

Questions & Answers: Outcomes-Based HMO Plans

Question	Health Alliance Plan	Blue Care Network	Priority Health
I want to qualify for the Enhanced plan effective immediately on January 1, 2013. What do I need to do?	You will automatically be placed in the same Plan on 1/1/2013 you are enrolled in on 12/31/2012. If you are new to HAP in 2013, you will automatically be placed in the Enhanced plan.	Members who are new to Healthy Blue Living Rewards (HBLR)* are automatically placed in the Enhanced plan on January 1, 2013 even if you were in the Standard plan in 2012 as an Healthy Blue Living (HBL)** member. * HBLR=2013 plan **HBL=2012 plan	You (and your covered spouse, if applicable) will need to complete a new online WebMD HealthQuotient and submit a Member Qualification Form by December 31, 2012 in order to qualify for the Choice plan as of January 1, 2013.
Do I have to get another wellness exam in order to qualify to begin 2013 in the Choice plan?	N/A	N/A	You will need to visit your physician between July 1, 2012 and December 31, 2012 to complete your Member Qualification Form if you want to begin 2013 in Choice. When you call to make an appointment, tell your physician that the purpose of the appointment is to complete your 2013 Member Qualification Form. If you had a wellness exam within the past 12 months, you will not be eligible for another; your form can be completed with a regular office visit. Your physician will need to perform BMI, blood pressure, and possibly tobacco testing. Cholesterol and blood sugar results from within the past 5 years can be

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			used, so your physician may not need to repeat these tests. You will be responsible for the office visit copay and any applicable deductibles for tests.
What is the qualification period?	In order to stay in Enhanced, you will need to qualify between January 1 and March 31, 2013. If you were in Standard in 2012 you may use this qualification period to qualify for Enhanced in 2013. Current HAP members can pre-qualify from October 1, 2012 through January 1, 2013. Any move to or from Enhanced will be effective April 1, 2013	In order to stay in Enhanced, you will need to qualify between January 1 and March 31, 2013. If you do not qualify for Enhanced, you will be moved to Intermediate or Standard on April 1, 2013. Members who use tobacco and/or who have a BMI of 30 or more may have additional requirements due by April 30, 2013.	There is no set qualification period. Once you (and your covered spouse, if applicable) complete the requirements for the Choice plan, you will be moved at any time of the year. This will be your Achievement Date. You will remain in the Choice plan for one full year. You will need to re-qualify within 90 days prior to the anniversary of your Achievement Date to remain in Choice.
If I was in the Standard plan in 2012, how long do I have to stay in Standard in 2013?	If you qualify for Enhanced during the qualification period, you will be moved effective April 1, 2013.	Members who are new to HBLR are automatically placed in Enhanced January 1, 2013 even if you were in Standard in 2012 as an HBL member.	You may qualify to move to Choice at any time after July 1, 2012, to be effective January 1, 2013. After January 1, you may move to Choice at any time in the year if you qualify.
Do both my spouse and I have to qualify in order to be placed in the Choice, Enhanced, or Intermediate plans?	Yes. If your spouse is covered under the plan, you must both qualify for Enhanced in order for either of you to be placed in the Enhanced plan.	Yes. If your spouse is covered under the plan, you will both be placed in the lowest level of benefits for which you both qualify. For example, if one qualifies for Enhanced and one qualifies for Intermediate, you will both be placed in the Intermediate plan.	Yes. If your spouse is covered under the plan, you must both qualify for Choice in order for either of you to be placed in the Choice plan.

