



2016 Wellness Plan Frequently Asked Questions (FAQs)

Introduction: This document serves to provide answers to frequently asked questions about the 2016 State of Maryland Wellness Plan. **Note: We have made several significant changes to the Wellness Plan!**

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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 Plan

1. Why has the State implemented a Wellness Plan?

On January 19, 2016, Governor Hogan announced changes to the State Employee and Retiree Wellness plan, which is a program designed to save employees and retirees money on their healthcare while improving their overall health. The changes include continuation through 2016 of the waived PCP copays for those who completed the 2015 healthy activities and removal of the surcharge for non-participation. In addition, for those who did not complete the 2015 healthy activities, an opportunity to earn the waived PCP copays is being offered in 2016 (for additional details, please see section I.2.).

The State has implemented a Wellness Plan because 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 effect benefit offering to State employees. In addition, employees with a poorly managed condition often experience a

reduced quality of life. Evidence has shown that an employer-sponsored Wellness Plan reduces the escalating health care costs of the organization while improving the health, happiness and overall quality of life of its employees.

The State of Maryland's Wellness Plan 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 are the Chronic Conditions that Disease Management Programs Can Manage?

The biggest area of our concern is untreated or poorly managed chronic conditions. A major goal of the wellness program is to avoid acute care costs that result from poor management of chronic conditions. Each medical plan has a disease management program in which members are invited to participate by one of the plan's chronic care coordinators. The conditions for which a participant may be invited to participate in a medical plan's disease management include: asthma, diabetes, cardiovascular disease, chronic obstructive pulmonary disease (COPD), congestive heart failure, hypertension, hyperlipidemia, and chronic low back pain. In a disease management program, you will work together with a chronic care coordinator, nurse and your physician to determine the evidence-based best course of action for improving your health.

3. What are the healthy activities in the 2016 State of Maryland Wellness Plan?

For those who completed the 2015 healthy activities, there are no additional healthy activities in 2016 and waived PCP copays continue through December 31, 2016!

For those who did not complete the 2015 healthy activities, you may still earn the reward of waived PCP copays by completing the simple 2016 Wellness Plan 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 OR complete the State's HRA available on the State of Maryland's Wellness webpage at <http://dbm.maryland.gov/benefits/Pages/WellnessHome.aspx>.
- Print out the HRA results if done through insurance carriers OR the entire State assessment if using the State's assessment. Then, print the Physician Notification Form (PNF), found on your insurance carrier's website.
- 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 2016 deadline for completion of these activities in order to earn the reward of the waived PCP copays is September 30, 2016. **REMEMBER: THE SOONER YOU COMPLETE THE 2016 ACTIVITIES THE SOONER YOU SAVE MONEY WITH WAIVED PCP COPAYS!**

Please note these important wellness changes, effective January 19, 2016:

- Surcharges for non-participation in 2015 and 2016 have been eliminated. No one will be charged a surcharge for not participating!
- Age/gender appropriate screenings are NOT REQUIRED. These may be completed voluntarily, however.
- Disease Management engagement is NOT REQUIRED. Members can engage voluntarily.

4. What is the Benefit for Wellness Plan Participation?

The benefit is that you save money by participating. If you completed the healthy activities in 2015, your reward of the waived PCP copays continues through the 2016 calendar year!

If you did not complete the healthy activities in 2015, you can earn the reward of waived PCP copays in 2016 when you and your enrolled spouse complete the healthy activities in section I.2. By doing so, the copays for all of your visits to your PCP are waived upon completion of the wellness activities until the end of the 2016 calendar year—sick and well visits! The sooner you complete your activities, the sooner you start saving.

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

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.

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 member, 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."

Remember, you can choose to complete the State health risk assessment OR your medical plan's health risk assessment.

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.**

3. How do I complete the Health Assessment?

You are encouraged to complete the online health assessment that is available on your health plan's website. You may also contact your health plan and request that a paper version be sent to you for completion. The 2016 deadline for requesting a paper version of the health assessment from your carrier is 8/1/16.

Also, you may complete the State's health assessment, found at <http://dbm.maryland.gov/benefits/Pages/WellnessHome.aspx>. This health assessment strictly adheres to HIPAA, and no one at the State of Maryland has access to this health assessment, as you will download it, complete it, and take it with you to your PCP with the Provider Notification Form (PNF). Once the PNF is signed by your PCP, you submit per instructions on the form and retain the health assessment for your personal health records. You are not to mail the State's health assessment to either your health insurance provider or to the State.

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

Upon completion of the carrier health assessment, you will automatically receive a report that indicates where you fall in the spectrum of well-being based on the answers you provided (this will not occur with the State health assessment). While the carrier health assessment is validated and accredited by the National Committee for Quality Assurance (NCQA), it should not replace an annual physical/biometrics with your PCP. Ideally, you will review the results of the health assessment with your PCP during your annual physical where no office visit copay is applicable because it is a preventive service.

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 health care 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 Plan includes a partnership with the health plans participating as in-network providers to waive the copays upon completion of the wellness activities. 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.