



BlueCross BlueShield of Montana

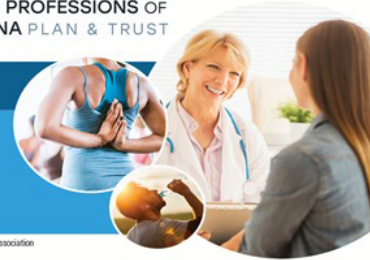


HEALTH PROFESSIONS OF MONTANA PLAN & TRUST

Blue ValueSM

TOTAL HEALTH MANAGEMENT

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



An innovative wellness program aimed at improving your health and reducing your health care costs.



For participating in THM, employees and/or spouses covered under the HPMPPT Health Plan can earn a **\$300 credit** towards their 2024 medical deductible.

Please contact
TotalHealthManagement@bcbsmt.com
for more information.

PARTICIPATE NOW

- 1 **Sign and submit** the Employer Sponsored Wellness Program Participation Notice and Consent Form
- 2 **Schedule** a preventive exam with your provider to complete the THM Assessment Form
- 3 **Sign** the THM Form along with your Primary Care Provider
- 4 **Submit** the completed THM Health Assessment Form to BCBSMT by **11/30/2023**

Note to Members: Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your employer's wellness program coordinator, sponsor, or Human Resources office and they will work with you to find a wellness program with the same reward that is right for you in light of your health status. Rewards are subject to tax.



Total Health Management



Blue ValueSM

Frequently Asked Questions

General Information

Q: What is Total Health Management (THM)?

A: THM is a member-engagement program that promotes members to invest in their own health. The primary goals of THM are to encourage members to establish a relationship with a primary care provider (PCP) and seek positive health outcomes.

Q: What's in it for me?

A: THM provides a platform for a healthier workforce, member and individual. THM is rooted in individual health-focused empowerment and the opportunity for our members to take control of their health, now and future years to come, through the establishment of a relationship with a PCP, as opposed to infrequent visits to the ER/urgent care.

Benefits of participating in THM:

- Assist with establishing a relationship with a PCP
- Prompt conversations with your PCP focused on improving your health
- Provide early detection of risk factors and health conditions
- Develop key behavior changes that lead to better health
- Provide support and convenient tools and resources

Q: Who is eligible for THM?

A: THM is for Blue Cross and Blue Shield of Montana (BCBSMT) members only.

THM Forms

Q: Where do I get a THM form?

A: Visit bcbsmt.com/member/forms-and-documents#bluevalue for a printable form.

Q: Do I or does my Primary Care Provider complete my THM form?

A: You must work together to complete the form. Sections 1 and 2 must be completed by the member. Section 3 must be completed by the provider. Both of you must sign Section 4.

Q: When can I turn in my completed THM form?

A: You can turn in your completed form any time, but it must be submitted to BCBSMT by the deadline announced by your employer. ***Please understand THM forms received AFTER the due date will not be accepted.***

Q: How do I turn in my THM form?

A: After the form is completed and signed, please fax to secure fax number **(406) 437-7848** or mail the form(s) to: Attn: THM, Blue Cross and Blue Shield of Montana, P.O. Box 4309, Helena, MT 59604.

Q: I submitted my THM form to BCBSMT. Will I receive a confirmation email?

A: Yes, if you entered a legible email address on your THM form, you will receive an email confirmation (from TotalHealthManagement@bcbsmt.com) within one week from the date BCBSMT receives your THM Form. If you have not received an email confirmation, you may reach out to the THM team by emailing **TotalHealthManagement@bcbsmt.com** and request a status update.

Q: I went to my Primary Care Provider for my annual exam and forgot to bring my THM form. What can I do?

A: You will need to contact your provider to coordinate the completion of the THM form; particularly the portion where the provider is responsible. Submit your signed and completed THM form to BCBSMT by following the instructions on the back of the form before the established THM form due date.

Q: What if I don't complete the sections of the form I'm responsible for as the member (i.e. missing signature)?

A: Incomplete forms will be considered invalid. If you entered a legible email address on your THM form, you will receive an email notification describing the reason(s) your form is considered invalid. You may resubmit the completed form again, before the end of your employer's THM due date. We encourage contacting the THM team if you have any questions.