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Can I continue to receive my well woman exam in the new Outcomes-based plans?	Yes; you may visit either your primary care physician or an ob/gyn for this exam.	Yes; you may visit either your primary care physician or an ob/gyn for this exam. However, only a BCN-contracted PCP can complete the BCN qualification form for submission during the qualification period.	Yes; you may visit either your primary care physician or an ob/gyn for this exam.
If I am enrolled in Medicare, can I still sign up for the Outcomes-based plans?	As long as you are an active employee under the Oakland University Medical plan, you are covered primarily by Oakland University's plan. Medicare <i>may</i> be a secondary payer. As such you are eligible to enroll yourself and all of your eligible dependents in this plan.	As long as you are an active employee under the Oakland University Medical plan, you are covered primarily by Oakland University's plan. Medicare <i>may</i> be a secondary payer. As such you are eligible to enroll yourself and all of your eligible dependents in this plan.	As long as you are an active employee under the Oakland University Medical plan, you are covered primarily by Oakland University's plan. Medicare <i>may</i> be a secondary payer. As such you are eligible to enroll yourself and all of your eligible dependents in this plan.
Do you subsidize costs associated with Weight Watchers?	A discount is offered.	Yes, if you are required to participate due to your BMI, BCN will pay for Weight Watchers. The criterion for BCN-sponsored participation is that the member has a BMI of 30 or more. BCN does not cover the cost of participation for dependents other than an eligible covered spouse. Discounts are offered to members who do not meet the requirements for BCN sponsorship via Healthy Blue Xtras. There is another BCN-sponsored option available to	A discount is offered. Priority Health is considering subsidizing the cost of Weight Watchers in the future.

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		members with a BMI of 30 or more, Walkingspree's USB Pedometer Program. Members with a BMI of less than 30 are also offered a discount on this program via Healthy Blue Extras.	
How are the new laws in the State of Michigan going to affect your coverage of autism?	HAP will comply with the law; details will become available in the next couple of weeks and will be finalized prior to 10/15.	BCN will comply with the law. Effective 10/15/12 coverage will be expanded for diagnosis and treatment of autism spectrum disorders.	Priority will comply with the law. Effective 1/1/13 coverage will be expanded for diagnosis and evidence based treatment of autism spectrum disorders.
What are the specific biometric numbers required for qualification?	Please refer to the qualification form for specific results considered within normal limits.		
How is BMI calculated?	For all three carriers, BMI is calculated based on the Center for Disease Control and Prevention Body Mass Index guidelines, found at www.cdc.gov/healthyweight/assessing/bmi : Weight (lb) / height (in) ² x 703 (example: weight=150 lbs, height=5'5" (65"); calculation: $[150 \div (65)^2] \times 703 = 24.96$)		
If I do not meet the BMI qualification because I am a bodybuilder, can my physician verify that BMI does not adequately reflect my actual body mass index?	<p>HAP will consider exceptions to the BMI qualification on a case by case basis for documented bodybuilders.</p> <p>Member's physician documents the medical reason a member cannot achieve the wellness target. Any exception requests will be reviewed by HAP's Senior Medical Director, who will determine if an exception can be</p>	It is up to your physician to determine whether or not your BMI adequately reflects your actual body mass index if you are a bodybuilder. BCN's online qualification form submission site allows your physician to make an exception for BMI for a member who is a bodybuilder.	The member's physician has the authority to override this measure and accept the current as appropriate based on the member's condition.

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	made.		
What is your policy for exempting members from the BMI qualification for medical reasons?	<p>HAP will consider exceptions to the BMI qualification on a case by case basis for members with:</p> <ul style="list-style-type: none"> • Underactive thyroid • Steroid medications <p>Member's physician will document the medical reasons a member cannot achieve the wellness target. Any exception requests will be reviewed by HAP's Senior Medical Director, who will determine if an exception can be made.</p>	<p>BCN encourages members to work with their primary care physicians and BCN to find alternate activities if they have concerns that the programs or behaviors recommended are unreasonably difficult due to a medical condition or are medically inadvisable. In addition, medical exemptions may be made for applicable medical conditions provided a letter of explanation is received from the member's physician requesting the exemption:</p> <ul style="list-style-type: none"> • Paraplegia • Quadriplegia • Steroid therapy • Unable to stand on scale (MS, MD, other) • Behavioral health admission • Physical/medical impairment (such as rheumatoid arthritis) • Cancer treatment • Major surgery (such as hip or knee replacement) • Incarcerated • Military (active duty/deployment) • Pending divorce (for non- 	<p>The member's physician is given the discretion to make an exception for medical conditions that warrant an exception, but Priority Health does not provide a listing of such conditions. This is between the physician and the member.</p>

