



Program Overview

Q: What is BluePrints for Health?

A: BluePrints for Health is a series of education and support programs, sometimes called “disease management” that are available to assist people with chronic and other health conditions in managing their health. The program starts by identifying individuals who have a chronic illness, and provides those people personalized contact with a nurse, educational materials, Internet tools, and other services in order to educate and empower them while enhancing the physician/patient relationship.

BluePrints for Health is helpful for people who want to take control of serious health conditions, as well as those who just want occasional help and advice. The program is designed to work with each individual person's schedule and personal health needs. The program complements your doctor's treatment plans and is not designed to be a replacement to the care you receive from your physician, but rather give you one more avenue to get information and support. The major objectives of BluePrints for Health programs are to:

- Improve Program Participant health status
- Improve Program Participant satisfaction
- Improve Provider satisfaction
- Increase Program Participant and Provider adherence to standards of care
- Reduce health care costs

Q: What conditions are included in BluePrints for Health?

A:

“Core” Conditions

- Diabetes
- Cardiac Disease
 - Heart Failure (HF)
 - Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma

“Impact” Conditions

- Acid Related Stomach Disorders
- Atrial Fibrillation
- Decubitus Ulcers
- Fibromyalgia
- Hepatitis C
- Inflammatory Bowel Disease

- o Irritable Bowel Syndrome
- o Low Back Pain
- o Osteoarthritis
- o Osteoporosis
- o Urinary Incontinence

Q: What specific services are offered to eligible Program Participants?

A:

- Introductory letter to the new Program Participant
- Welcome call to the new Program Participant
- Welcome Packet that includes disease-specific information and may include reminder stickers to track physician visits, exams and track weights (certain conditions)
- “Care calls” for Program Participants that provide individual support and are scheduled at convenient call times with the Program Participant
- Self-care goal reminders mailed to Program Participants whenever new goals are established
- Nurses available toll-free 24 hours a day, seven days a week
- Mailed reminders about important screening tests and Standards of Care
- Online health risk assessment tool
- Depression screening and Quality of Life/Health Perception Survey for Program Participants
- Home monitoring for select Program Participants with heart failure (HF)
- Quarterly, disease-specific newsletter to Program Participants
- Regular communication with Providers about the program
- Single-topic educational pieces provided to Program Participants on an as needed basis

Please note: Asthma maintenance Program Participants do not receive outbound calls or quarterly newsletters.

Q: What are the benefits of BluePrints for Health?

A: Our goal is that Program Participants will be better educated about their chronic conditions, and will therefore have more skills to manage their condition. Ultimately this improved management will result in improved health status, quality of life, improved satisfaction, and reduction in health care costs for the employee and employer.

Q: Will I be required to accept these services? Are there any rewards or penalties for using or declining them?

A: The program is completely voluntary. If a Program Participant is identified for the program, the Participant receives a letter introducing the program, which explains that participation is entirely voluntary. On the initial welcome call to the Participant, a registered nurse will discuss the program and any barriers relating to denial and misunderstanding. Our engagement model is highly successful in persuading individuals to participate. We experience a 92-95% participation rate.

If at any time, a Program Participant decides not to participate, they may “opt-out” of the program. No one will be penalized for opting out of the program, and no financial incentive is given to keep employees in the program.

Participation in this program does not impact how your health insurance benefits are administered or paid in any way.

Q: Will I have to pay anything to participate?

A: No. There is no additional fee or cost to the Program Participant.

Q: Why does my company pay for these services and does it drive up the cost of my premiums?

A: These programs are additional services that your employer invests in. The goals of the programs are to equip you with better information and tools to manage your condition so that you will experience improved health status. When you are healthier and receiving appropriate prevention exams you will be less likely to experience complications and expensive treatments for your condition. When health status is improved, overall health care costs decrease—which translates to saving money for you and your employer---through fewer out of pocket costs and premium dollars.

Q: What assistance does the program provide to me?

A: The BluePrints for Health Program determines the frequency and intensity of service based on each unique participant’s level of need and risk. The program will:

- Help participants understand their disease/condition
- Offer emotional support
- Provide personalized phone contact with nurses
- Support physicians’ recommendations
- Help individuals recognize early changes in their conditions that require medical attention
- Address additional conditions the participant may have, known as co-morbidities. For example, someone with both diabetes and cardiac disease, and the unique concerns for complex cases
- Support the relationship between the patient and physician
- Teach appropriate healthcare utilization
- Build relationships with Program Participants to encourage them to make behavior changes that will enhance their quality of life

Q: What happens if I have been contacted by the program, but I don’t have the condition?