Note: BCBSMT does not match up forms. If multiple forms are submitted, the last received form will be used and missing data from a form will not be included in the total score. If the second form is received at a later date, the last form submitted will be used in its entirety and the first form will be considered invalid. The last form submitted is the one that is used to determine the final employee score. All previous forms are considered invalid.

Q: Who do I contact for additional questions?

A: Contact your Group Leader or other designated employees, such as your Human Resources Officer, for questions related to your THM Wellness Program (for example: form due date, incentives, etc.). For questions related to health information on the THM Form, contact the THM Team by emailing **TotalHealthManagement@bcbsmt.com**.

Outcomes-Based Program Design

Q: How do I calculate my THM Health Factor Score?

A: Determine your current Health Factor Score by using the Member Score Calculator to get a baseline result, located on **bcbsmt.com/member/forms-and-documents#bluevalue**. The participant Health Factor Scores are calculated by the total points earned by the individual divided by the total points available.

Each individual has different total available points he or she can earn based on their gender, age, and own unique health situation (use of Not Applicable column by the provider). For example, a woman over 50 is required to have a breast cancer screening and colonoscopy screening, which would create a potential 10 points more for her than a woman under 50 could earn. A man under 50 is not required to have a breast cancer screening, cervical cancer screening, or colon cancer screening, making his total points available 15 points less than the woman over 50. The final personal score is a percentage. See the THM Wellness Metrics Table located on **bcbsmt.com/member/forms-and-documents#bluevalue**.

Confidentiality

Q: Is my THM Assessment Form kept confidential?

A: Yes! All BCBSMT employees have the responsibility to ensure that Personal Health Information (PHI) is kept confidential. Data compiled from THM Forms submitted to BCBSMT is securely stored and physical forms are properly destroyed.

Q: What information will my employer receive about me?

A: Group leaders, or other designated employees such as Human Resources Officers, will receive a report with a list of all THM-eligible participants. Employees who participate will receive a score based on their total points earned divided by the total points available to them, depending on their age and gender. Group leaders do not receive any employee PHI.

Medical-Related

Q: Are there certain specified health measures that are used as a baseline for the THM Program?

A: Yes. See the document labeled THM Wellness Metrics Table located on bcbsmt.com/member/forms-and-documents#bluevalue.

Q: Where do the THM incentive metrics come from?

A: The standard metrics are based on nationally recognized medical guidelines, i.e., the United States Preventive Services Task Force (USPSTF) and American Journal of Preventive Health. Note: There are some scores required by the THM program that are slightly more lenient than the national standards.

Q: Do I need to send proof of records in with my completed THM form?

A: No. Do not attach proof of records with your THM form. All required information is documented on the form. Your Primary Care Provider (PCP) should have all your personal health records.

Q: Who can serve as a THM provider?

A: For the standards of the THM program and to define who can sign the THM form for members, Primary Care Providers include the following: Family Medicine, General Practice, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Certified Nurse Midwife, Naturopath, Nurse Practitioner, and Physician Assistant specializing in primary care.

Q: By what date must I document that I am tobacco free?

A: The requirement states that you must be tobacco free or have quit for 30 days or more prior to the date of your screening.

Q: What is the 'Not Applicable' column used for?

A: Providers select 'Not Applicable' if your individual circumstances render a health measure inapplicable. In addition to marking 'Not Applicable', the provider will add a comment to offer rationale. For instance, if you have had a hysterectomy, the standard cervical cancer screening is inapplicable, and N/A for the cervical cancer screening standard should be marked. The provider will add a comment that you've had a hysterectomy.

Q: How is my birth date factored into my score?

A: Each member's age is determined at the time the form is received by BCBSMT. For example:

If a member turns her form in on August 1, and she turns 50 on August 2, she is not required to have the additional screening that a 50-year-old is required to have.

If she turns her form in on August 3, she will be 50, and will be required to have the screening to receive all her required points.

Q: Will I be covered for more than one preventive visit a year?

