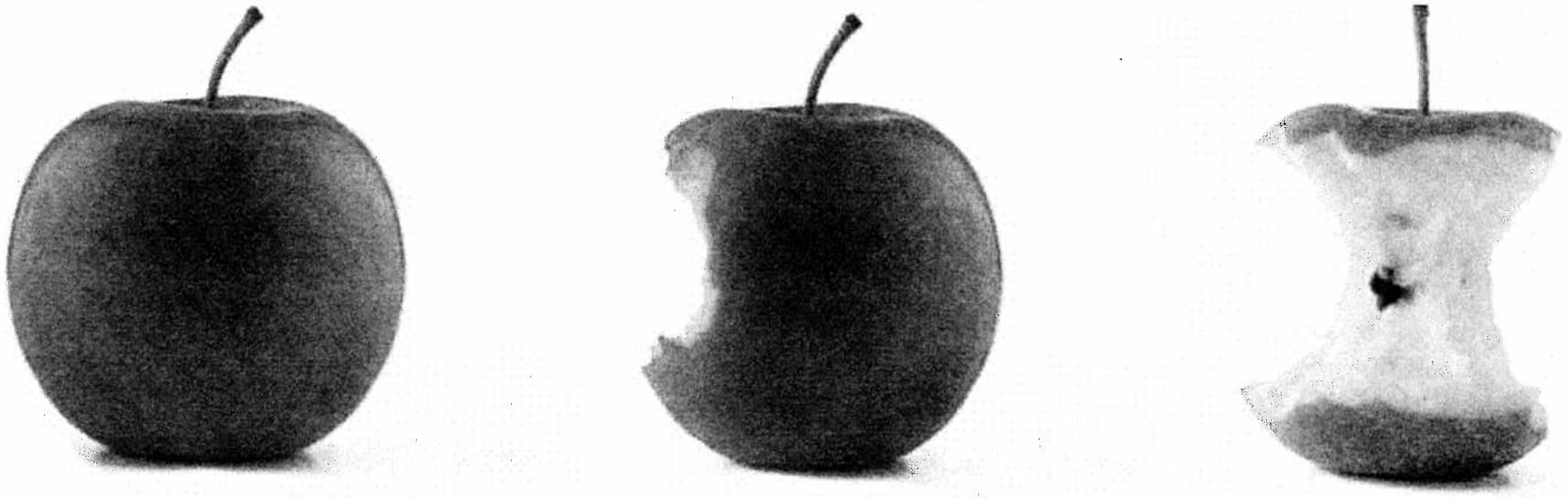
Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Healthy *Blue* Living

Status Report



May, 2007

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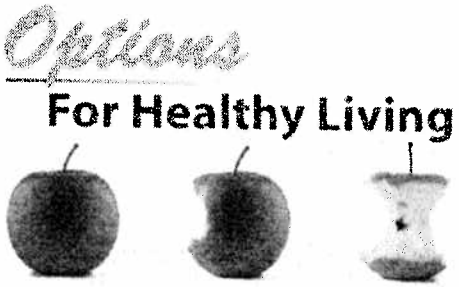
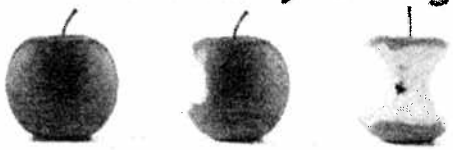
Origin of the Healthy Living Concept:



- Response to employer feedback to emphasize "healthy living" <u>and</u> employee accountability
- Expand wellness and strengthen care management opportunities for both large and small employers, and members
- Build on input obtained from employer and member focus groups, BCN Clinical Quality and Health Care Quality and Service Improvement Committees

Why Healthy Living?

