CHAPTER 5: PROGRAM INFORMATION

UNIT 4: BLUES ON CALL, MyCARE NAVIGATOR, WELLNESS REWARDS, BABY BLUEPRINTS & PATIENT EXPERIENCE REVIEW

IN THIS UNIT

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>SEE PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4 BLUES ON CALL</td>
<td>2</td>
</tr>
<tr>
<td>5.4 MyCARE NAVIGATOR</td>
<td>5</td>
</tr>
<tr>
<td>5.4 HIGHMARK WELLNESS REWARDS</td>
<td>8</td>
</tr>
<tr>
<td>5.4 BABY BLUEPRINTS: MATERNITY EDUCATION AND SUPPORT PROGRAM</td>
<td>10</td>
</tr>
<tr>
<td>5.4 HIGHMARK’S PATIENT EXPERIENCE REVIEW</td>
<td>12</td>
</tr>
</tbody>
</table>

The Highmark Facility Manual contains information, policies, and procedures that apply to Highmark network participating providers in Pennsylvania (PA), Delaware (DE), West Virginia (WV), and contiguous counties. The symbols below are used in the manual to identify information that is specific to one state. In some instances, information may be designated as applicable to only two states. Where no symbol is present, the information is relevant to all states.

- The PA symbol indicates the information in the section is applicable to providers participating in Highmark networks in Pennsylvania and contiguous counties.
- The DE symbol indicates the information in the section is applicable to providers participating in Highmark networks in Delaware and contiguous counties.
- The WV symbol indicates the information in the section is applicable to providers participating in Highmark networks in West Virginia and contiguous counties.
5.4 BLUES ON CALL

What is Blues On Call?
Highmark has an integrated program, Blues On Call, to attempt to address the total health care needs of the patient rather than focusing on one specific condition. Highmark members may contact Blues On Call 24 hours a day, every day of the year.

The Blues On Call team includes health coaches who provide support over the telephone to discuss health information and assist with health decisions.

Who is eligible?
Most Highmark members are automatically eligible to make use of Blues On Call services. No registration is required and the service is free.

Chronic condition support
Blues On Call focuses on helping members manage their chronic illnesses, placing special emphasis on the importance of dealing with the co-morbidities that face most seriously ill individuals. Since most chronically ill members have more than one chronic condition, the Blues On Call “whole patient” approach is a significant improvement over “silo-structured” disease management programs.

The program content is objective and evidence-based. Information and material is from national sources such as the American Diabetes Association. The scope of chronic condition support through Blues On Call includes:

- Condition-specific standards of care
- Medication compliance
- Specific activities related to medical condition monitoring (weight monitoring, blood sugar monitoring)
- Regular physician visits
- Flu and pneumonia vaccines

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5.4 BLUES ON CALL, Continued

**Medical decision support**

Blues On Call Health Coaches educate and support those facing significant medical decisions related to conditions such as:

- Back pain (spinal stenosis, herniated disc, and chronic low back pain)
- Breast cancer (adjuvant therapy, choosing your surgery, choosing your treatment)
- Benign uterine problems
- End-of-life care
- Prostate issues (benign prostatic hyperplasia, prostate-specific antigen [PSA] decision)
- Knee osteoarthritis
- Coronary artery disease

Health Coaches provide objective, evidence-based information to help individuals understand their situation, including the potential benefits and potential harms of treatment choices. Health Coaches help patients gain insights into their choices and provide a framework to think through the decision.

Most importantly, patients can incorporate their personal values and preferences into the decision and communicate more effectively with their provider.

**Symptom management support**

Blues On Call Health Coaches provide support over the telephone to help members interpret and act on symptoms. Coaches are available 24 hours a day, every day of the year.

Health Coaches use algorithms to educate and support patients to help them make informed decisions about their current situation. This approach provides patients with the opportunity to learn skills that can be used when similar situations arise in the future.

**What Blues On Call is not**

Blues On Call does not:

- Address benefit issues
- Address claims issues
- Provide diagnosis or medical advice

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### 5.4 BLUES ON CALL, Continued

<table>
<thead>
<tr>
<th><strong>When to refer a patient</strong></th>
<th>Refer a patient to Blues On Call any time he or she needs more information or assistance about a health care topic or if support by a Blues On Call health coach would benefit the patient.</th>
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</thead>
</table>
| **How to refer to Blues On Call** | Encourage your patient to call the Blues On Call phone line:  
• **1-888-BLUE-428** (1-888-258-3428) |
| **Note:** | This phone number is also located on the back of the member ID card. |
| **Links to other Highmark resources** | Blues On Call Health Coaches can provide information on a variety of health and wellness topics. They also work closely with other Highmark resources for members. |
5.4 MyCARE NAVIGATOR

**What is myCare Navigator?**
Highmark has launched myCare Navigator, a patient advocate service that assists Highmark members and their families with a variety of health care and coverage-related issues. This service is free of charge, free of hassles, and is available to Highmark members 8:00 a.m. – 8:00 p.m., Monday – Friday.

