



Comprehensive Wellness Initiative Frequently Asked Questions

1) Why is the State Health Plan implementing a Comprehensive Wellness Initiative?

Healthcare costs continue to rise nationally and in North Carolina. Chronic diseases account for costly health problems and 70% of deaths in the U.S.¹, and yet, they are mostly preventable. To prevent or control chronic disease, recommendations include:

- Stop using tobacco,
- Eat nutritious meals/snacks,
- Maintain a healthy weight, and
- Engage in regular physical activity

In April 2009, Senate Bill 287/Session Law 2009-16 was signed by Governor Beverly E. Perdue. Contained in the Law is a section calling for a Comprehensive Wellness Initiative (CWI) for members of the State Health Plan for Teachers and State Employees (Plan). This initiative was developed to encourage Plan members to make healthier lifestyle choices. It also provides supports to assist Plan members to quit using tobacco and maintain a healthy weight. The goal of CWI is to engage members in managing their health more effectively, while saving money for themselves, the Plan and taxpayers in the process.

2) Who is eligible for the wellness initiative?

Both the smoking cessation and weight management components of the Comprehensive Wellness Initiative apply to all members who are active employees and retirees, as well as their covered dependents. Members enrolled in the Plan through COBRA are also eligible for these programs. The wellness initiative does not apply to members whose primary coverage is Medicare, but it does apply to Medicare subscribers' covered dependents whose primary health coverage is through the State Health Plan.

3) When does the comprehensive wellness initiative begin?

- *Year 1: The tobacco cessation component will begin on July 1, 2010. Subscribers and their covered dependents who do not use tobacco products or qualify for an exemption will have the option to enroll in the Standard 80/20 PPO Plan.*
- *Year 2: The weight management component will begin on July 1, 2011. Subscribers and their covered dependents who do not use tobacco products and who have a BMI less than (<) 40 kg/m² or qualify for an exemption will have the option to enroll in the Standard 80/20 PPO Plan.*
- *Year 3 and going forward: The weight management component will be change on July 1, 2012 to include members who have a BMI less than (<) 35 kg/m².*

¹ <http://www.cdc.gov/nccdphp/>

A member education program will outline all components of the Comprehensive Wellness Initiative in advance of implementation. The Plan is required to notify members about the initiative, requirements for compliance with the wellness initiative, and the consequences of noncompliance by October 1, 2009. This requirement will be met through the benefit booklet update being mailed to all households September 2009.

4) How and when do members enroll in the comprehensive wellness initiative?

Effective July 1, 2010 and going forward, all State Health Plan members will be eligible to enroll in the Basic 70/30 Plan. In Year 1, July 1, 2010-June 30, 2011, subscribers who want to enroll in the Standard 80/20 Plan must declare on an attestation form that neither they nor their eligible dependents use tobacco products or that they qualify for an exemption. In Year 2, July 1, 2011-June 30, 2012 and beyond, subscribers must declare on an attestation form that they and their covered dependents do not use tobacco products, have a BMI within the specified weight range or qualify for an exemption. An attestation form is a legally binding document that subscribers must complete **each year** to enroll in the 80/20 Standard Plan. This form must be completed at annual enrollment or when a new member first enrolls in the Plan. Subscribers who want to stay in the Basic 70/30 PPO Plan do not have to complete an attestation form.

5) What if subscribers do not want to fill out the attestation form because they consider it personal information?

Subscribers who do not submit a completed attestation form will remain in the Basic 70/30 PPO Plan, along with any covered dependents.

6) What is considered tobacco use?

Members are defined as using tobacco products if they smoke cigarettes, cigars, pipes and/or E-cigarettes, or use smokeless tobacco products such as chewing tobacco and snuff. Tobacco cessation products must be approved by the FDA in order to qualify for an exemption.

7) How do members determine their Body Mass Index (BMI)? What BMI does a member have to have to enroll in the Standard 80/20 PPO Plan?

BMI is a number calculated from a person's weight and height ratio. BMI is the clinically-based indicator of body mass. BMI is used to screen for weight categories that may lead to health problems. The Centers for Disease Control (CDC) and Prevention offer a BMI calculator at <http://www.cdc.gov/healthyweight/assessing/bmi/>. In addition, members may find a BMI chart at http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf

For the Weight Management Component:

- In year 2011, subscribers who attest that they and their covered dependents have a BMI of less than (<) 40 kg/m² or who have an exemption will be eligible for the Standard 80/20 PPO Plan.
- In year 2012 and ongoing, subscribers who attest that they and their covered dependents have a BMI of less than (<) 35 kg/m² or who have an exemption will be eligible for the Standard 80/20 PPO Plan.

