EEOC Ruling on Wellness Plans

WELLNESS PROGRAMS & NON-DISCRIMINATION

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Wellness Programs and the EEOC

Agenda

- Background/HIPAA Nondiscrimination Rules
- EEOC Advisory/Case Studies
- ☐ Q&A/Follow Up



Wellness and EEOC

- Honeywell defeats efforts to block wellness program
- EEOC has lost only case tried to conclusion
- Will the EEOC staff rethink position with recent loss? Apparently not!
- EBSA rules and Congressional intent expressed in PPACA contradict their concerns
- New guidance from the EEOC could make compliance difficult





TYPES OF WELLNESS PROGRAMS

	Participation	Activity-Only	Outcomes-Based
Program Examples	 Health Assessment Completion Biometric Screening Completion Attend Lunch and Learn Enroll and complete health coaching program Enroll and complete disease management program Complete annual exam 	 Complete physical activity program Complete nutrition program Complete weight management program Complete tobacco cessation program 	 Non-tobacco user Improve biometric screening measures (BMI, cholesterol, blood pressure, glucose etc.) Improve health assessment scores
Amount of reward/penalty allowed	Unlimited	30% of total cost of coverage; 50% if program addresses tobacco use	30% of total cost of coverage; 50% if program addresses tobacco use
Qualification requirements	Anytime	At least once per year	At least once per year
Reasonable Alternative Required*?			
	No	Yes- In advance or upon request	Yes- In advance or upon request
Can require physician verification?	N/A	Yes	No
Must accommodate physician recommendations?	N/A	Yes	Yes



HIPAA NONDISCRIMINATION

PROHIBITS DENIAL OF ELIGIBILITY FOR BENEFITS (OR PREMIUM DIFFERENTIAL) BECAUSE OF ANY HEALTH FACTOR





HIPAA NONDISCRIMINATION GROUP RULES

NONDISCRIMINATION BASICS

Can a group health plan require an individual to pass a physical examination in order to be eligible to enroll in the plan?

No. A group health plan may not require an individual to pass a physical exam for enrollment.



Can a plan require an individual to complete a health care questionnaire in order to enroll?

Yes, <u>but</u> the information may not be used to deny, restrict, or delay benefits, or to determine individual premiums.



Can a plan charge individuals with histories of high claims more than *similarly situated* individuals?

No. Group health plans cannot charge an individual more than other <u>similarly situated</u> individuals based on a health factor.



Can an insurer charge different premiums within a similarly situated group based on individual health status?

No. Issuers may not charge an employer separate rates that vary for different individuals, based on a health factor.



HIPAA NONDISCRIMINATION

DEFINING SIMILARLY SITUATED EMPLOYEES

Distinctions amongst employees prohibited if based on certain factors:

- Health factor-based
- Inconsistent with employer's usual business practices
- Wage or income based

Distinctions amongst employees must be based on bona-fide employment-based classifications:

- Part-time versus full-time employees
- · Employees working in different geographic locations
- Employees with different dates of hire
- Employees with different lengths of service
- Employees versus beneficiaries

Allowable distinctions amongst employees include:

- Different eligibility provisions
- Different benefit restrictions
- Different costs



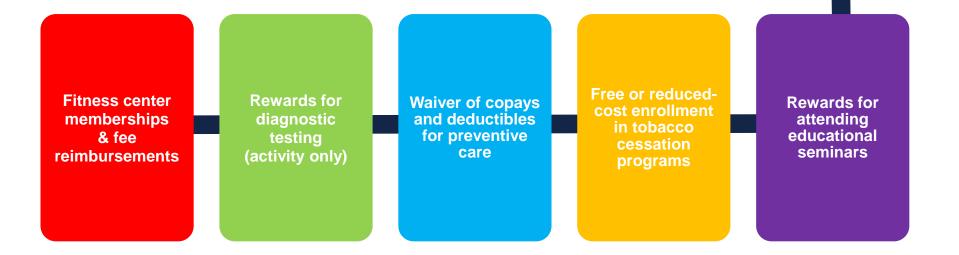
HIPAA'S WELLNESS EXCEPTIONS

General Rule:

 Group health plans generally prohibited from charging similarly situated individuals different premiums or contributions or imposing different deductible, copayment or other cost sharing requirements based on a health factor.

Wellness Exception:

 If none of the conditions for obtaining a reward under a wellness program are based on an individual satisfying a standard related to a health factor, or if no reward is offered, the program complies with the nondiscrimination requirements.





HIPAA'S WELLNESS EXCEPTIONS

Requirements for wellness programs that base rewards on health factor-related standards





HIPAA'S WELLNESS EXCEPTIONS

TOBACCO RELATED PREMIUM DIFFERENTIALS

The plan is offering a reward based on an individual's ability to stop smoking.