A dedicated myCare Navigator associate can assist members with specific healthcare issues, such as finding a physician or pharmacy, verifying the network status of a physician or pharmacy, making appointments, transferring medical records or prescriptions, and arranging transportation for medical visits.

**Who is eligible?**
Highmark members and the following family members can use myCare Navigator:

- Parents
- Parents-in-law
- Spouses and domestic partners
- Dependent children

**Important!** Family members do not have to have Highmark coverage to use the services provided by myCare Navigator.

**Note:** Currently, not all Delaware members have access to myCare Navigator.

**Program objective**
The program objective of myCare Navigator focuses on offering services that help Highmark members to effectively navigate through the cumbersome and often confusing health care system. Assistance includes but is not limited to offering Resource Support services and guidance with obtaining Provider and Pharmacy Information.

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5.4 MyCARE NAVIGATOR, Continued

**Provider support services**

A myCare Navigator associate can assist the member with the following provider services:

- Identify in-network providers
- Identify a list of doctors or specialties
- Conduct additional provider research
- Identify and coordinate Complementary and Alternative Medical (CAM) practitioners when no coverage exists
- Schedule appointments and second opinions
- Understand the continuity of care and/or transition of coverage and care during network changes
- Assist with arranging transportation for medical visits

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**Pharmacy support services**

A myCare Navigator associate can assist the member with the following pharmacy services:

- Identify available pharmacy provider networks
- Identify specific pharmacies that can dispense specialty or compound drugs
- Conduct additional pharmacy research
- Assist with the transfer of prescriptions
- Explain pharmacy network changes
- Explain mandatory generic provisions
- Discuss Mail Order Program processing and provide a general overview

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**Administrative support services**

A myCare Navigator associate can assist the member with the following administrative services:

- Respond to coverage and benefit related questions
- Work to resolve claim and billing issues
- Assist members with pre-authorization of services
- Provide information relating to estimating a member’s out-of-pocket expenses

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5.4 MyCARE NAVIGATOR, Continued

myCare Navigator vs. Blues on Call

There are certain situations when it would be more appropriate to refer a member to Blues on Call rather than to myCare Navigator. Those include:

- New clinical diagnoses/making healthy lifestyle changes
- Currently working with a Highmark Health Coach already
- Specialty Group Conditions
- Critical Diagnosis Conditions
- Decision Support

How to refer to myCare Navigator

To reach myCare Navigator, members should call:

- 1-888-BLUE-428 (1-888-258-3428), option 2

Note: This phone number is also located on the back of the member ID card.
5.4 HIGHMARK WELLNESS REWARDS

Overview
Highmark Wellness Rewards is an optional program available to employer groups, which encourages members to take more personal responsibility for their health. It promotes behavior change and provides members with incentives for making real, constructive health and lifestyle changes.

The program is part of a wholly integrated online health platform, developed in conjunction with WebMD®, complete with wellness programs to address issues like tobacco cessation, diet, exercise, and stress management. It is connected to helpful online tools that can help Highmark members identify health risks, track progress, and provide them with information on relevant health issues.

Program benefits
The goal of Highmark Wellness Rewards is to affect long-term, healthy behavior change. The program focuses on assessing health risks and identifying unhealthy behaviors. And it gives Highmark members the tools they need to first understand their health status and then take necessary action to maintain or improve their health.

By offering Wellness Rewards in addition to a Highmark medical benefit plan, employers are providing their employees with a proven wellness program delivered through a trusted online resource. Healthy individuals have more energy and feel better physically and mentally. A rewards program enhances the role individuals play in their health so they lead healthier lifestyles and make more informed and appropriate care decisions.

For employers, a healthy workforce can translate into reduced absenteeism and lost time due to illness, better productivity, and happier employees on and off the job. And, by offering a Highmark Wellness Rewards program, employers are demonstrating their commitment and support of their employees’ health and well-being.