A: Yes. BCBSMT insurance covers preventive exams throughout the year if they are billed as preventive by the Provider. Your Provider will be paid by BCBSMT if he or she submits the preventive visit claim. You can call the BCBSMT customer service number on your insurance card to confirm your preventive coverage if you have additional questions.

Q: My provider said that I cannot schedule my annual preventive exam earlier than one calendar year out from my last annual preventive exam, meaning there is not a full year between my exams. Can I schedule earlier than 12 months for another preventive exam and will it still be covered by my BCBSMT insurance under preventive?

A: Yes. Offer clarification that BCBSMT insurance covers preventive exams throughout the year, as long as they are ***billed as preventive by the provider***, even when they are less than 365 days apart. You can call the BCBSMT customer service number on the back of your insurance card to confirm your preventive coverage if you have additional questions.

Q: What if I'm charged for my preventive office visit?

A: Billing preventive services can be confusing. Confusion may occur when an individual goes to his or her provider for an annual preventive exam and ends up with charges related to medical diagnosis. For example, if an individual had a preventive colon cancer screening and was diagnosed during the exam, it might code one way for the doctor and another way for the facility.

Contact your provider's billing office to report any error you feel occurred on your account. The provider can submit corrected billing information for review. Please refer to your current Member Guide, Summary Plan Description, or Individual Contract. Call BCBSMT Customer Service at **1-800-437-7828** if you have any questions about your benefits.

Q: Will I be billed for any of the preventive measures on the THM form (i.e. colonoscopy, pap, and mammogram)?

A: Most preventive services are covered at 100% of the allowable fee, which means there is no cost share.

When scheduling your preventive service appointment(s), it is important to clearly indicate that you are coming for your preventive annual examination or any other preventive screening exam. During the visit with your Primary Care Provider, discuss how the services will be billed to ensure your visit is billed as preventive. Should you discuss symptoms, ongoing medical issues, or are being followed for a current medical condition, medical services may be billed.

BCBSMT processes claims based on the information that is provided by the provider. If the doctor or lab submits the claim to BCBSMT stating you were seen for services done for medical purposes/medical diagnosis, the claim for services will be processed under your medical deductible. Please inquire with your provider if you feel the claim was processed incorrectly.

Note: Some health plans may require deductible and/or coinsurance for preventive health services. Refer to your Current Member Guide, Summary Plan Description or Individual Contract.

Common Errors

Q: What are some common mistakes BCBSMT Total Health Management Team members have noted with submitted forms?

A: The most common examples of mistakes include:

- Not signing the form.
- Not filling out the form completely.
- "Not Applicable" column not accompanied with a provider's comments.
- Illegible emails included on the form. Email is the team's primary mode of communication.
- THM Participant Notice and Consent Form not being turned in, in addition to the THM Health Assessment Form.

Note to Members: Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your employer's wellness program coordinator, sponsor, or Human Resources office and they will work with you to find a wellness program with the same reward that is right for you in light of your health status.

Note to Employers: Any and all information supplied by BCBSMT concerning the THM Wellness Program is intended to provide the Group with educational resources and data to develop and implement its own internal Employee Wellness Program. No such information is intended to be nor should it be considered legal advice. All decisions regarding the design of the wellness program or its administration are the responsibility of the Group. Neither BCBSMT or affiliates or any of their respective directors, officers, employees or agents shall be liable for any decision made, or action taken, by the Group based upon its reliance on any information provided by BCBSMT. The Group must consult its legal counsel, tax advisor, or other professional advisor for any legal or tax advice or guidance.



Important Notice Regarding Wellness Program

Health Professions of Montana Plan & Trust's Blue Value Total Health Management Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA", known as the Blue Value Total Health Management (THM) Health Assessment Form, that asks a series of questions about your health. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a \$300 credit towards their 2024 medical deductible for completing the Blue Value Total Health Management Assessment form. Although you are not required to complete the HRA, only employees who do so will receive the \$300 credit towards their 2024 medical deductible.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Kandy Jenkins at kjenkins@hpmpt.org.

