

Various Employee Communication Pieces

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PRIVACY AND CONFIDENTIALITY

Following are excerpts from our contract with HEALICS regarding confidentiality and privacy. We believe we have negotiated a strong agreement that protects your personal health information.

Note: "Provider" is HEALICS. "Plan Sponsor" is (Your Company Name).

In General. Provider agrees to comply with all applicable privacy laws with respect to all HRA information and the name or other identifying information of Plan Sponsor and Participants. Provider shall not disclose any such confidential information to the Plan Sponsor, any third party or any employee if such disclosure would violate any law. Provider agrees not to use any such confidential information for any purpose other than carrying out Provider's obligations under this Agreement or as may be required by law.

Name and Other Identifying Information. Provider agrees not to use or to sell, lease, assign, disclose, or otherwise transfer to any third party the name or other identifying information of any Participant, except as specifically provided in the Agreement, or as disclosed to Provider's employees, agents, or subcontractors for the limited purpose of carrying out Provider's obligations under the Agreement, or as may be required by law.

Social Security Numbers. Provider agrees not to request, require, or use the Social Security Number of any Participant for any purpose, including for purposes of the Health Risk Questionnaire, blood drawing, and laboratory tests. If the Social Security Number of any Participant is provided to Provider, Provider agrees not to disclose the Social Security Number to any third party, except as provided in the Agreement or as may be required by law.

Unique Identifying Number. Provider agrees that Plan Sponsor's employee identification numbers shall be used by Provider and Provider's subcontractors and agents to identify Participants when transmitting HRA information or blood samples for the limited purpose of carrying out Provider's obligations under the Agreement.

HRA Information. Provider agrees not to use or to sell, lease, assign, disclose, or otherwise transfer to any third party any information obtained or generated through Plan Sponsor's HRAs, except as specifically provided in the Agreement, or as disclosed to Provider's employees, agents, or subcontractors for the limited purpose of carrying out Provider's obligations under the Agreement, or as may be required by law.

HRA Blood Samples. Provider agrees not to use or to sell, lease, assign, disclose, or otherwise transfer to any third party any blood samples obtained through the HRAs, except as specifically provided in the Agreement, or as transferred or released to Provider's employees, agents, or subcontractors for the limited purpose of carrying out Provider's obligations under the Agreement, or as may be required by law.

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PARTICIPANT INSTRUCTIONS

For The (*Your Company Name*) Health Risk Assessment Screening

Your employer has arranged for an examiner to come to the worksite, or for you to go to a nearby facility to conduct a voluntary Health Risk Assessment screening. The service takes about 10 minutes and includes measurements for height and weight, waist and wrist, hip (for women only), blood pressure, pulse, and a blood draw from the arm.*

In order to achieve the most accurate results, please follow these simple suggestions:

1. Complete the following form and bring it to the health screen:
 - The **Health Risk Questionnaire, Consent and Authorization– 2 sides**
Be sure to sign the form as the lab will not release results without a signature.
2. Do drink plenty of water. It is important that blood vessels are hydrated for the blood draw.
3. Continue taking prescribed medication, including insulin.
4. Fast or (don't eat) for 8-12 hours before your assessment for maximum results. At minimum fast for 6 hours.

Before your blood draw avoid:

1. Vigorous exercise for at least 12 hours prior to the Health Risk Assessment. That may make you dehydrated.
2. Foods or beverages with high sugar content such as donuts, syrup, orange juice, soda pop, and coffee with sugar in it for at least 4 hours, the longer the better. **A 12-hour fast is ideal.** Of course, if you are diabetic, follow your doctor's dietary guidelines.
3. Alcohol for at least 24 hours prior to the Health Risk Assessment.
4. Caffeine or smoking for 30 minutes prior to the Health Risk Assessment.

After your blood draw:

1. Keep pressure on the venipuncture site for at least 4 minutes.
2. Do not lift anything heavy until you are absolutely sure you have stopped bleeding.
3. Some people will bruise after a draw. This can happen and you should not be alarmed. The discoloration will go away within a few days. Some may last longer.

Clothing:

1. Wear slenderizing clothes. The top should be something short-sleeved, sleeveless or easy to roll up over the elbow.
2. Wear shoes that are easy to remove.
3. Avoid wearing pleats or anything that bunches at the waist or hips.

