



Blue Value<sup>SM</sup>

# TOTAL HEALTH MANAGEMENT



## FREQUENTLY ASKED QUESTIONS

### General Information

#### **Q: What is Total Health Management (THM)?**

**A:** THM is an innovative wellness program Blue Cross and Blue Shield of Montana (BCBSMT) is offering to give employers a means to incent positive health outcomes. We believe it has the potential to help companies like yours better control health costs. Employers can set it up as a participation based or outcomes-based wellness program.

#### **Q: Who is eligible for THM?**

**A:** THM is for Blue Cross and Blue Shield of Montana members only. Visit with your Human Resources Office to determine how eligibility is defined for your group.

#### **Q: What's in it for me?**

**A:** Your overall health. In addition, employees may be eligible to receive an incentive reward for either maintaining their health or for improving their health status (based on your health assessment results on the completed THM form). Visit with your group leader or Human Resource Office for details.

#### *Benefits of participating*

- Enhances your well-being
- Teaches you how to achieve a healthier lifestyle
- Decreases your health risks
- Increases your health-cost savings
- Advocates for a work-life balance
- Increases your morale
- Provides sound health education
- Offers great health-related tools and resources
- Provides support and encouragement for your health-improvement efforts

#### **Q: Where do I get a THM Form?**

**A:** Visit [WellwithBlueMT.com](http://WellwithBlueMT.com) for a printable form.

#### **Q: Can my spouse and I share a form?**

**A:** No. Complete a separate form for each family member that is eligible for your company's THM program.

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

**A:** You must work together to complete the form. Sections I and II must be completed by the member. Section III must be completed by the provider. Both of you must sign Section IV.

**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. Submit your signed and completed THM form to BCBSMT by following the instructions on the back of the form before the end of your employer's 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.

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

**A:** You can turn in your completed form any time, but it must be complete and submitted to BCBSMT by the deadline announced by your employer. ***Please understand THM forms date-stamped 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 Wellness@bcbmsmt.com) within one week from the date BCBSMT receives your THM Form.

**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 **WellwithBlueMT.com**. 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 **WellwithBlueMT.com**.

**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 BCBSMT Wellness Team by emailing **Wellness@bcbmsmt.com**.

## **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 [WellwithBlueMT.com](http://WellwithBlueMT.com).

### **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 BCBSMT THM program that are slightly more lenient than the national standards.

### **Q: Do I need to send screening results 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: Can I use information I receive from a health vendor on my THM form?**

**A:** Yes. We encourage you to take your health vendor screening results to your preventive screening and share your personal medical information with your Primary Care Provider. Your provider, if they choose to, can use the information when completing your THM Form.

### **Q: Who can sign my THM form?**

**A:** For the purpose 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: Why does the form only ask for LDL Cholesterol, not Total Cholesterol?**

**A:** Providers treat patients for high LDL cholesterol; there is no treatment for Total Cholesterol.

### **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, the system will require her to have the "50-year-old" screening to receive all her required points.

### **Q: The THM form due date, set by my employer, comes before my last year's annual preventive exam is due and there is not a full year in between my exams. Will I be charged for the second preventive exam because of the early date?**

**A:** No. BCBSMT insurance covers preventive exams throughout the year if they are billed as preventive by the Provider. Your Provider will be paid by us 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. cholesterol blood test, 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 Wellness 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

**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.