HPMPT will receive notification of your participation to determine reward eligibility. The information from your HRA will be provided to HPMPT in aggregate form (grouped together with all program participant information) not on an individual basis to assist HPMPT in providing more specific health education and activities.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and HPMPT may use aggregate information it collects to design a program based on identified health risks in the workplace, Blue Value Total Health Management will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is Blue Cross and Blue Shield of MT in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Kandy Jenkins at kjenkins@hpmpt.org.



Employer-Sponsored Wellness Program Participation Notice & Consent Form

As a part of the wellness program sponsored by your employer/your spouse's employer, you are offered an incentive to complete a *voluntary* health risk assessment (HRA)/BCBSMT Blue ValueSM Total Health Management Assessment Form through which you will provide information about your health history, health status or both. Your employer/spouse's employer may provide financial or other incentives to participate in the HRA wellness program.

Your participation in the HRA wellness program is voluntary. You are not required to participate in the HRA wellness program. If you decide to participate, and if there are questions in the HRA related to your own family medical history or your own genetic information (these questions, if any, are identified on the HRA), you are not required to answer them in order for the employee to receive any incentive we offer for completion of the HRA.

We'll use the health information you provide to help you. Findings gathered from the HRA will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer health-related services to you.

Your health information is confidential. We are required by law to maintain the privacy and security of your personally identifiable health information. The medical information collected will not be available to your employer/your spouse's employer in a way that allows your employer/your spouse's employer to identify spouse or employee health information. However, we may use aggregate or summary (e.g., de-identified) information from the HRA to design or provide additional health services. Any individually identifiable medical information we obtain through the wellness program will be maintained separate from personnel records, information stored electronically will be secure and confidential, and no information you provide will be used in making employment decisions.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program (including the health plan which it is a part of), and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or our provision of an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program is required to abide by the same confidentiality requirements. We may disclose your information as necessary to respond to a request from you for a reasonable accommodation to allow you to participate in the wellness program, or as expressly permitted by law.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your employer/your spouse's employer.

I acknowledge the above and agree to participate in the wellness program health risk assessment/BCBSMT Blue ValueSM Total Health Management Assessment Form.

Please select: Employee _____ OR Employee Spouse _____

Last Name _____ First Name _____ MI _____

Email Address _____

Health Plan ID (On ID Card) _____ Group Number (On ID Card) _____

Employer Name _____ Date of Birth (mm/dd/yyyy) _____

Signature _____ Date _____

*All fields are required

Please fax to 406-437-7848, secure email to TotalHealthManagement@bcbsmt.com or mail to: Blue Cross and Blue Shield of Montana, Attn: Total Health Management, P.O. Box 4309, Helena MT 59604-4309



Total Health Management Assessment Form

BLUE VALUE SM

SECTION 1: Member Information (MEMBER COMPLETES - Please Print Legibly)

Last Name _____ First Name _____ MI _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Employee Wellness Program Employer _____ Date of Birth (mm/dd/yyyy) _____

Gender: Male Female I am the: Employee Spouse Domestic Partner

Health Plan ID REQUIRED (On ID Card) _____ Group Number (On ID Card) _____

EMAIL REQUIRED for form receipt confirmation - PLEASE PRINT LEGIBLY

Grid of 30 empty boxes for email address input

SECTION 2: Primary Care Provider (PCP) Information (MEMBER COMPLETES - Please Print Legibly)

See reverse side for definition of PCP

Primary Care Provider (PCP): Last Name _____ First Name _____

PCP City, State _____ PCP Phone Number _____

SECTION 3: Health Screening Measures - REQUIRED (PRIMARY CARE PROVIDER and/or ADDITIONAL PROVIDER(S) COMPLETE)

Table with 5 columns: HEALTH MEASURE, STANDARD, THM MEASUREMENT FREQUENCY, CURRENT RESULTS, NOT APPLICABLE*. Rows include Current Tobacco Use, Blood Pressure, Weight, Height, BMI, Depression Screening, Colorectal Cancer Screening, Cervical Cancer Screening, and Breast Cancer Screening.

SECTION 4: REQUIRED

Table for signatures: PRIMARY CARE PROVIDER SIGNATURE, MEMBER SIGNATURE*, and DATE columns.