Options For Healthy Living



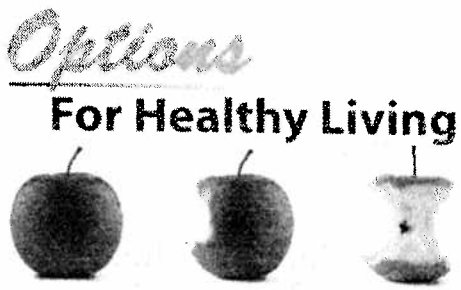
Risk Factor	Frequency	Risk Impact
Tobacco Use	22% of the U.S. population *Source: National Center for Chronic Disease Prevention and Health Promotion*	• Tobacco use is the leading preventable cause of death and disease in the U.S. • Medical costs for smokers are much higher than medical costs for non-smokers *Source: Morbidity and Mortality Weekly Report*
Hypertension	Up to 25% of the U.S. population needs to be treated for hypertension (>140 systolic or 90 diastolic) *Source: Robert Wood Johnson Foundation; many others*	People with hypertension are: • 3 times more likely to develop a heart attack • 7 times more likely to have a stroke • 5 times more likely to have kidney failure • 6 times more likely to have congestive heart failure *Source: American Heart Association*
Cholesterol	52 million adults are candidates for dietary therapy and 13 million need drug therapy *Source: Journal of the American Medical Association*	Increased risk of: • Atherosclerosis • Coronary Heart Disease • Stroke *Source: Mayo Clinic; many others*

Why Healthy Living?

Options For Healthy Living

Risk Factor	Frequency	Risk Impact
Diabetes	7% of the U.S. population and 7.6% of the Michigan population have diabetes *Source: Centers for Disease Control*	Individuals with diabetes have medical expenditures that are 2.4 times higher than those without diabetes *Source: American Diabetes Association*
Obesity	• 65 – 75% of the U.S. population is overweight or obese • 30% of the U.S. population has a BMI over 30 • 5% of the U.S. population has a BMI over 40 *Source: Journal of the American Medical Association*	Increased incidence of : • Diabetes • Heart Disease • Cancer • Hypertension • Premature death *Source: Journal of Endocrinology and Metabolism*
Alcohol	7.4% of full-time workers age 18-49 have an alcohol drinking problem *Source: National Longitudinal Alcohol Epidemiology Survey*	Total economic costs (lost productivity, health related expenditures) is $185 billion and exceeds costs of asthma, diabetes and hypertension combined) *Source: National institute on Alcohol Abuse and Alcoholism*

Healthy *Blue* Living



Themes:

1. Focus on behavior modification

2. Operate within existing Michigan statutes

3. Voluntary program: people who participate in improvement efforts receive enhanced benefits

   Health risk factors targeted by Healthy *Blue* Living:

25 points	Tobacco use
15 points	Hypertension (high blood pressure)
15 points	Control of cholesterol
15 points	Control of diabetes
15 points	Obesity
15 points	Alcohol use
100 points	

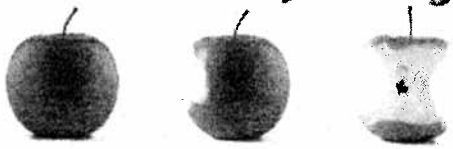
   People who score more than 80 points qualify for enhanced benefits.

4. 10% employer premium reduction off the cost of enhanced benefits.

