



## 2019 Health Assessment Program Johnson City Schools

**Who is eligible for Program?** Johnson City School's employees and spouses covered by the School's health insurance plan. **Non participation or non-compliance will result in non-discounted insurance rates.**

**Exemptions:** Pregnancy. Other exemptions may apply. Exemption requests must be emailed to Tara Smith, School Finance Department no later than October 1<sup>st</sup>, 2019 to be considered.

**Program Steps:** This orientation packet will assist you in completing the requirements of the Health Assessment Program.

**ONLINE HEALTH RISK ASSESSMENT:** Survey available starting on July 1, 2019; **HRA must be completed prior to scheduling your assessment.**

Begin your wellness screening process by clicking on the link below. The survey is located on a "secure" site.

<https://JC-City.ezonlineregistration.net>

This link will take you to the employer landing page which will walk you through the wellness screening process.

First click the link to take your Personal Health Survey; choose appropriate relationship by clicking in the box for either City employee, City spouse, City retiree or Schools employee, Schools spouse, Schools retiree. You will then be asked to enter your date of birth and last 4 of social security number. This verifies your association to the appropriate group.

Welcome screen opens; Please read carefully; click **I Accept** at the bottom of the screen. Please answer all questions in each section.

### **Section 1 – About You**

- Please SELECT the choice that represents your association to either City of Johnson City or Johnson City Schools:
  - Johnson City Schools; employee or spouse
  - City of Johnson City; employee or spouse
- Please fill in all contact information being requested, including your email address.
  - **Entering an email address allows you to create a Personal Health Portal to review your final results online.**
- When complete, click Continue.

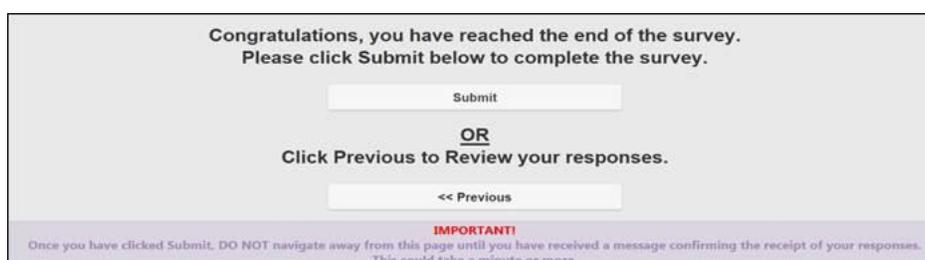
### **Section 2 – About You continued**

- Responses in this Section will direct the remainder of the survey sections. For example, questions regarding screenings & exams in Section 5 are driven by your gender response.
- Responses to the questions relating to alcohol and tobacco in this Section determine whether "Section 13 & Section 14" below will appear.

<b>Section 3 – Personal Medical History</b>	<b>Section 9 – Medication Adherence</b>
<b>Section 4 – Family Medical History</b>	<b>Section 10 – Physical Activity</b>
<b>Section 5 – Screenings &amp; Exams</b>	<b>Section 11 – Nutrition</b>
<b>Section 6 – Stress</b>	<b>Section 12 – Weight Management</b>
<b>Section 7 – Depression</b>	<b>Section 13 – Alcohol Use</b>
<b>Section 8 – Sleep</b>	<b>Section 14 – Tobacco Use</b>

### Section 16 – Final Section Completion of your survey

- At the end of the survey, please confirm your email address and click “**Submit.**”
- You must click **Submit** to fully complete and submit your survey.
- You will then be prompted to schedule an appointment for your Assessment or a Biometric Lab Review (formerly known as a Bioconsult)



- Once you click **Submit**, you will receive a confirmation email thanking you for participating.
- Once your biometrics and labs have been entered, you will receive an additional email alerting that your values are ready for review. **This email will include a link to your Personal Health Portal.**

### SCHEDULE AND COMPLETE YOUR HEALTH ASSESSMENT or BIOMETRIC LAB REVIEW APPOINTMENT (REQUIRED)

- **You must complete your Health Risk Survey before scheduling your assessment appointment.**
- Assessment dates will be July 9<sup>th</sup> through October 31, 2019. Biometric Lab Review dates will be July 9<sup>th</sup> through December 31<sup>st</sup>.
- You will be prompted at the end of your health survey to schedule either an Assessment or a Biometric Lab Review appointment. An Assessment will include biometric measurements and labs will be drawn. A Biometric Lab Review includes a review of the labs that you will bring from your Provider, biometric measurements, and consultation.
- **Assessment appointments** will be available Tuesday and Thursday, 5:30-10:00 am and Saturdays 7:00-11:00 am. (Saturday Appointments available on July 27<sup>th</sup>, August 17<sup>th</sup>, September 7<sup>th</sup>, September 14<sup>th</sup>, September 28<sup>th</sup>, October 5<sup>th</sup>, October 12<sup>th</sup>, and October 26<sup>th</sup>). You will be prompted after completing your survey to schedule your appointment via the webpage link above. The survey must be completed 3 days prior to the scheduled assessment appointment. If you have any issues scheduling your appointment via the link, please call (423) 302-3657 for assistance. **All scheduling will be done online.**
- **Biometric Lab Review appointments** will vary. The survey must be completed 3 days prior to the scheduled assessment appointment. Please see online schedule for available dates following completion of your health survey.
- **No Shows or Rescheduled appointments- Participants will be allowed to reschedule an appointment or a no show appointment one time.** Multiple reschedules or no shows take away from the overall number of appointments that are available to other participants. If your rescheduled appointment is missed for the

assessment, you will be required to go to your Primary Care Provider for your lab work to be drawn there and you will be required to schedule a Biometric Lab Review. The labs that are drawn at your Provider's office must be within 90 days of your appointment. If you do not obtain the needed labs and schedule a Biometric Lab Review appointment you will be considered non-compliant.