8) If the subscriber is the only one in a family who smokes or has a BMI over 40, why can't he/she be on the Basic 70/30 PPO Plan and his/her dependents be placed on the Standard 80/20 PPO Plan?

In order to be on a separate policy, a member must be eligible because of either employment or retirement. Dependents are not eligible to be on their own policy and, therefore, must be on the same policy as the subscriber and have the same coverage as the subscriber.

9) What is an exemption?

Subscribers who attest to qualifying for exemption at enrollment must obtain a Physician Certification Form. The completed form must include a dated physician, nurse practitioner or physician assistant's signature, as well as the tobacco cessation and/or weight management program start date(s). An exemption may also include a medical condition. **Members should keep the original, completed certification form for their records, as the Plan may request it at any time.** Upon the Plan's request, the member will have fifteen (15) business days to submit the completed form to maintain their eligibility for enrollment in the 80/20 Standard Plan. If the form is not submitted within 15 business days, members will be notified of the consequences outlined in the "Consequences and Appeal Rights" section below.

10) What is a Physician Certification Form?

A medical doctor, nurse practitioner or physician's assistant must complete a Physician Certification Form to confirm member eligibility for an exemption due to participation in the tobacco cessation or weight management programs; or an exemption based on a medical condition. The form is complete once a physician provides the requested information, including the date the member started the program if applicable, the form is signed and dated by the provider, and the "member section" of the form is completed.

Beginning in March 2010, a member may download the form at www.shpnc.org or request the form from their Health Benefits Representative (HBR) or Customer Services (1-888-234-2416). Members participating in the NC Tobacco Use Quitline cessation program should ask their **Quit Coach®** to send them a completed certification letter.

11) How does a member qualify for an exemption?

Members will indicate if they qualify for an exemption at the time of enrollment. To verify exemption status, members must obtain a completed Physician Certification Form and keep the form in their records. During the benefit year, the Plan may ask the member to submit a copy of the certification form to verify member eligibility for an exemption. A member must have started participating in a program prior to the date of the subscriber's enrollment in the Standard 80/20 PPO Plan.

12) Do members who qualify for an exemption need to complete a certification form each year?

Yes, members who are participating in a tobacco cessation or weight management program, or who have a qualifying medical condition at the time of each Plan enrollment, will have to complete an attestation which requires them to obtain a Physician Certification in order to qualify for an exemption. Only the Plan or its designee will have access to the completed certification forms. Members must submit the form by fax or mail within fifteen (15) business days from the date the Plan or its designee requests the form in order to remain enrolled in the Standard 80/20 Plan. If the Plan does not receive the certification by the deadline, or if the form is incomplete, the member will be moved to the Basic 70/30 PPO Plan for the remainder of the benefit year and will be subject to additional consequences. Please see #25 below for details.

13) How will the Plan verify tobacco use and/or BMI?

Tobacco use will be verified using a saliva test. Members who fail the saliva test will be offered a secondary blood test on the same day. BMI will be verified by measuring height and weight. A third party vendor hired by the Plan will conduct the tobacco use and BMI validation tests on a sample of members who are enrolled in the Standard 80/20 PPO Plan. The Plan will pay for the initial and the secondary verification tests.

14) Who will be tested?

Initially, active employees will be tested. However, the Plan reserves the right to test any Plan member eligible for the Comprehensive Wellness Initiative and enrolled on the Standard 80/20 plan.

15) Will members be made aware of testing ahead of time?

No. Health Benefits Representatives will notify members who are randomly chosen for testing on the day of testing. Members will be tested in a designated private area at their worksite

16) Will the Plan only be testing for tobacco and/or BMI? What confirmation or assurances will members have that other tests will not be conducted?

Per Session Law 2009-16, the Comprehensive Wellness Initiative addresses tobacco use and BMI verification only. The saliva and blood tests chosen to verify tobacco use are designed only to test for the level of cotinine, which comes from nicotine, in the sample provided. BMI will be verified with height and weight measurements. Members will not be tested for anything else. The testing vendor will adhere to all state and federal laws around testing, privacy and confidentiality.

17) What happens if a member chooses not to participate in verification testing?

Members who refuse to take the initial saliva test, or the BMI test, will be moved to the Basic 70/30 PPO Plan for the remainder of the benefit year and will be subject to additional consequences. Please see #25 below for details.

18) What happens if a member is already participating in a tobacco cessation or weight management program, or has a medical condition that prevents the member from attaining the specified weight range?

At the time of testing, members will be asked if they qualify for an exemption based on participation in a program or due to a medical condition. If so, the testing vendor will give the member a Physician Certification Form to complete and submit to the screening vendor, by fax or mail, within fifteen (15) business days from the day of testing. The form must verify that participation in a cessation or weight management program occurred prior to the testing date, or that a member has a medical condition that prevents attainment of the required BMI. The form must also be signed and dated by the physician, and the member must complete the "member section" in order for the form to be considered "complete." If the completed form is returned to the testing vendor by the deadline, members will remain in the Standard 80/20 Plan. If the form is not returned to the testing vendor by the deadline, members will be moved to the Basic 70/30 Plan for the benefit year and will be subject to additional consequences. Please see #25 below for details.