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		compliant covered spouse) <ul style="list-style-type: none"> Executive leadership approval Appeal approval 	
Do you allow exceptions for any of the other qualification requirements?	<p>HAP will consider exceptions to the qualification standards on a case by case basis for members with:</p> <ul style="list-style-type: none"> Medication contraindication (Cholesterol Control) Cushing's Syndrome; glucocorticoid medications (Blood Sugar) <p>Member's physician documents the medical reasons a member cannot achieve the wellness target. Any exception requests will be reviewed by HAP's Senior Medical Director, who will determine if an exception can be made.</p> <p>HAP considers the following as qualified reasons to have requirements waived:</p> <ul style="list-style-type: none"> Incarcerated (subscriber or spouse) Deceased (subscriber or spouse is deceased and HAP membership system is not up to date) 	<p>BCN encourages members to work with their primary care physicians and BCN to find alternate activities if they have concerns that the programs or behaviors recommended are unreasonably difficult due to a medical condition or are medically inadvisable. In addition, medical exemptions may be made for other medical conditions, provided a letter of explanation is received from the member's physician requesting the exemption and indicating the specific condition which precludes member participation:</p> <ul style="list-style-type: none"> All exception requests are reviewed by clinical staff as needed. 	<p>For members who do not meet the criteria, physicians may either set an alternate goal or accept the current value as appropriate based on the member's health condition.</p>

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	<ul style="list-style-type: none"> Medicare (if Medicare is primary, such as with ESRD, the spouse of that individual does not have to comply with the requirements). Hospice (if subscriber or spouse is in hospice, that individual does not have to comply with the requirements) <p>The above situations will be investigated by HAP's Health and Network Management Team.</p>		
What if I am having difficulty scheduling my exam with my PCP? Sometimes it takes me several months to get in for a visit.	Ultimately, it is your responsibility to schedule your visit with your PCP. If there are extenuating circumstances in scheduling your appointment, you should reach out to customer service to advise them of your problem. Ultimately, you always have the ability to file an appeal in the event you believe you were not treated fairly under the Plan.	Ultimately, it is your responsibility to schedule your visit with your PCP. If there are extenuating circumstances in scheduling your appointment, you should reach out to customer service to advise them of your problem. Ultimately, you always have the ability to file an appeal in the event you believe you were not treated fairly under the Plan.	Ultimately, it is your responsibility to schedule your visit with your PCP. The visit does not need to be for a full physical and does not need to be completed by your PCP. If there are extenuating circumstances in scheduling your appointment, you should reach out to customer service to advise them of your problem.

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Is it possible for me to go in “right now” and complete my new health risk appraisal for Priority Health to begin my qualification process for 2013?	N/A	N/A	Yes, as long as you are already enrolled in Priority Health. If not, you will have to wait until you become an active member with Priority Health on 1/1/13.
How often can I visit my primary care physician for a wellness exam?	Unlimited, however, you only receive your wellness exam without a co-pay once per year. Any subsequent visits to your PCP for a wellness exam could require a co-pay.	Unlimited.	Unlimited, however, you only receive your wellness exam without a co-pay once per year. Any subsequent visits to your PCP for a wellness exam would require a co-pay.
Are children required to qualify for benefits under the plan like employees and spouses?	No	No	No
Who is responsible for submitting my qualification form; my doctor or me?	You are ultimately responsible for submitting your form; however, your doctor will be willing and able to do it for you. Doctors are provided with a financial incentive to submit your forms electronically. Alternatively,	You are ultimately responsible for submitting your form; however, your doctor will be willing and able to do it for you. Doctors are provided with a financial incentive to submit your forms electronically. You will	You are ultimately responsible to make sure your doctor submits the form on your behalf. Doctors are provided with a financial incentive to submit your forms electronically. Alternatively, your doctor can submit your form via fax. You will