Sample Cost Sharing

Option 1 - Salary

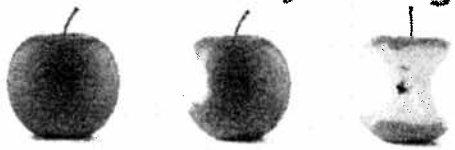
Options For Healthy Living



Benefits	Members w/Healthy Habits - Plan A (BCN1, GM15OV, GM25RP, OMHX, UR40, ER75, HA1, 10255C, MOPD2O)	Members w/Unhealthy Habits - Plan B (BCN10, CO25, IP10, ER100, UR50, 500DED, 20%CR, 1000CM, HA1, P1536C, MOPD2O)
Office Visit	$15 copay for each PCP office visit; $25 copay for services rendered by a referral physician in an out-patient setting	$25 copay; all office visits
Emergency Room	$75 copay	$100 copay
Urgent Care	$40 copay	$50 copay
Inpatient Hospital	Unlimited days; covered in full	20% copay after deductible
Behavioral Health	**Inpatient** - Covered in full; 45 days renewable 60 days after discharge **Outpatient** - 50% copay for the first 20 days; after first 20 days, $10 copay for visits scheduled for 30 minutes or less; $15 copay for visits scheduled for more than 30 minutes	**Inpatient** - 25% copay up to $500/$1,000; 30 days/yr **Outpatient** - 50% copay; 20 days/yr
Deductible	N/A	$500/$1,000
Coinsurance	N/A	20%
Out of Pocket Maximum	N/A	$1,000/$2,000
Hearing	One hearing aid and exam every 36 months; covers binaural (2) hearing aids and exam every 36 months for children under 19	One hearing aid and exam every 36 months; covers binaural (2) hearing aids and exam every 36 months for children under 19
Prescription Drug options	$10 generic/$25 brand/$50 non-formulary copays; includes contraceptives Double copay for covered drugs obtained from participating mail-order pharmacies	$15 generic/$30 brand/$60 non-formulary copays; includes contraceptives Double copay for covered drugs obtained from participating mail-order pharmacies

Healthy *Blue* Living Qualification Form

Options For Healthy Living



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Healthy *Blue* Living℠ Qualification Form

Member Name _____ Contract # _____

Check one box: ☐ Enrollment form ☐ Follow-up form Date of Birth _____

Fax or mail completed form to:

Questions? Call 1-800-662-6667
Blue Care Network
P.O. Box 5043 Mail Code C330
Southfield, MI 48086-5043
Fax: 248-456-3642

	Initial Evaluation	Follow-up Evaluation	Member Status & Physician Comment Section	
Lifestyle Behavior	Must occur within 90 days of enrollment. Member requirement to qualify for enhanced benefits at enrollment. See Healthy *Blue* Living Guidelines on reverse.	At specified time, see below. Member requirement to continue in enhanced benefits. See Healthy *Blue* Living Guidelines on reverse.	**Instructions:** Select A, B, C, write date, additional comments and total points, select follow-up date, sign form and return white copy to BCN. A = Member and PCP affirm healthy status B = Member has condition and will actively work with PCP to achieve treatment goals C = Member has condition and declines to change behavior/follow treatment guidelines	
1. Nonsmoking	(A) Nonsmoker OR (B) If smoker, must commit to enroll in BCN's "Quit the Nic" smoking cessation program. Follow-up PCP visit required no later than 90 days from initial evaluation.	(A) PCP and member attest to non-smoking status and/or confirmation by negative urine cotinine test. OR (B) Active participation in BCN's "Quit the Nic" smoking cessation program.	Check one: ☐ A (25 points) ☐ B (25 points) ☐ C (0 points)	Date: ___ / ___ / ___ Comments:
2. Blood Pressure Control	(A) Acceptable (< 140/90) BP OR (B) Commit to actively follow PCP treatment plan and health plan guidelines to reach goal.	(A) Documented BP reading < 140/90 OR (B) PCP and member attest that member is actively complying with all aspects of recommended treatment plan.	Check one: ☐ A (15 points) ☐ B (15 points) ☐ C (0 points)	Date: ___ / ___ / ___ Comments:
3. Cholesterol Control	(A) Acceptable cholesterol (LDL-C) per guidelines (see reverse) OR (B) Commit to actively follow PCP treatment plan and health plan guidelines to reach goal.	(A) Documented LDL-C result meets health plan guidelines (see reverse) OR (B) PCP and member attest that member is actively complying with all aspects of recommended treatment plan.	Check one: ☐ A (15 points) ☐ B (15 points) ☐ C (0 points)	Date: ___ / ___ / ___ Comments:
4. Blood Sugar Control	(A) Normal blood sugar OR Acceptable HbA1c (≤ 7.0) OR (B) Commit to actively follow PCP treatment plan and health plan guidelines to reach goal.	(A) Documented HbA1c ≤ 7.0 OR (B) PCP and member attest that member is actively complying with all aspects of recommended treatment plan.	Check one: ☐ A (15 points) ☐ B (15 points) ☐ C (0 points)	Date: ___ / ___ / ___ Comments:
5. Healthy Weight	(A) Body Mass Index (BMI) ≤ 30 OR (B) Commit to actively participate in physician-supervised (per plan criteria) approved weight loss program.	(A) Member has reached BMI goal of ≤ 30 OR (B) PCP and member attest to satisfactory progress being made toward achieving target weight loss goal.	Check one: ☐ A (15 points) ☐ B (15 points) ☐ C (0 points)	Date: ___ / ___ / ___ Comments:
6. Acceptable Alcohol Use	(A) Less than 2 drinks/day and CAGE alcohol screening test (or similar test) indicates that member does not have a drinking problem. OR (B) Commited to actively participate in a recognized substance abuse program.	(A) PCP and member attest that member's alcohol use is not excessive. OR (B) PCP and member attest that member is making satisfactory progress on reduction in, or elimination of alcohol use.	Check one: ☐ A (15 points) ☐ B (15 points) ☐ C (0 points)	Date: ___ / ___ / ___ Comments:
At least 80 points and completion of Health Risk Appraisal is required to qualify for enhanced benefits. If spouse is covered by Healthy *Blue* Living, he/she must score at least 80 points and complete Health Risk Appraisal within first 90 days in order for anyone on contract to qualify for enhanced benefit level.			Member's total points: _____ out of 100 possible points	Member follow-up required at: ☐ 3 months ☐ 6 months ☐ 1 year ☐ 2 years

