



Ideas and Information for Human Resources Professionals

EMPLOYEE RELATIONS

The Downside Of Dressing Down

The popular phrase “Dress for the job you want, not the job you have,” doesn’t mean you should show up at work looking like an astronaut, but it also doesn’t mean that you should dress super fancy if all your peers are wearing jeans. Casual Fridays may have become a little too casual in most offices and that’s even carrying over to the general workday policy all week. Even some CEOs at trendy startups are now wearing jeans and sandals to the office. So what’s the harm; right?

Well, plenty, according to an article on *CNN.com* titled, [How 'casual Fridays' suppress creativity](#). It suggests that clothing influences how you perceive yourself, so if you dress more formally, then you’ll think of yourself as more competent and if you dress more casually, then you’ll think



of yourself as more relaxed and laid-back. Research conducted at Columbia University and California State University, Northridge, found that people who dressed more formally thought more abstractly – that is, “big-picture thinking.” Furthermore, the research found that if someone was dressed more formally than the people around them, they felt might feel more in control or more like a leader.

In an article on *Fortune.com* titled, [Should you still 'dress for the job you want'?](#), a question was raised that someone who wears formal clothing in an office would stick out like a sore thumb. It even went so far as saying someone might be ridiculed by their coworkers who would remark, “Have you got a job interview lined up somewhere today?”

In response to that, there is absolutely nothing wrong with dressing up. Don’t let others bring you down; try to elevate them instead. As we all know, people judge us based on our appearance. If you’re the best dressed among your peers, it could definitely send the message higher up that you’re ready for a promotion. Remember that you don’t have to go overboard. For example, don’t wear a suit and tie or fancy



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In This Edition

- [EMPLOYEE RELATIONS](#)
- [TECHNOLOGY](#)
- [WELLNESS](#)

EMPLOYER WEBINAR

In the Deep End: IRS Play or Pay Reporting for Difficult Employee Groups

dress if your peers are wearing jeans and flip-flops. It's also important to remember that quality will always trump quantity. Whatever you wear, make it the best you can afford. Your clothes should fit well and not have wrinkles, shoes should be polished, and accessories look expensive (even if they're not). If you wear a high-end designer outfit that looks shabby, or have an accessory like a briefcase or purse that's seen better days, it won't matter how much it costs if it looks grungy, which will make you appear the same.

One of the great comments of the article is that you shouldn't worry about what your peers think of your appearance since they're not the ones who will be promoting you up the ladder.

The Patient Protection and Affordable Care Act's (ACA) reporting for employers with 50 or more full time or full time equivalent employees in early 2016 is on the horizon. For some employers the reporting requirements and process is relatively straightforward, but some industries and employee groups are more difficult to report on. This webinar will help provide guidance for employers facing difficult reporting situations.

TECHNOLOGY

What's App, Doc?

At some point in your life, you've probably been sick or had a minor injury. Before the advent of smartphones and even the Internet, when this happened you would schedule an appointment with your doctor. Now, however, people are turning to websites and apps to diagnose their medical maladies. But before you do, you should be aware that an article on *Kaiser Health News* titled, [The App Will See You Now, But May Not Get The Diagnosis Right](#), and also on *CNN.com* titled, [Apps, sites can't replace your doctor](#), warns that these tools are only accurate half the time.

Dr. Ateev Mehrotra, one of the authors of a Harvard Medical School [study](#) that reviewed 23 websites, including WebMD, the Mayo Clinic, and DocResponse, said that while these websites may provide information on what's going on with you, they should not replace getting a full evaluation and diagnosis from an actual doctor. Plus, there may be regional issues going on (e.g., an outbreak of the flu) where your local doctor will be more aware of this versus software running on a server at some unknown location.



That doesn't mean you should avoid these websites and apps altogether, but they should be used with caution. In fact, using these tools can lead to you being better informed about your potential condition and asking better questions when you visit a physician. These tools can also reduce the number of unnecessary doctor visits. Knowing that the diagnostic tools on an app or website are only as good as the person using them, a person can then formulate whether their condition warrants seeing their doctor. For those who have an iPhone, this is not the time to ask Siri what to do!

Also, just because you have used these diagnostic websites and apps, or even gone as far as doing additional research on the Internet, doesn't instantly make you a qualified medical professional. Take this knowledge and then work together with your doctor to come up with treatment options. Furthermore, some conditions may require immediate medical attention. If you break a bone, have chest pains, or some other serious condition, then you should not waste precious time

This webinar will:

- Explain the difference in reporting requirements for small (less than 50) and large (50 or more) employers, and self funded versus fully insured
- Provide best practices on reporting when an employer moves between self-funded and fully insured or vice versa
- Provide best practices for employers with union employees
- Discuss how to report coverage that is offered to employees who work less than 30 hours a week
- Provide a basic overview of the IRS' "Affordable Care Act Information Returns" process for employers who wish to or must file electronically and who are not utilizing a third party vendor
- Provide information on how to handle employees who decline coverage or move in and out of eligibility

This 90-minute intermediate to expert level webinar will help employers determine the best practices for reporting in difficult situations or circumstances.