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	you or your doctor can submit your form via fax or mail. You will need to communicate carefully with your doctor's office to ensure that your qualification form has been submitted within the required time frame.	need to communicate carefully with your doctor's office to ensure that your qualification form has been submitted within the required time frame. You can validate that your form has been received by checking your HBLR status at bcbsm.com	need to communicate carefully with your doctor's office to ensure that your doctor is submitting the correct qualification form.
Is it permissible for another doctor in my doctor's practice to submit my qualification form?	Yes, as long as the doctor signing the MQF is a participating HAP provider.	Yes as long as they are a contracted BCN PCP.	Yes
If I am switching plans January 1, are there any restrictions, waiting periods or pre-existing condition limitations?	No. There are no pre-existing condition limitations whatsoever in the Plan.	No. There are no pre-existing condition limitations whatsoever in the Plan.	No. There are no pre-existing condition limitations whatsoever in the Plan.
If I cannot meet one or more of the qualification standards due to a medical condition, what are my options?	If you are unable to meet any of the qualification standards under the Plan due to a medical condition, you can make an appeal. Ultimately, your doctor has the final responsibility to	If you are unable to meet any of the qualification standards under the Plan due to a medical condition, you can make an appeal. Ultimately, your doctor has the final responsibility to	If you have a medical condition that makes meeting the criteria medically inadvisable or unreasonably difficult, your doctor can assign alternate targets appropriate for your situation. In

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	request a waiver of the qualification standards due to medical necessity. Clinical experts are available to work with your personal physician in making these determinations.	request a waiver of the qualification standards due to medical necessity. Clinical experts are available to work with your personal physician in making these determinations.	some instances the doctor may accept your current value as a passing value.
Are chiropractors available as in-network providers?	No, not a covered benefit	Yes	Yes
Are referrals required to a chiropractor?	N/A, not a covered benefit	Yes	No
How far is the “look-back period” for visiting my PCP and undergoing testing required to meet the qualification standards?	The look back period is 9 months for acceptable lab work. This look back period will go back to 7/1/12 and run through 3/31/13.	180 Days	180 Days for Tobacco, BMI and Blood Pressure values. Up to 5 years on Cholesterol and Blood Sugar values.
What if I am over age 65 and eligible for Medicare? Do I still need to meet the qualification standards to received enhanced benefits?	As long as you are an active employee, regardless of your age, the Oakland University plan is primary to you and your dependent. Therefore, you are required to meet the qualification standards in order to receive enhanced benefits. Once you retire, you are no longer required to comply with the qualification standards. You will automatically receive Enhanced benefits.	As long as you are an active employee, regardless of your age, the Oakland University plan is primary to you and your dependent. Therefore, you are required to meet the qualification standards in order to receive enhanced benefits. Once you retire, you are no longer required to comply with the qualification standards. You will automatically receive Enhanced benefits.	As long as you are an active employee, regardless of your age, the Oakland University plan is primary to you and your dependent. Therefore, you are required to meet the qualification standards in order to receive enhanced benefits. Once you retire, you are no longer required to comply with the qualification standards. You will automatically receive Choice benefits.
What if I am currently	HAP will consider exceptions to	Exceptions are granted for	Exceptions are granted for women

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pregnant?	the BMI qualification on a case by case basis for those who are pregnant. Member's physician documents the medical reason a member cannot achieve the wellness target. Any exception requests will be reviewed by HAP's Senior Medical Director, who will determine if an exception can be made. HAP will work with you and your doctor post-delivery to pin down your requirements for meeting qualification standards on a prospective basis.	women who are pregnant. Exceptions should be requested by your PCP. Blue Care Network will work with you and your doctor post-delivery to pin down your requirements for meeting qualification standards on a prospective basis.	who are pregnant. However your doctor still needs to submit a HealthbyChoice Achievements qualification form on your behalf.