Sign-up for the Health Risk Assessment and note your appointment information on this form:

Appointment: Date _____ Time _____ Place _____

**If it is unreasonably difficult due to a medical condition for an employee to complete a Health Risk Assessment, or if it is medically inadvisable for an employee to attempt to complete a Health Risk Assessment, the employee should call HEALICS INC., the Health Risk Assessment Service Provider, who will work with the employee to develop another way to avoid the additional \$20 charge under the Medical and Prescription Drug Plan. The telephone number for HEALICS INC. is 1 800 HEALICS or 1 800 432-5427*

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Bona Fide Wellness Program Requirements as defined by the Department of Labor

Under the proposed rules, there are four requirements to be a bona fide wellness program:

- The total reward that may be given to an individual is limited. The departments invited comments on the appropriate level of the reward, suggesting that a limit of 10-20 percent of the total cost of employee-only coverage may be appropriate.
- The program must be reasonably designed to promote good health or prevent disease for individuals in the program.
- The reward must be available to all similarly situated individuals. More specifically, the program must allow any individual for whom it is unreasonably difficult due to a medical condition to meet the wellness program standard (or for whom it is medically inadvisable to attempt to meet the wellness program standard) an opportunity to satisfy a reasonable alternative standard.
- All plan materials describing the terms of the program must disclose the availability of a reasonable alternative standard.

For example:

I am an employer that offers a premium differential between smokers and nonsmokers. That is, smokers pay more for coverage than nonsmokers. How do the bona fide wellness program provisions relate to my plan?

The plan is offering a reward based on an individual's ability to stop smoking. Medical evidence seems to suggest that smoking may be related to a health factor. (Under the Diagnostic and Statistical Manual of Mental Disorders, nicotine addiction is a medical condition, and a report of the Surgeon General stated that scientists in the field of drug addiction agree that nicotine, a substance common to all forms of tobacco, is a powerfully addictive drug.) Therefore, for the plan to maintain the premium differential and not be considered to discriminate based on a health factor, such a program would be required to meet the requirements for a bona fide wellness program.

Accordingly, under the proposed rules, the wellness program would be a bona fide wellness program if the premium differential is not more than 10-20 percent of the total cost of employee-only coverage; the program accommodates individuals for whom it is unreasonably difficult to quit using tobacco products due to addiction by providing a reasonable alternative standard (such as a discount in return for attending educational classes or for trying a nicotine patch); and plan materials that describe the premium differential describe the availability of a reasonable alternative standard to qualify for the lower premium.

Source: http://www.dol.gov/ebsa/faqs/faq_hipaa_ND.html

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MEMORANDUM

TO: All Employees
FROM:
DATE:
RE: Health Risk Assessments (HRAs)

We remain deeply committed to the health and wellness program as a way to improve employee's health and limit dramatic increases in health insurance costs.

The purpose of our health and wellness program is to encourage you to maintain or embrace healthier lifestyle habits and, through various education programs and participation in our Wellness Rewards Program, promote good health. We recognize the condition of your health is your responsibility. To some extent, however, unhealthy lifestyle choices increase the cost of our health insurance, sick time, short-term disability, and worker's compensation, which affect us all.

Dependents covered under health insurance add to the cost, as well, therefore this year we have decided to allow spouses/domestic partners the option to take an HRA. Spouses/domestic partners will be charged 50% (\$25) of the cost.

The program this year will be divided into three levels.

- First: anyone who chooses not to take the HRA will be charged \$20 more per month than the standard rate for 2005 health insurance premiums.
- Second: anyone who takes the HRA and does not improve his/her score by five or more points or does not achieve a score of at least 71 points will pay the standard rate for 2005 health insurance.
- Third: anyone who takes the HRA and improves his/her score by five or more points over last year's score or meets or exceeds a score of a 71 will pay a reduced rate, to be determined, for 2005 health insurance.

The reasoning behind a significant differential in premiums is our conviction that — unless you understand your health — you are less likely to change lifestyle habits that may lead to serious problems.¹ It is our hope and expectation that no one will have to pay the additional premium.

The contracts to protect your privacy and not allow unauthorized access to your health assessment by management or anyone else remain in effect from last year. Only *you* will see your individual results unless you choose to discuss them with a health educator.

Attached are pages on specific privacy provisions and dates, times and locations of the HRAs. After reports are mailed in sealed envelopes to a health educator, the health educators will be on site with the reports and available for discussion and questions at each location. You will need to sign-up for a time to retrieve your sealed envelope. You may at that same time choose to have a personal, confidential consultation with a health educator.

We hope you view this program as a sincere attempt to help us all lead a healthier and more satisfying life and control health insurance costs.

¹ If it is unreasonably difficult due to a medical condition for an employee to complete a Health Risk Assessment, or if it is medically inadvisable for an employee to attempt to complete a Health Risk Assessment, the employee should call HEALICS INC., the Health Risk Assessment Service Provider, who will work with the employee to develop another way to avoid the additional \$20. The telephone number for HEALICS INC. is 1 800 HEALICS or 1 800 432-5427.

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