[Register here](#) for the webinar. The presentation slides will be posted

by searching the Web.

Like your car, it doesn't matter if you know what's wrong with it if you can't fix the problem. People will still need a physician to perform tests, properly treat their condition, and write a prescription. No matter how much you may love technology and/or science fiction, we're still a long way off from replacing doctors with robots.

WELLNESS

CPR ASAP

You're at home, at work, or on the street and someone collapses in front of you. They're not breathing. This person could be a loved one, a coworker, or a complete stranger. Would you know what to do? Are you the type of person who would panic, call 911, stare blankly at the person on the ground, or hope that someone else knew what to do? Or, are you the type of person who knows cardiopulmonary resuscitation (CPR) and can potentially save this person's life?

If you're not the latter, then it's time you considered taking a course in CPR training.

According to an article on *The Huffington Post* titled, [Far Too Many People Die After Cardiac Arrest. Here's What You Can Do To Help.](#), the Institute of

Medicine said that nearly 400,000 people suffer cardiac arrest in their homes or other non-hospital area, yet it's estimated that fewer than 6% survive. That's not just low, that's alarmingly low. Cardiac arrest is worse than a heart attack. It's when the heart stops beating abruptly due to its electrical activity being knocked out of rhythm. The University of Michigan's Dr. Robert W. Neumar, who chairs a heart association emergency care committee, said that cardiac arrest is "the most critically ill state a human being can be in." He further said that people in the U.S. need to feel obligated to help if someone collapses in front of them.



So, you may ask, why aren't more people performing CPR? According to the article, the leading causes of people not doing anything are fear, not recognizing when someone is suffering cardiac arrest, lack of CPR training, and concern about whether they will be legally liable. Good Samaritan laws vary from state to state, but most offer some degree of protection and people should keep in mind that they don't have to be perfect -- they're not medical experts after all -- just provide the basics until trained professionals arrive.

Of course, most people would jump at the chance to help a loved one or someone they knew, but what if you saw someone who needed CPR and it wasn't a loved one. Would you even bother? Just remember that this person is loved by someone and I'm sure if you, or a member of your family, collapsed then you would hope a bystander performed CPR.

Now that the fear and legal concerns are addressed, the next roadblocks to overcome are awareness and training. The Institute of

on the [UBA website](#) the day before the webinar.

About the Presenters:

[Kathleen R. Barrow](#) is a Shareholder in the Rapid City, South Dakota, office of Jackson Lewis P.C. She has designed welfare benefit plans and executive compensation arrangements, and has counseled sponsors and administrators of these types of plans, for 15 years.

Ms. Barrow has appeared on behalf of clients before the national offices of the United States Treasury and the Department of Labor Employee Benefit Security Administration.

Ms. Barrow actively participates in national coalitions of counsel that assist employers in defending audits of welfare and pension benefit plans. She advises clients and counsel across the country with regard to defined contribution arrangements that provide post-retirement health benefits to employees.

Ms. Barrow will be joined by Leah Bifulco, a CPA from [Casey Peterson & Associates](#), a South Dakota CPA and financial advising firm.

IN BRIEF

A Small Matter Of A Big Bill

It's no surprise that people are trying to save money on their health care costs. What could be a surprise is the bill you receive from an urgent care clinic. If you're like me, then you normally consider these clinics to be cheaper than going to a hospital's emergency room. However, that may not be the case.

Consider a woman who injured her hands and wrists. Rather than going to a hospital for X-rays, she went to an urgent care center

Medicine recommends creating a “culture of action” whereby schools, employers, and governments provide public education on how to recognize when someone is suffering cardiac arrest and then know how to use a portable AED (automated external defibrillator), which are now available in many businesses, and perform CPR. The American Heart Association says that 24 states have legislation that makes CPR training a graduating requirement for high school.

You don't need to be a hero to save someone's life. You don't need to be perfect. And you don't need to know the individual who needs attention. What you do need to do is get CPR training and jump into action if needed -- it's better than doing nothing at all!

where she believed her bill would be lower. In a *Kaiser Health News* article titled, [Surprise! That Urgent Care Center May Send You A Big Bill \(Just Like The ER\)](#), this woman even did her due diligence before receiving treatment and confirmed that the center accepted her insurance.

So with that knowledge, she confidently went to the clinic, got X-rayed, and consulted with a physician assistant. Luckily, it was just a sprain, but the shock came when the bill for services arrived. While she was correct in assuming that urgent care centers are typically less expensive than hospitals, that's only the case if they are part of the patient's insurance network and consumers need to specifically ask about this and not just whether their insurance is accepted.

Most urgent care websites list that they accept most major insurance plans, or that they accept, work with, or bill an insurer. But while a consumer may think that it means the center is in their network, that's not the case at all and they will be billed at the out-of-network rate and pay the balance of what their insurance won't cover.

What's even more confusing, and worse for the consumer, is that a clinic may be in-network, but the doctor or lab may not be. Such was the case of the woman with the sprained wrist because all the doctors were subcontracted.

As health care consumers, the best we can do for now is ask whether a facility and any professional who sees us participates in our insurance plan and is in-network. Unfortunately, during an emergency this may be impossible or improbable.