A: We utilize a claims screening process to identify people who can potentially benefit from the program. This process, because it relies upon claims, is not a perfect science. We have reviewed the process carefully and in an in-depth manner to ensure that it is as accurate as possible, but while not too restrictive. The goal is to “cast the net” wide enough so that we don’t miss identifying any people who could potentially benefit from the programs, and balance that with a set of criteria that does not identify a large number of

people incorrectly. The goal is to have a false positive rate of less than 5%. To date, our Wellmark experience has shown a false positive rate of less than 1%. If when the call center reaches out to you and a “false positive” identification is discovered, you are removed from the program, and our program records are noted accordingly. They will not receive any further information from the programs.

Q: If I have been identified for participation in the program, will it affect my benefits?

A: The program goals are to be of support to members who are faced with chronic illnesses. The programs are not used or do not impact coverage decisions or benefit payment in any way. If a member is identified incorrectly through the algorithm, they are removed from the program, and our program records are noted accordingly. They will not receive any further information from the programs.

Q: Why do I keep getting calls from the program? I don’t want to participate but they won’t stop calling!

A: The contact process is designed to try and reach out and speak with each participant at the initiation of the program. Initially, three attempts to reach each participant will be made. These attempts will be made at different times of the day and different days of the week. Once those three attempts have been made and failed (no answer or left messages without a response), a letter will be sent to the participant asking them to call in to speak with a nurse. If you don’t respond to messages or to the letter, the program will keep trying to reach you. Ignoring the calls will not result in stopping the process.

Q: My wife told the nurse that I don’t need the program. Why does the nurse keep calling?

A: Due to confidentiality reasons, the nurse must speak with the person identified as a potential program participant. The privacy regulations indicate that information and consent to participate, or not to participate, must be obtained directly from the program participant, until the participant gives permission for the nurse to speak with a designated contact.

Program Participant Privacy

Q: How will Wellmark BlueCross BlueShield protect my privacy and ensure all Protected Health Information (PHI) is kept confidential and secure?

A: Wellmark BlueCross BlueShield is required to keep all information confidential and is prohibited from using this information for any reason other than to support the program and Program Participants health. We do this under the Health Insurance Portability and Accountability Act (HIPAA).

Q: How do I opt-out of the program if I want?

A: Program Participants may opt-out of the program at any time by simply calling the dedicated toll-free number 1.866.816.5264. The first opportunity to opt-out is once you receive the Program Participant Introductory Letter; however, you may opt-out at any time thereafter. If you decide to opt out of the program, you can rejoin at any time just as long as you are still covered by Wellmark BlueCross BlueShield. Only the Program Participant, the parent/guardian of a minor child, or a Program Participant's family member (given permission to speak on behalf of the Program Participant) can provide an "opt-out" request.

Q: Does the program nurse ever contact my family or doctor regarding my care?

A: We communicate with family members only when we have received permission to do so by the Program Participant. During the initial phone call, the nurse asks the Program Participant if there is someone who can answer on his or her behalf. If a contact name is given, the program nurse has permission to discuss the Program Participant's care with that individual in the event the Program Participant is not available. Working with family members provides another avenue of support for Program Participants with chronic conditions. We also honor Program Participants' wishes not to speak with anyone else. In addition, the nurse will communicate with the Program Participant's Provider, if necessary.

Q: What is the program's phone number?

A: 1.866.816.5264

Q: How does the phone number appear on caller ID?

A: Most caller ID displays will see "Your Health Plan".

Q: What if an answering machine picks up your call?

A: In order to be HIPAA compliant and maintain participants' privacy, if the clinician gets an answering machine and the Program Participant has given permission to leave a message on their machine (as indicated on the Program Participant's electronic record), the clinician may leave a message or a reminder of Standards of Care. If no permission has been given, a general message without disease indication will be left to call us back. We will continue reaching out to Program Participants who do not call us back.

Physician Support

Q: Does this program replace the physician's role?

A: No. The programs are not intended to replace, replicate, or become a barrier in any way, to that central physician-patient relationship. One of the main program principles is the belief that the fundamental interaction in healthcare is between the patient and his or her physician. Everything else in the healthcare system exists solely for the purpose of improving the value of that interaction.

One of the key features of the BluePrints for Health program is its focus on, and support of, the physician-patient relationship. The program provides educational materials to the patient, teaches patients how to recognize when their conditions are changing and when

they should contact their doctor. In addition, it helps patients follow physician recommendations and provides best-practice information to doctors.

Q: How do you work with the physicians?

A: All of our program interventions were developed to support the physician's treatment plan; increase the patient's understanding of and compliance with that treatment plan, and improve the Program Participant's overall ability at self-management skills. Physicians who have Program Participants in the program receive a Provider Introductory Letter and Provider Welcome Packet. They also receive clearly defined evidence-based provider support and education materials.