

Healthy *Blue* LivingSM HMO and Healthy *Blue* Living HMO BasicSM



Blue Care
Network
of Michigan

Confidence comes with every card.®

Provider guide to Healthy *Blue* LivingSM HMO and Healthy *Blue* Living HMO BasicSM

Product overview

Healthy *Blue* Living HMO and **Healthy *Blue* Living HMO Basic** from Blue Care Network rewards members with lower out-of-pocket costs for health care coverage when they work with their primary care physicians to adopt and maintain a healthy lifestyle. This guide explains how these programs work and what you need to do to help your patients meet the product requirements.

To qualify for lower out-of-pocket costs, members must complete an online health assessment and their primary care physician must complete the *Blue Care Network Qualification Form*, which focuses on the following six health measures:

- **Tobacco (nicotine)** — **Not required for Healthy *Blue* Living Basic members.** Target is no nicotine use. A nicotine metabolite (cotinine) screen is required if the member indicates he or she does not use nicotine. Once the member has a negative test result, the physician does not have to repeat the test annually.

Note: The target (no nicotine use) is the same regardless of the nicotine source. Members may get their nicotine directly from tobacco products, such as cigarettes, cigars, chewing tobacco or hookahs, or through nicotine replacement devices, such as nicotine patches or e-cigarettes with nicotine cartridges.

- **Weight (BMI)** — Target is body mass index below 30.
- **Blood pressure** — Target is <140/90.
- **Cholesterol** — Target is LDL <100, <130 or <160, depending on risk factors.
- **Blood sugar** — Target is nondiabetic or well-controlled A1C.
- **Depression** — Target is no depression or depression in full remission.

The member's benefit level determines the member's health costs. BCN bases the benefit level on completion of the health assessment and status of health measures as indicated on the qualification form by the member's primary care physician.

Healthy Blue Living and Healthy Blue Living Basic benefit levels

Enhanced: Maximum benefit level with lower copayments and deductibles

Standard: Highest copays and deductibles

Summary of Healthy Blue Living and Healthy Blue Living Basic requirements

- The *Blue Care Network Qualification Form* is required (completed and electronically submitted by primary care physician)
- Online health assessment required (filled out by the member)

The member must meet both these requirements to earn enhanced benefits. Members who don't meet all the target health measures on the qualification form can still qualify for enhanced benefits as follows:

Health measure status:



Members with BMI of 30 or more can achieve the **enhanced** benefit level if they join either the BCN-sponsored WW® (formerly WeightWatchers) program or the BCN-sponsored activity tracking program. **Not required for Healthy Blue Living Basic members.**

Nicotine users can achieve the **enhanced** benefit level if they join the BCN-designated nicotine use cessation program (1-855-326-5102) within 120 days of the start of the plan year and actively participate in the program until they quit using nicotine. **Not required for Healthy Blue Living Basic members.**

Members with high blood pressure, high cholesterol or high blood sugar can achieve the **enhanced** benefit level if they comply with treatment and follow-up requirements specified by their physicians.

Members with depression can achieve the **enhanced** benefit level if they comply with treatment and follow-up requirements specified by their physicians.

 **For Healthy Blue Living Basic members, these scores will not affect whether they are in the enhanced or standard level. However, all A's relax the rules.**

Members with all "A" scores on the qualification form do not need a primary care physician visit every year

- Members age 40 or older with all "A" scores require a primary care physician visit every two years.
- Members 18 to 39 years old with all "A" scores require a primary care physician visit every three years.

Blue Care Network allows members to receive a physical exam more than once each year

If you have a new patient with Healthy Blue Living or Healthy Blue Living Basic coverage, you must conduct a physical and complete the qualification form even if it has been less than one year since the patient had a physical with his or her last physician.

If you have an established patient who is renewing his or her HBL coverage, follow preventive service guidelines regarding the frequency of screenings. Preventive service guidelines are available on the *Provider Resources* site, accessible through our provider portal. Click *Clinical Practice Guidelines* on the *Member Care* drop-down menu. You can also go to MQIC.org**. If preventive guidelines do not recommend any screenings for the patient, you may use information from the last physical to complete the new qualification form.

If the patient's last physical was within six months of his or her plan effective date, you may complete the qualification form based on the prior physical, or you can perform a new exam. If the member's last physical was more than six months from his or her plan effective date, you must perform a new physical even if it's been less than one year since the last physical.

Be sure to place a copy of the completed qualification form in the member's medical record, and give a completed copy to the member.

