

Wellstream

Personal Health Assessment

Checklist





Personal Health Assessment Checklist

☐ Determine Who Is Eligible To Participate

1. How many employees does your company have? _____
2. Is your entire employee population eligible to participate? ☐ Yes ☐ No
3. If no, how many employees will be eligible to take *Wellstream*? _____
4. Will dependents be eligible to participate? ☐ Yes ☐ No
5. If yes, how many dependents will be eligible to take *Wellstream*? _____

☐ Identify Open Enrollment Period

1. What date would you like to launch *Wellstream*? _____
2. What date would you like the enrollment period to end? _____

☐ Develop Incentive Package

1. What percentage of participation would you like to achieve? _____ %
2. To meet this goal, will you be offering an incentive for participation? ☐ Yes ☐ No ☐ Not Sure
3. If yes:
 - a. What is the incentive you plan to offer? _____
 - b. How much will each incentive cost? \$ _____
 - c. Will you require a list of completers at the end of the open enrollment period? ☐ Yes ☐ No

☐ Create Communications Campaign

1. What type of communication vehicles will you be utilizing to announce the PHA process?
(Check All That Apply)
☐ Internal Email ☐ Internal Mailings ☐ Internal Meetings ☐ Other _____
2. When will you begin to communicate the PHA to your eligibility list? _____
During the PHA Open Enrollment Process, do you plan to communicate with
no completers at the half way point? ☐ Yes ☐ No
As a final reminder? ☐ Yes ☐ No
3. Would you like a PDF template to help you get started?
(If yes, this template can be customized for you to use within your company.) ☐ Yes ☐ No

Upload Eligibility File

1. What department will be preparing your PHA eligibility file? _____
2. Who is the person that will lead this process and what is their email address and phone number:
Name: _____
Email: _____
Phone: _____
3. How long will it take for this group to prepare your file? _____
(*Wellstream* will need the file at least two weeks prior to your launch in order to process)
4. Columns Required for Excel file (Please ensure that these are the fields included in the Excel file prior to submission):
 - a. First Name
 - b. Last Name
 - c. Company Name
 - d. Unique Email Address (must be unique to that person—we can not accept shared emails)
 - e. Unique User ID (This would be a badge number, etc. along with an acronym for your company. Ex. welcoa1234)

Finalize Email Correspondence

1. Would you like to customize the email text that goes out to your employees on the morning of the launch? ○ Yes ○ No
2. Who is the person in charge of developing the email text?
Name: _____
Email: _____
Phone: _____
3. Who will be sending the email out on the morning of your launch?
☐ We will have our company launch the email
☐ We would like *Wellstream* to launch the email
4. If your company will launch the PHA, who will be in charge of this?
Name: _____
Email: _____
Phone: _____
5. If *Wellstream* will need to launch, who will we need to contact on your end to discuss the IT needs prior to launch?
Name: _____
Email: _____
Phone: _____

Launch Personal Health Assessment

1. In the event that *Wellstream* would need to contact your organization regarding the launch of the PHA, who would be the primary contact?

Name: _____

Email: _____

Phone: _____

Monitor Completion Rates

1. Would you like to have an update each week throughout the process as to how many have taken the PHA? ☐ Yes ☐ No
2. If yes, who should receive this information?

Name: _____

Email: _____

Review Aggregate Report

1. Ten days after the close of your open enrollment, *Wellstream* will deliver the company's aggregate report to:

Name: _____

Email: _____

Designate An Emergency Contact

1. In the event of an urgent or pressing matter, who would be the main and alternate contact persons?

Main Contact:

Name: _____

Phone: _____

Cell Phone: _____

Email: _____

Alternate Contact:

Name: _____

Phone: _____

Cell Phone: _____

Email: _____

Wellstream

Health Risk Assessment



Wellstream

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About Wellstream

Wellstream is an innovative and unique personal health risk assessment. Developed by experts who have more than 25 years experience in building nationally-recognized workplace wellness programs, Wellstream provides users with important health information regarding their health status and their adherence to preventive screening services.

Wellstream is extremely user-friendly as well as straightforward in its assessment and presentation of personal health information. Wellstream assesses major risk factors and lifestyle habits including: smoking, physical activity, nutrition, stress and a variety of other important biometric information.

One of the most affordable health risk appraisals available, Wellstream provides not only individual reports but aggregate reports as well. Wellstream is available both electronically and in hard copy format.

All information is meticulously managed in a HIPAA compliant manner.

About WELCOA



Based in Omaha, NE, WELCOA was founded in 1987 as a national non-profit membership organization dedicated to promoting healthier life styles for all Americans, especially through health promotion initiatives at the worksite. Specifically, WELCOA focuses on building Well Workplaces—organizations that are dedicated to the health of their employees. The Well Workplace process provides business leaders and members with a structure or blue print to help their organizations build results-oriented wellness programs. In addition to helping organizations build structurally sound wellness programs, WELCOA responds to thousands of requests for information and materials by publishing a number of source books, a monthly newsletter read by approximately three million readers, an extensive line of brochures, as well as conducting numerous training seminars.