

January 30, 2025

Do you have high blood pressure?

Join the Blood Pressure Management Program!

What's in it for you?

- Bluetooth Blood Pressure Cuff yours to keep after you've completed the program.
- Remote Blood Pressure Monitoring through an easyto-use phone app.



What's required?

- Enrollment in the State Plan
- History of high blood pressure or high blood pressure readings
- An account at <u>mypremisehealth.com</u>
- Referral to the program by your primary care provider*

*The primary care provider who refers you to the program does not need to be a Premise Health provider.

Details

- The program is nine months long. You will work with a care team consisting of a Premise Health Registered Nurse and your primary care provider.
- The blood pressure cuff with Bluetooth capabilities is yours to keep after you complete the program!
- The phone app allows you to upload and share your blood pressure readings with your primary care provider to help guide your care plan.
- The app and the cuff give you the ability to track your blood pressure in real time so you can better understand how your daily choices may affect your readings.
- This program provides ongoing communication from your care team via phone and My Premise Health messaging.
 - o Allows quick follow-up for any concerning readings
 - o Ongoing encouragement and education
- Blood pressure education will be provided to you at one, three, six, and ninemonth milestones.
- At nine months, you will discuss your goals with your primary care provider and determine if you're ready to graduate.

More information

Internet: <u>benefits.mt.gov/Live-Life-Well/Wellness-Programs/Blood-Pressure-</u>

Management

Email: sm.ch.remotemonitoring@premisehealth.com

Telephone: (855) 200-6822





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Non-Discrimination Notice: The State of Montana Benefit Plan complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. 45 C.F.R. § 92.8(b)(1) and (d)(1)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

This service is provided to you at no charge by <u>State of Montana Health Care & Benefits Division</u>.