The signed parties agree that all of information supplied above is complete and accurate

Member Signature _____ Date ___ / ___ / ___ Physician license number _____

Physician Signature _____ Date ___ / ___ / ___ Physician name (printed) _____

WP 9454 JUL 06

Member and physician: Keep a copy of the completed form for your records.

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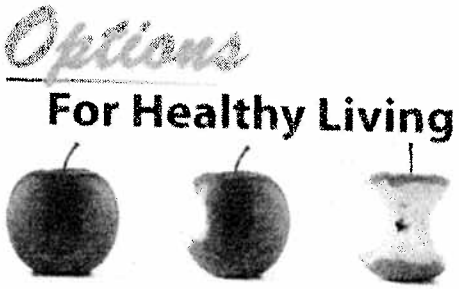
Employer Worksite Responsibilities



Healthy Blue Living℠

Employer Group	Required	Options					
	Provide Smoke-Free Environment	Health Fairs	Post Health-related Articles for Employees (Brochures, Newsletter, Posters)	Onsite Classes or discounts for Weight Loss	Provide Healthy Foods in Cafeteria and Vending Machines	Stress Classes	Provide discounts to Exercise Facility, or provide Exercise Classes 2X/year or Exercise Facility Onsite
0-50 Enrolled Employees *Must provide smoke-free environment and select at **least one** of the categories	Required	Not Required	2x/year	1x/year	Ongoing	1x/year	Ongoing
51-300 Enrolled Employees *Must provide smoke-free environment and select at **least two** of the categories	Required	1x/year	2x/year	1x/year	Ongoing	1x/year	Ongoing
301-1000 Enrolled Employees *Must provide smoke-free environment and select at **least three** of the categories	Required	2x/year	2x/year	2x/year	Ongoing	2x/year	Ongoing
1001+ Enrolled Employees *Must provide smoke-free environment and select at **least four** of the categories	Required	2x/year	3x/year	2x/year	Ongoing	2x/Year	Ongoing