19) What happens if a non-smoker is on the Standard 80/20 PPO Plan, starts smoking after the benefit year begins and then tests positive for tobacco use?

EXAMPLE: A Plan member attests at open enrollment that he/she does not use tobacco products. If that member is selected for validation testing and tests positive, he/she will be moved to the Basic 70/30 PPO Plan and will be subject to additional consequences. Please see #25 below for details about the consequences. If a member appeals and is successful, the member will remain in the Standard 80/20 Plan for the Plan year. (See #26 for information about the appeals process.)

20) What happens if a member at the time of enrollment has a BMI that falls into the specified range at enrollment and qualifies for the Standard 80/20 Plan, but during testing has a BMI higher than the allowed range for the Standard 80/20 plan?

The same process outlined in #19 will apply to BMI testing.

21) If members quit using tobacco or lower their BMI during the benefit year, may they change plans?

Not at this time. After the first year of the program, the Plan will assess the costs and processes required to allow a status change mid-year.

22) Is it legal to test members? How will privacy be protected?

Yes. The Plan and the North Carolina Attorney General's office have determined that it is legal to test members for tobacco use and to verify BMI. The Plan and the testing vendor will adhere to all state and federal laws around testing, privacy and confidentiality. Employers will not see a member's testing results. Please see www.shpnc.org or ask your HBR for more information about the testing process.

23) Is the Plan offering benefits to help members stop using tobacco products?

The Plan offers all eligible members a variety of tobacco cessation resources and tools, including:

- NC Tobacco Use Quitline coaching with over-the-counter generic Nicotine Replacement Therapy (i.e. patches) provided with no additional out-of-pocket cost to the member. The Quitline is available to members now and the patches will be available January 1, 2010. Call 1-800-784-8669
- Prescription Medications with lower copayment amounts beginning January 1, 2010
- Physician or behavioral health care provider counseling
- NC HealthSmart Health Coaching and Web site at 1-800-817-7044 and <http://www.shpnc.org/nc-healthsmart.html>
- Worksite Wellness programs and materials may be found at <http://www.shpnc.org/worksite-wellness.html>

24) Is the Plan offering benefits to help members manage their weight?

The Plan offers all eligible members a variety of weight management resources and tools, including:

- Four (4) nutritional counseling visits per year for all members beginning January 1, 2010
- Prescription Medications with lower copayment amounts beginning January 1, 2010
- NC HealthSmart Health Coaching 1-800-817-7044
- State Health Plan Web site , www.shpnc.org
- Worksite Wellness programs and materials

25) What are the consequences if a member does not comply with requirements for the comprehensive wellness initiative?

Members who do not comply will be moved from the Standard 80/20 Plan to the Basic 70/30 Plan for the rest of the Plan year. The coinsurance and deductibles already paid under the Standard 80/20 Plan will be forfeited for the benefit year. Enrollment in the Basic 70/30 Plan will be effective on the first day of the month following the date of testing, or the date of the Plan's request for a copy of the Physician Certification Form. Also, those members shall be eligible only to enroll in the Basic 70/30 Plan for the following Plan year, regardless of tobacco use status or BMI status.

These consequences apply to members who:

- Refuse to participate in the testing process for tobacco use (saliva test), or for BMI.
- Fail the initial saliva test, refuse the second blood test, or fail both tobacco use tests.
- Fail the BMI test.
- Attest to qualifying for an exemption, but fail to submit a signed and dated Physician Certification Form that includes the tobacco cessation or weight management program participation start date, or confirmation of an exempt medical condition. Members must submit the form within fifteen (15) business days of the date on which the Plan requests a copy of the form, or of the testing date. Also, members must have started a program prior to the Plan's request, or testing date, to stay enrolled in the Standard 80/20 Plan.

26) Can members appeal the consequences associated with the Comprehensive Wellness Initiative?

Members may only appeal the pending benefit plan change and subsequent consequences that are based on test results. Members will remain in the Standard 80/20 Plan during the appeals process. If the appeal is unsuccessful, Members will be moved to the Basic 70/30 Plan retroactive to the first day of the month following the testing date. See www.shpnc.org for more information on filing an appeal.

27) If a member's appeal is unsuccessful and the enrollment change will be retroactive, will the Plan ask for refunds on those claims from providers?

No. However, members will forfeit any coinsurance and deductibles already paid under the Standard 80/20 PPO Plan during the benefit year.

**