- There will be **No make-up Assessment dates offered this year.**
- If you plan to use labs from your personal primary care provider, you will be scheduling a **Biometric Lab Review** appointment which includes the biometrics, assessment, and consult. These appointments will take place at the **Employee Health Center at 403 Princeton Rd., Suite 10.** (Provider obtained labs must have been drawn within 90 days of your appointment and include: fasting glucose, total cholesterol, LDL, HDL, and triglycerides)
- **Assessment location**  
**Business Health Office, 403 Princeton Rd., Suite 3, Johnson City, (Located in the same building as the EHC)**
- Please remember to fast for 8-10 hours before your appointment. Fasting means: no food, no drink other than plain water or black coffee with no sugar, cream or anything else added, no chewing gum, no mints/candy, no use of smokeless tobacco.
- Drink water to keep yourself hydrated – strongly encouraged.
- Medications during fasting – you may take regular medications prior to your lab work as long as your medication does not require you to eat, (example: insulin).
- Please allow at least 30 minutes for your Assessment appointment.
- Assessment components include: Lab Work (General Chemistry, Lipids/Coronary Risk, Thyroid, Hematology) and a Basic Screening (blood pressure, heart rate, height, weight, waist measurement, BMI)

## **COMPLETE CONSULTATION/FEEDBACK APPOINTMENT (REQUIRED)**

**If you completed an Assessment where labs were drawn at the Business Health Office, you must also complete a Consultation Appointment.** (If you completed a Biometric Lab Review Appointment your consult was included in that appointment and you will not schedule a Consult appointment) Consultations to review your assessment results may be provided by telephone or face to face. **You will be scheduled for your consult appointment when you attend your assessment.**

- Assessment lab results and assigned Wellness Plan overview paperwork will be mailed to your home.
- **Face to face consults will take place at the Employee Health Center at 403 Princeton Rd. Suite 10.**
- Consultation Responsibility – It is up to each participant to make sure that you complete your Consultation appointment by December 31, 2019, to avoid paying a higher insurance premium. If you miss your Consultation appointment, it is your responsibility to call 302-3657 to be re-scheduled.
- **No Shows or Rescheduled Appointments-** Participants will be allowed to reschedule an appointment or a no show appointment one time. Multiple reschedules or no shows take away the overall number of appointments that are available to other participants. You will be considered noncompliant if you miss your rescheduled consult appointment.

## HEALTH ASSESSMENT PROGRAM RISK FACTORS FOR 2019

1. A resting blood pressure of greater than or equal to 140 mmHg systolic or greater than or equal to 90 mmHg diastolic.
2. HDL cholesterol less than 40 mg/dl for men or less than 50 mg/dl for women.
3. A fasting glucose (blood sugar) level greater than or equal to 100 mg/dl.
4. Body Mass Index, (BMI) greater than or equal to 30.
5. Smokes, includes e-cigarettes or uses smokeless tobacco. (Self-reported)
6. Physical Inactivity, less than 150 minutes per week of moderate physical exercise. (Self-reported)
7. More than 2 years since last Physical Exam with a Primary Care Provider, (PCP), or at the Employee Health Clinic, or at an Urgent Care/Walk-In Clinic. (Self-reported)

Just one occurrence of an elevated fasting glucose, (without a diagnosis of diabetes), will be used for the Pre-Diabetes criteria and assignment into a Wellness Plan. A follow-up A1C lab test will be recommended for participants meeting this criteria – either by providing an A1C lab result from their PCP done within 90 days of the assessment date, or to have one done and see the provider at the Employee Health Clinic. **The A1C result must be submitted no later than 30 days from the Consult date to be used.** If an A1C is done and the result is normal, (less than 5.7), the glucose risk factor will be dropped and Wellness Plan assignment removed if the risk factor total is less than 3. If the participant chooses not to have the A1C done, the elevated assessment glucose result will stand as a risk factor and the Wellness Plan assignment is unchanged.

## WELLNESS PLANS

Deadline to complete all Wellness Plans is June 30, 2020.

- **Wellness Plan Level 1** is for participants with 3-4 risk factors and/or elevated fasting glucose, (pre-diabetic). Included in this Wellness Plan are three required health coaching sessions (replaces class requirement) with a nurse/dietitian, food and physical activity log, and proof of annual physical. (DOT & OSHA physicals will not be accepted as a substitute for annual physical).
- **Wellness Plan Level 2** is for participants with 5 or more risk factors. Included in this Wellness Plan are four required health coaching sessions (replaces class requirement) with a nurse/dietitian, food and physical activity log, and proof of annual physical. (DOT & OSHA physicals will not be accepted as a substitute for annual physical).
- **Optional Healthy Lifestyle Wellness Plan** is for Employees not assigned to Wellness Plan Level 1 or 2. Participants can enter their activities into Applied Health Analytics Participant Portal. Participants that complete at least 4 points are eligible for prize drawings. Prizewinners must provide documentation for completed points.
- **Health Coaching sessions will have deadlines for completion.** The first session must be in person while the subsequent sessions may be in person or by phone. Health coaching #1 must be completed by 3/1/2020, Health coaching #2 must be completed by 5/1/2020 and Health coaching #3 must be completed by program end, 6/30/2020. If you have been assigned Wellness Plan Level 2, you will need to complete Health coaching #1 by 3/1/2020, #2 by 4/1/2020, #3 by 5/1/2020, and #4 by 6/30/2020.