Wellness Profile
A comprehensive Wellness Profile serves as the foundation of the Highmark Wellness Rewards program. It is a self-health analysis that covers all aspects of an individual’s health including nutrition, weight management, and physical activity. The assessment takes only 15-20 minutes to complete and the member receives results online in minutes.

The data entered by the member in the Wellness Profile is used to generate a personalized action plan, or Wellness Profile Report. This is an in-depth, individualized health status report that identifies areas in need of health improvement and includes recommendations for health and wellness programs and activities.

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5.4 HIGHMARK WELLNESS REWARDS, Continued

**How it works**

Highmark Wellness Rewards engages our members in making healthy lifestyle choices by providing programs to educate and motivate them while their employers provide the incentives for participation. The programs are appropriate for every stage of health -- they address members who are healthy, members with chronic conditions, and those members who have short-term events that are affecting their health.

Because different organizations have different needs, Highmark Wellness Rewards offers two reward structures to match their needs: action-based rewards and points-based rewards. Both options can be chosen in a standard or customized format.

- An action-based program requires members to complete specific activities by a set date and earn rewards for completion.
- A points-based program allows an employer to offer a variety of activities, each with its own point value, and then members can choose which activities best suit their needs. As they complete tasks, they accumulate points to earn rewards as designated by their employer.

Employers are able to choose from a selection of standard program options that best suit their needs. The standard options provide a variety of programs and activities that require various levels of participation. A health awareness program simply requires the completion of the Wellness Profile to identify health risks and inspire healthy changes while other more engaging options require members to participate in worksite health screenings, preventive exams, health coaching, and health and wellness activities.

If an employer is looking for an even more personalized program, a customized program can be created to reward employees based on the company’s own health strategy and organizational goals. For completing their program requirements, whether standard or customized, employees receive rewards predetermined by their employer -- such as an extra day off or financial rewards in the form of a gift card -- and, ultimately, better health.

**With your help we can create rewards that last a lifetime!**

Highmark Wellness Rewards takes the proven data on health behavior change and creates a new opportunity for members, their employers, and Highmark to make a mutual commitment. And, with provider support, Wellness Rewards will proactively encourage healthier lifestyles to help prevent and control chronic illness.
5.4 BABY BLUEPRINTS: MATERNITY EDUCATION AND SUPPORT PROGRAM

Overview

Baby Blueprints® is a maternity education and support program available to expectant Highmark members. This free program is designed to help expectant families better understand and enjoy every stage of pregnancy and make more informed care and lifestyle decisions.

Program details

Baby Blueprints is a free program that offers expectant Highmark members educational information on all aspects of pregnancy through online resources during each trimester of pregnancy. Topics include prenatal care, proper use of medications, avoiding alcohol and tobacco, working, travel considerations, nutrition and weight gain, exercise, body changes, and many others.

Baby Blueprints will also provide program participants access to individualized support from a nurse Health Coach.

Providers are encouraged to promote patient enrollment to reinforce medical care and maternity information so that pregnant women may “have a greater hand in their health.”

Who is eligible for Baby Blueprints?

Baby Blueprints is available to expectant Highmark members enrolled in a commercial group product, direct pay product, or social mission product. Baby Blueprints is not available for members enrolled in a Medicare/Medicare Advantage product, Federal Employee Program (FEP), Highmark West Virginia, or any Administrative Services Only (ASO)/Administrative Services Contract (ASC) opt-out account. (ASO/ASC accounts are self-funded by the employer groups.)

How members can enroll

Enrollment in Baby Blueprints is simple and convenient. Expectant mothers can enroll at no cost over the phone by calling toll free:

- 1-866-918-5267.

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What members can expect

Upon enrollment, members will receive a confirmation mailing that contains:

- Enrollment confirmation letter
- Information on various educational resources and online support programs found on the Highmark member site
- Information on a childbirth education class reimbursement form, which is available online
- Child immunization and preventive care pamphlet

Members will also receive access to pregnancy-related information on the member website and proactive outreach from a nurse health coach. After delivery, members may also be referred to enroll in a post-partum depression program, if appropriate.

If the member’s program includes Blues On Call, she can call the toll-free number at any time to talk to a health coach about any questions/concerns she may have following pregnancy. (For more information on Blues On Call, please see the Blues On Call section within this unit.)

FOR MORE INFORMATION

If you have further questions about Baby Blueprints, please contact the Provider Service Center.

If members have further questions about Baby Blueprints, please encourage them to call Member Service at the number on their ID card.