Medical evidence suggests that smoking may be related to a health factor:

The Diagnostic and Statistical Manual of Mental Disorders states the position that nicotine addiction is a medical condition

Surgeon General's report notes that scientists in the field of drug addiction agree that nicotine, a substance common to all forms of tobacco, is a powerfully addictive drug

For a group health plan to maintain a premium differential between smokers and nonsmokers and not be considered discriminatory, the plan's nonsmoking program would need to meet the 5 requirements for health factor contingent wellness programs:

The premium
differential is not
more than 30% of the
total cost of
employee-only
coverage

The program is reasonably designed to promote health and prevent disease

Eligible individuals are provided at least one annual opportunity to qualify for the discount

The program
accommodates
individuals for whom
it is unreasonably
difficult to quit using
tobacco by providing
an RAS

Plan materials describing the terms of the premium differential describe the availability of an RAS



Wellness Programs and the EEOC

Background

- □ Regulatory Agencies and Laws Supporting Wellness Programs
 - □ Department of Labor (Employee Benefits Security Administration)
 - Department of the Treasury
 - □ Department of Health & Human Services
 - □ PPACA
 - □ Specifically Increased Financial Incentives
 - ☐ 11th Circuit Court of Appeals
 - □ ADA Safe Harbor for "Bona Fide Benefit Plans" Extends to Wellness Programs



- **□** Equal Employment Opportunity Commission (EEOC)
 - □ Requirements to Complete Health Questionnaire/Screening to Participate or Obtain Financial Incentives Violate the ADA Prohibition on Involuntary Medical Inquires





Wellness Programs and the EEOC

EEOC Proposed Wellness Rules

- ☐ The ADA limits the circumstances in which employers may ask employees about their health or require them to undergo medical examinations, but it allows such inquiries and exams if they are: (1) voluntary and (2) part of an employee health program.
- → For a program that includes disability-related inquiries or medical examinations to be voluntary it must:
 - □Not **require** employees to participate
 - □Not **deny coverage** under any of its group health plans or particular benefits packages within a group health plan for non-participation, or limit the extent of benefits for employees who do not participate
 - □Not take any adverse employment action or retaliate against, interfere with, **coerce**, intimidate, or threaten employees
- ☐ If the wellness program is part of a group health plan, the employer must provide employees with a notice that describes what medical information will be collected, with whom it will be shared, how it will be used, and how it will be kept confidential.



section two

CASE STUDIES



Client Practice Example #1

January 2014

- Client announces Tobacco Cessation (TC) Program
- Announces 2015 tobacco surcharge (\$50.00/month)

October 2014

 During open enrollment, employees are directed to complete tobacco declaration

December 2014

 Tobacco users must complete cessation program on or before 12/31 or face 2015 premium differential

January 2015

- Annual employee contribution is set at \$2,000
- Total annual employee contribution for tobacco user is set at \$2,600



Solution – Example #1



✓ Employer offered a reasonable alternative standard.

However, the participant must earn the credit for the differential effective for the same plan year in which the RAS is satisfied



Client Practice Example #2

July 2014

 Employer announces wellness incentives for the 2015 plan year of \$500.00 for biometric screening and \$500.00 for health assessment

November 2014

Employer's open enrollment for the 2015 plan year ends
 & certifications of biometric screening and health
 assessments are due to plan administrator

January 2015

• Effective 01/01, participants who failed to submit biometrics and health assessments by November of 2014 are denied enrollment for the 2015 plan year

January 2015

• Effective 01/01, participants who submitted biometrics and health assessments by November of 2014 receive \$1,000 premium differential for the 2015 plan year



Solution – Example #2



This is a potential ADA violation!

A medical exam can only be administered if is job related and a business necessity.

Health assessments and biometric screenings are considered medical exams.



Client Practice Example #3

October 2014

• Employee enrolls in the employer sponsored PPO option group health plan & voluntarily submits an affirmative tobacco affidavit declaring he is a tobacco user

January 2015

• Effective 01/01, employee pays a 20% premium differential for PPO participation based on the affirmative tobacco declaration

April 2015

• Employee satisfies the plan's RAS by completing a tobacco cessation program

June 2015

• After a co-worker reports seeing the employee smoking on a lunch break, the plan administrator notifies the employee to report to the company's on-site clinic for a cotinine test

July 2015

 Having failed the cotinine test, the employee is charged-back for the difference of the refunded premium differential & subsequently dropped from the plan



Solution – Example #3



The employer did not provide advance notice of the testing policy in plan materials!

Employer's administration of the random testing policy is discriminatory because enforcement is not random!

The employer has co-mingled its ERISA fiduciary duties as a plan sponsor with its HIPAA privacy obligations as a plan sponsor and employer.

The employer has improperly withheld wages (theft) by reclaiming the refunded premium differential.



QUESTIONS & ANSWERS

