes or No as to whether the steps were completed

3. How do I complete the Health Assessment?

You are encouraged to complete the online health assessment that is available on your medical carrier's website. You may also contact your medical carrier and request that a paper version be sent to you for completion. The deadlines for requesting paper versions of the health assessment from your carrier are: for 2015, 11/16/15; and for 2016, 8/1/16.

4. What can I expect after I complete the Health Assessment?

Upon completion, you will automatically receive a report that indicates where you fall in the spectrum of well-being based on the answers you provided. Ideally, you will review the results of the health assessment with your PCP during your annual physical, especially because in 2016, you and your PCP will plan what age/gender health screenings are due in 2016.

Additionally, the results of your health assessment may trigger outreach from a clinician/nurse/coach that is part of a care management team with your medical plan. Outreach may be telephonic or in writing, and is intended to help you wherever you fall in the spectrum of health: that is, participants with specific needs may receive outreach to engage in specific disease management programs, as will those with chronic conditions such as high blood pressure, diabetes, low back pain, high cholesterol, heart disease, congestive heart failure, COPD, and asthma. **If you or your enrolled spouse are contacted by your medical plan's disease management nurse in 2016, you must agree to engage**

with that nurse in a treatment plan that will help you manage your illness better. (Please see Section V: 2016 Disease Management Participation in this document for more information.)

III. PCP Selection

1. Why do I have to select a Primary Care Physician?

Evidence supports that having a primary care physician (PCP) helps individuals understand and manage their care better. Having one person who knows your entire medical history helps you navigate your healthcare needs, stick with treatment plans, reduce the use of expensive emergency room use for non-emergency health concerns, and improve health outcomes. Most importantly, your PCP becomes your advocate and partner in your health decisions.

2. What if I already have a Primary Care Physician?

That's great—you are halfway to meeting your first healthy activity requirement step! If you have completed this activity in 2015, you will not need to repeat this step in 2016. However, if you did not participate in 2015 but are participating in 2016, you will need to complete this activity. ***Important: the Wellness Program includes a partnership with the medical carriers to waive the copays upon completion of the wellness activities for in-network PCPs. If you designate an out-of-network PCP, you will avoid the surcharge but your copays will not be waived.***

3. What types of medical professionals can be designated as PCPs?

Internists, family practice physicians, general practice physicians, nurse practitioners, physician assistants, gynecologists, and obstetrical-gynecologists may be designated as PCPs.

IV. 2016 Health Screenings

1. How do I know what health screenings are due in 2016?

When you meet with your PCP in 2016 to discuss the results of your 2016 HRA, you and your PCP will also discuss age/gender specific recommendations for which you may be due. Your PCP will indicate which screenings are due on the Physician Notification Form. On this same form, you will indicate your agreement to complete the preventative screenings by 9/30/2016. *For a list of the recommended screenings, consult page 5 of the 2016 Guide to Your Health Benefits and/or visit www.dbm.maryland.gov/benefits and click on the Wellness tab at the top of the screen.*

2. What happens if my spouse and I do not comply with the recommended screenings?

You will be assessed a \$75 surcharge taken from your pay in 2017 beginning January 1, 2017 (\$3.12 bi-weekly or \$5.25 monthly) for each of you.

3. How will the EBD know if we haven't complied?

Each medical carrier is required to provide a report to EBD indicating yes or no regarding compliance.

V. 2016 Disease Management Program Participation

1. Why is the Disease Management Program participation important?

The conditions of 1) diabetes, 2) high cholesterol, 3) high blood pressure, 4) asthma, 5) COPD, 6) cardiovascular disease, 7) congestive heart failure, and 8) chronic low back pain are targeted because they account for a large part of the State's total healthcare costs and have been shown to respond well to disease education and coaching programs. By participating in the disease management program offered by your medical carrier, affected employees, retirees, and spouses will be given additional resources to improve their health and support them along the way to better health.

2. What does “Disease Management Program Participation” mean?

It means that if you are contacted by your medical plan’s disease management nurse, you agree to engage with the nurse in a treatment plan that helps you manage your condition better.

3. What happens if I am contacted but choose not to participate?

If you choose to not engage in this program after being contacted, a \$250 surcharge will be deducted from your bi-weekly (\$10.42) or monthly (\$20.84) pay starting January 1, 2017.

4. What happens if my spouse is contacted but chooses not to participate?

If your spouse chooses to not engage with your medical plan’s disease management program after being contacted by the plan’s disease management nurse, a \$250 surcharge will be deducted from your bi-weekly (\$10.42) or monthly (\$20.84) pay starting January 1, 2017.

5. Do I have to lose weight or stop smoking as part of Disease Management Program Participation?

If weight loss is recommended through the disease management treatment plan developed by the nurse, you will be given several opportunities to participate in a weight loss program, but will not be penalized for not losing a specific amount of weight. Similarly, if smoking cessation is recommended, you will be given several opportunities to successfully complete a smoking cessation program. We understand how addictive smoking is and you will avoid the surcharge by completing the smoking cessation program, with or without success.