Physicians must file a claim to receive reimbursement for Healthy Blue Living and Healthy Blue Living Basic Qualification Forms

BCN will pay primary care physicians \$40 (per member per year) for each qualification form submitted on Health e-Blue. You must file a claim with BCN for the examination to receive reimbursement for completing members' qualification forms. Submit claims using CPT code *99080. Use the appropriate ICD diagnosis code as the primary diagnosis when billing for the initial or subsequent examination. Use ICD-10 code Z00.00 or Z00.01. Additional diagnoses may be billed for specific conditions (for example, for high blood pressure). Do not bill with the Z02.89 or V70.3 code. There is no member cost-sharing for the office visit when the primary diagnosis code is Z00.00, Z00.01 or V70.0.

If you complete the form at the time of the member visit, you should also bill a preventive service or evaluation/management code for the visit. The claim date must match the form completion date, which can sometimes be different from the exam date. For a detailed description of this process, review the *Billing instructions: Visits and forms for Healthy Blue Living HMO, Healthy Blue Living HMO Basic and BCN Wellness Rewards Tracking for BCN HMO (commercial)* PDF available on the *Provider Resources* site, accessible through our provider portal. Click *BCN* on the *Products* drop-down menu.

Submitting qualification forms to BCN

BCN does not accept paper qualification forms.

Submit the form on Health e-BlueSM by the 90th day of the plan year to ensure your patient qualifies for the highest benefit level possible. If you want to make notes on the form before submitting it, you can download and print a sample form on bcbsm.com. You can also find the form on the *Provider Resources* site, accessible through our provider portal. Click *BCN* under the *Products* drop-down menu.

If you're not already signed up for Health e-Blue, follow these steps:

1. Log in to our provider portal (availability.com).
2. Click *Payer Spaces* on the Availity menu bar.
3. Click the BCBSM and BCN logo.
4. Click *Additional Security Maintenance – Blue Cross/BCN* under the *Applications* tab.
5. Complete the form and click *Submit Request*.

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Primary care physician responsibilities

- Help the member schedule an office visit within the first 90 days of enrollment or re-enrollment.
- Submit the *Blue Care Network Qualification Form* for new and renewing members, and re-evaluations to confirm that the member quit using tobacco (nicotine) and/or that the BMI has dropped below 30.
- Schedule follow-up visits based on the individual member's needs.

Member responsibilities

Members automatically receive enhanced benefits with lower copayments and deductibles for the first 90 days of coverage. To continue receiving enhanced benefits, the subscriber must do the following within 90 days of enrollment or renewal:

- Complete an online health assessment.
 - Meet with their primary care physician and discuss health status with focus on the six health measures on the qualification form.
 - If a Healthy *Blue Living* member is a nicotine user, enroll in BCN's designated nicotine use cessation program within 120 days of enrollment or re-enrollment, and actively participate in the program until nicotine use ends. To be exempt from the program, members who quit using nicotine should ask their primary care physician to submit a follow-up qualification form indicating the change in nicotine-use status. (Healthy *Blue Living* Basic members can still sign up for the tobacco-cessation program for no extra cost, but it's not required.)
 - If a Healthy *Blue Living* member has a BMI of 30 or higher, enroll and begin participating in either WW (formerly WeightWatchers) or the BCN-sponsored activity tracking program within 120 days of enrollment or re-enrollment and continue to meet all participation requirements until BMI is below 30. To be exempt from the program, members whose BMI falls below 30 should ask their primary care physician to submit a follow-up qualification form indicating the change in weight status. (For Healthy *Blue Living* Basic members, BCN won't pay for a weight management program through either WW or Steps since it's not a requirement; however, members can check to see what weight-management options are available for a discounted price through Blue365®.)
- Members choosing WW will have to enroll and attend at least 11 out of 13 workshops per three-month subscription and must continue to participate in the program until their BMI falls below 30. Once the member's BMI drops below 30, BCN will continue to pay for WW or the BCN-sponsored activity tracking program for the remainder of that plan year.
 - Members choosing the BCN-sponsored activity tracking program must be able to download information from an activity tracking device to a computer, and will need to have an individual email address. These members will receive a free activity tracking device from BCN. Members will need to achieve a daily average of 5,000 steps per day measured over a three-month period and remain in the program until their BMI falls below 30.
- After the initial enrollment, the member must do the following:
 - Visit the primary care physician annually and at any follow-up times recommended by the physician.
 - Complete the online health assessment annually.
 - Commit to follow the primary care physician's treatment plan in order to continue qualifying for enhanced or intermediate benefits with lower copayments and deductibles. (Healthy *Blue Living* members only).

WW is an independent company that provides weight management services to Blue Care Network members.

