Health Benefits

MARYLAND

Wellness Program FAQ

1. ***Why is the State implementing a wellness program?***
   Health care costs generally rise for all of us as our overall health decreases and this has been the case for the State Employee and Retiree Health and Welfare Program. The biggest area of concern is untreated or poorly managed chronic conditions. One goal of the wellness program is avoiding acute care costs resulting from poorly managed chronic conditions. By providing tools for our participants to use to better manage their health, we keep costs down and improve the sustainability of the Program.

   Our wellness program is designed to help our participants understand their current health status and provide simple, affordable ways to either stay healthy or work to become healthier, keeping costs down for both the State and its participants.

2. ***Who does the wellness program apply to?***
   The wellness program applies to employees, non-Medicare-eligible retirees and non-Medicare-eligible enrolled spouses. If the retiree is Medicare-eligible, but the spouse is not, the spouse is also exempt from the wellness requirements. It does not apply to retirees (and retirees' spouses) for whom Medicare is primary nor does it apply to enrolled children even if they are adults.

3. ***Who will see my health information?***
   Only you, your health care professional, the insurance carrier under which you are enrolled, and the disease management staff used by your insurance carrier will see your detailed health information. Our program strictly adheres to HIPAA, the federal privacy law regarding protected health information.

4. ***Will anyone at the State see my health risk assessment information?***
   No - no one at the State will see your 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.

5. ***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 and improves health outcomes. Having one person who knows your entire medical history helps you navigate your health care needs, stick with any treatment plans, and reduces the use of expensive emergency room use for non-emergency health concerns. Most importantly, your PCP becomes your advocate and partner in health decisions. Your selected PCP must be an in-network provider.

6. ***Why types of medical professionals can I designate as my primary care physician?***

Internists, family practice physicians, general practice physicians, nurse practitioners, physician assistants, gynecologists, and obstetrical – gynecologists may be designated as your PCP.

7. ***What if I already have a primary care physician?***
   That's great! You are halfway to meeting your first year healthy activity requirements! Just follow your plan's procedures for officially designating her/him. For those members that currently have a PCP, and are enrolled in a plan that will no longer be offered in 2015, you will need to ensure that your current PCP is an in-network physician under your new plan election.

8. ***What if I use an out-of-network primary care physician?***
   The wellness program includes a partnership with the health plans and uses tools provided to participating (in-network) providers. Therefore, you will need to designate a PCP who is in your health plan's network to complete that healthy activity requirement.

9. ***What is the surcharge and how does it work?***
   A surcharge is an additional amount charged in each pay in which benefit deductions are taken. It only applies to those individuals who have not completed the healthy activities for that year. The first surcharge begins with the first pay of 2016. The surcharge for not completing the two healthy activities – (i) selecting a PCP and (ii) completing the health risk assessment and reviewing it with your PCP – is $50 spread out over your pay in 2016. For 2017 a surcharge will be applied to all employees/retirees and enrolled spouses deemed eligible for disease management who choose not to complete the necessary requirements of the program. The amount of that surcharge is $250 and is spread over your pay in 2017. The surcharges escalate each year. Your health coverage does not change.

10. ***How do I complete the health risk assessment?***
    You may either complete the online version, available on your health plan's website, or contact your health plan and request one be mailed to you. Once you complete the form you'll receive a report letting you know the results. You will then take that report to your PCP and review what those results mean for you. Health risk assessments will not be available until just before January 1.

11. ***How soon after I complete the 2015 healthy activities will my PCP copays be waived?***
    Copays will be waived for those completing the required healthy activities. Details on how quickly the copays will be waived are currently being finalized with the health plans and will be available on both your health plan's website and the DBM Health Benefits website by January 1, 2015.

12. ***What information does the State receive and review to determine if a surcharge will be applied?***

The Employee Benefits Division (EBD) will receive a report that indicates only employee/retiree name and SSN, enrolled spouse and SSN and a Y or N indicating whether the healthy activities for that year were met. No information about the type of activities or the condition qualifying the individual for participation in disease management is provided to EBD.

13. ***The guide says I have to complete my healthy activities by 9/30/15, but what if my last physical was November of 2014 – don't I have to wait a full year to have another one?***
    No, our health plans allow for one physical per plan year. Our plan year runs January 1 through December 31. Therefore, if you wanted to you could have a physical on December 31 of one year and January 1 of the following year. However, for better tracking of health improvement or deterioration, it is not advisable to schedule an annual exam within such a short time frame.

14. ***Do I have to reach any specific goals like a certain BMI level or cholesterol level?***
    Not exactly. Our wellness program does not include a requirement for meeting fixed, specific goals. Rather, our wellness program is designed to simply encourage participation in healthy activities such as nutrition counseling, weight loss programs, smoking cessation programs, and better understanding of your own health situation. In the future, participants will be asked to meet certain "normal" range levels, but will also be offered the opportunity to seek waivers or pursue alternatives.

15. ***Do I have to quit smoking?***
    The decision to quit smoking is up to you and your PCP unless it is recommended through the disease management program. If recommended, you will be given several opportunities to successfully complete a smoking cessation program before being subject to a $250 surcharge in 2017. We understand how addictive smoking is and you will avoid the surcharge by completing the smoking cessation program initially with or without success.

16. ***Do I have to lose weight?***
    The decision to lose weight is up to you and your PCP unless it is recommended through the disease management program. If recommended, you will be asked to participate in a weight loss program, but will not be penalized for not losing a specific amount of weight.

17. ***What if my enrolled spouse refuses to complete the healthy activities?***
    The applicable surcharge will be deducted from your pay in the following year.

18. ***What do you mean by "engage with disease management?"***
    If you are determined to be eligible for participation in the disease management program you will receive either a phone call or letter of outreach requesting your participation. When you respond, you and the nurse will discuss your condition(s) and work together to determine the best course of action for improving your health. Once agreed upon, you must follow those recommendations throughout the year. That may mean taking an online nutrition course, learning proper lifting techniques for lower back protection, and checking in regularly with the

nurse. In any event, recommendations will be based on evidence-based best practices designed to help you improve your health.

19. ***What if I am unable to complete the healthy activities due to medical reasons?***
    In that case, alternative options will be available to receive the rewards and avoid the surcharge. Please contact the Employee Benefits Division if you are unable to complete the healthy activities due to medical reasons. A letter from your physician will be needed to explain your limitations.

20. ***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 for your request for approval to the Employee Benefits Division no later than February 28, 2015 (or February 28th of the plan year to which the objection applies, whichever is later).

21. ***Where can I get more information?***
    More information can be found in the 2015 Guide to Your Benefits and on the DBM Health Benefits website: www.dbm.maryland.gov/benefits.