Articles and bulletins are also available as a reference on the Resource Center under the Publications and Mailings link.
5.4 HIGHMARK'S PATIENT EXPERIENCE REVIEW

Introduction
Over the past decade, Highmark has expanded the various online tools available to help support members to make informed decisions on their health care services. In 2012, Highmark added to those tools by launching "Patient Experience Review," a convenient patient review tool developed in collaboration with the Blue Cross and Blue Shield Association (BCBSA).

Goal of initiative
Highmark's goal is to present meaningful patient review information to our members directly from the member website in order for them to make informed decisions about their care. At the same time, Highmark anticipates that the information shared will be meaningful to providers as feedback for their own quality improvement programs.

How it works
Highmark members have the ability via the member website to post comments and to respond to a core set of five (5) questions for the professional provider survey and up to seven (7) questions for the facility survey, covering their overall experience. The comments and the display of these ratings is pre-password, but only authenticated members (post-password) can post a review. This process helps assure that only authenticated Blue members who attest that they have seen the physician, or received care at the facility, can contribute to the review process.

Note: Comments are checked for appropriateness before being displayed on the Highmark Online Provider Directory.

Reviews restricted to Highmark members
All Highmark members have the ability to post a review once they log into our member website (i.e., post-password) and sign an electronic attestation verifying that they have received services in the past two years from the provider they are rating.

Also, members of other Blue Plans have the ability to rate providers, including our network, using their own patient review tool. This functionality is being coordinated on the national level through the Blue Cross and Blue Shield Association.

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Reviews available for public view

Anyone, including members and prospective members, can access the reviews by viewing the Highmark provider directory, which is accessible pre-password on our member website.

Types of facilities able to be reviewed

Through Patient Experience Review, members can rate and post comments about professional providers, certain ancillary providers and the following facility provider types:

- Acute-care hospitals
- Children's hospitals
- Inpatient rehabilitation facilities
- Outpatient rehabilitation facilities
- Ambulatory surgery centers
- Freestanding hospices
- Birthing centers
- Urgent care centers
- Retail health clinics
- Diagnostic imaging centers

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The survey tool for facility providers focuses on five broad categories, with specific questions in each. Responses to the first two questions are required before a member can post a comment. Members are asked to respond by selecting "yes/no" or from within a five-star range, where one star is "low" and five stars is "high." And, finally, members are given the opportunity to post comments. The categories are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
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<tbody>
<tr>
<td>Experience</td>
<td>How would you rate your overall experience at this facility?</td>
</tr>
<tr>
<td>Recommend</td>
<td>Would you recommend this facility to friends and family?</td>
</tr>
<tr>
<td>Communication</td>
<td>• How would you rate Physician communication with you while you were at this facility?</td>
</tr>
<tr>
<td></td>
<td>• How would you rate other personnel (Nurses, technicians, therapists) communication with you while you were at this facility?</td>
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<tr>
<td></td>
<td>• Were home care and follow-up care instructions clearly communicated to you and a family member (if applicable)?</td>
</tr>
<tr>
<td>Environment</td>
<td>How would you rate the cleanliness of rooms (public, patient, treatment/exam, bathrooms) at this facility?</td>
</tr>
<tr>
<td>Privacy and Dignity</td>
<td>How would you rate how well your privacy and dignity was maintained at this facility?</td>
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To make the most of this opportunity, facilities can appoint an individual to monitor the ratings and comments being posted about their services. Using a link from NaviNet’s Provider Information page, the person handling this responsibility can register an email address and receive an automated alert each time a member posts a rating or comment about the facility. This individual will be able to respond on behalf of the facility to all reviews that are posted; he or she will also be able to remove from public view up to two comments posted in a rolling twenty-four-month period.

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**5.4 HIGHMARK'S PATIENT EXPERIENCE REVIEW, Continued**

<table>
<thead>
<tr>
<th>Individual appointed to respond; NaviNet access required!</th>
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<tr>
<td>The individual assigned to respond to and monitor member reviews requires NaviNet access since the functionality is accessed via the Provider Information link via NaviNet. If the person appointed to monitor and respond to comments on behalf of a facility is not yet a NaviNet user, he or she will need to consult the facility’s NaviNet Security Officer to register and learn how to navigate to the link on the Provider Information page.</td>
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<tr>
<th>Tip Sheet available</th>
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<tr>
<td>We have developed the following Tip Sheet to assist facilities with registering an email address to appoint an individual to monitor reviews, as well as to provide instruction on how to read and respond to reviews received.</td>
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[Patient Experience Review Tip Sheet]