*By signing my name above, I verify that I have reviewed the information provided by my Provider(s) and agree with the status indicated. I have read and understand the Member Instructions on the back of this form that describe what the information will be used for. I authorize the release of this information to Blue Cross and Blue Shield of Montana.

Please review reverse side for form submission instructions.

For the purpose of the Total Health Management (THM) program, and to define who can sign the THM form for members, Primary Care Providers (PCP) include the following: Family Medicine, General Practice, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Certified Nurse Midwife, Naturopath, Nurse Practitioner, and Physician Assistant, specializing in primary care. Do not complete this form if you are a Health Screen Vendor.

MEMBER INSTRUCTIONS

By participating in the THM program, you may be eligible for an incentive as determined by your employer. By participating in this health screening, I understand that:

- My group health plan may be administered and/or insured by my employer or an insurance company such as Blue Cross and Blue Shield of Montana, and one of these entities or their selected vendor may have access to my individually identifiable information for condition management and lifestyle management purposes, or to appropriately operate or administer my group health plan, consistent with applicable state or federal law.
- My employer may receive protected health information related to my participation in any health or wellness program for administration of employee incentive programs, consistent with applicable state or federal law.
- It is my responsibility to follow up with my PCP for results outside of the normal range or if I have any questions or concerns regarding my health.

Complete the following steps:

1 Review, sign and submit the Employer-Sponsored Wellness Program Participation Notice and Consent Form.

- a. Keep a copy for your records.
- b. Fax to secure fax number (406) 437-7848 or mail the form(s) to: Blue Cross and Blue Shield of Montana, Attn: Total Health Management, P.O. Box 4309, Helena MT 59604-4309
- c. Your participation will not be considered valid without this form.

2 Schedule your Preventive Exam with your Primary Care Provider (PCP). Any services performed will be covered according to your benefit plan.

3 Complete Sections 1 and 2 of the THM Assessment Form. Your email, phone number and home address are used to 1) confirm your form has been successfully received and 2) Validate form information, if necessary.

4 Section 3 must be completed, in its entirety, by your PCP during your preventive exam.

5 Confirm your PCP has signed the THM Assessment Form.

6 Sign and date Section 4 on the THM Assessment Form. Ensure all sections are completed to allow for proper processing. Incomplete forms may be considered invalid.

7 Save a completed copy of the THM Assessment Form for your records.

8 Submit your THM Assessment Form.

- a. Ensure you submitted your Employer-Sponsored Wellness Program Participation Notice & Consent Form prior to submitting your THM Assessment form.
- b. **Do not** attach proof of labs or records. All required information is documented on the form. Your PCP should have your personal health records.
- c. Please fax to secure fax number 406-437-7848 or mail the form(s) to: Blue Cross and Blue Shield of Montana, Attn: Total Health Management, P.O. Box 4309, Helena MT 59604-4309
- d. Wait up to 5 business days to receive an email confirmation. If you do not receive an email, please email TotalHealthManagement@bcbsmt.com

QUESTIONS? Contact your Human Resources Representative or email the BCBSMT THM Team at TotalHealthManagement@bcbsmt.com.

Note: Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your employer's wellness program coordinator, sponsor, or Human Resources office and they will work with you to find a wellness standard that is right for you in light of your health status.

PROVIDER INSTRUCTIONS

Complete the following steps:

1 Complete Section 3, Health Screening Measures. Complete all metrics and fields as applicable.

2 Sign and date Section 4, Signature. You and your patient must sign this form, even if you have determined an office visit is not required.
Note: Your signature indicates that you have attended to your patient's overall preventive care. While other providers may have provided portions of the data for the form, your signature implies you've reviewed the preventive measure results and discussed the findings/recommendations with your patient.

3 Select 'Not Applicable' if your patient's individual circumstances render a health measure inapplicable, please mark that standard as N/A and provide a reason in the comment area. For instance, if your patient has had a hysterectomy, the standard cervical cancer screening would be inapplicable; mark N/A for the cervical cancer screening standard and in the comment area note that your patient has had a hysterectomy.

4 Contact Provider Relations at 1-800-447-7828 or 406-437-6100 with any questions.