Member instructions for qualification form

Fill out the member section on the reverse side of this form and take it to your physician for completion.

Your doctor must electronically submit the form to BCN. We no longer accept paper copies from doctors or members. The qualification form we receive must be less than 180 days old. Make sure your doctor knows the deadline for submitting your form (90 days from the start of your plan year). **Before the deadline**, check that BCN has received your form. You can do that by logging in as a member at **bcbsm.com** and then checking your benefit status. Or, call the Customer Service number on the back of your ID card.

Taking these steps will help you earn lower out-of-pocket costs:

<table>
<thead>
<tr>
<th>You’ll need to:</th>
<th>Due:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Visit your primary care physician to complete the qualification form.</td>
<td>90 days from your plan year’s start</td>
</tr>
<tr>
<td>2 Take the annual health assessment by logging in as a member at <strong>bcbsm.com</strong>.</td>
<td>120 days from your plan year’s start</td>
</tr>
<tr>
<td>3 Based on your qualification form, you may have more requirements:</td>
<td></td>
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<tr>
<td>• <strong>If you use tobacco</strong>, enroll in our tobacco-cessation program and actively participate until you quit. You’ll need to actively participate through the end of your plan year or until we have an updated qualification form from your doctor stating you do not use tobacco.</td>
<td></td>
</tr>
<tr>
<td>• <strong>If your body mass index is 30 or more</strong>, enroll in BCN’s Weight Watchers ® or Walkingspree pedometer-based walking program. You’ll need to actively participate through the end of your plan year or until we have an updated qualification form from your doctor showing your BMI is below 30.</td>
<td></td>
</tr>
</tbody>
</table>

For details and a downloadable qualification form, visit **bcbsm.com**. Or, call the Customer Service number on the back of your ID card.

*You should consult with your BCN primary care physician before starting any regular exercise or weight-management program. You also should talk with your PCP if you have concerns with the programs or behaviors recommended by BCN. Your PCP will work with you to develop a medically appropriate treatment plan to improve your health status if requirements are unreasonably difficult due to a medical condition or are medically inadvisable.*
Blue Care Network
Qualification Form to be submitted electronically by your provider

Member section:

Last name | First name | Contract/enrollee ID number | Gender | Ethnicity (optional) | Date of birth (MM/DD/YYYY) | Telephone number
--- | --- | --- | --- | --- | --- | ---

BCN Primary care physician: Take notes on this form and input the data into Health e-Blue™. Refer to Health e-Blue for standards of care. If you have any questions, contact your BCN provider representative. Give a copy of the electronic Certificate of Submission or a completed and signed copy of the paper form to the member, and keep a copy with the member’s medical records. Tip: If you arrange for the member to receive laboratory tests in advance of the physical exam, you may be able to complete the form during the office visit.

**Scoring key:**
A = Member meets criteria  
B = Member commits to treatment plan  
C = Member does not commit

Visit date (MM/DD/YYYY)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
<th>Current results</th>
</tr>
</thead>
</table>
| Tobacco  
Does not use (never used or quit >1 month with cotinine levels of <10 ng/mL for serum or <100 ng/mL for urine) | ☐ A. Does not use tobacco.  
☐ B. Tobacco user: Commits to enroll in or is enrolled in BCN-designated tobacco-cessation program.  
☐ C. Tobacco user: Does not commit to and is not enrolled in BCN-designated tobacco-cessation program. | Cotinine test - After one negative test, no testing needed in future years; test not needed for self-reported tobacco users  
☐ Blood  
☐ Urine  
☐ Positive  
☐ Negative  
Date of cotinine test: ____________ |
| Weight  
Body mass index <30 kg/m² | ☐ A. BMI <30.  
☐ B. BMI is ≥30: Commits to enroll in a BCN-sponsored weight-management program.  
☐ C. BMI is ≥30: Does not commit to enroll in a BCN-sponsored weight-management program. | Date height and weight measured: ____________  
Height: _____ (feet) _____ (inches)  
Weight (pounds): _____  
BMI: ______ |
| Blood pressure  
<140/90 mmHg | ☐ A. Does not have high blood pressure or it is controlled.  
☐ B. Has high blood pressure that is not controlled, but is following treatment.  
☐ C. Has high blood pressure; does not commit to or is not following treatment. | Systolic: _____  
Diastolic: _____  
Date of blood pressure reading: ____________ |
| Cholesterol  
LDL target level based on risk factors: <100, <130 or <160  
Non-diabetic: FBS <126mg/dL A1C <6.5%  
Known Diabetic: A1C goal <8% | ☐ A. Does not have high cholesterol or it is well controlled.  
☐ B. Has high cholesterol that is not controlled, but is following treatment or does not tolerate treatment.  
☐ C. Has high cholesterol; does not commit to or is not following treatment. | Total cholesterol: ____________  
LDL: ______  
HDL: ______  
Triglycerides: ______  
Date of cholesterol test: ____________ |
| Blood sugar  
Fasting blood sugar or A1C  
Non-diabetic: FBS <126mg/dL A1C <6.5%  
Known Diabetic: A1C goal <8% | ☐ A. Does not have diabetes or A1C is well controlled.  
☐ B. A1C is not controlled but is following treatment.  
☐ C. A1C is not controlled; does not commit to or is not following treatment. | ☐ No known diabetes  
FBS: ______ mg/dL  
A1C: ______  
☐ Known diabetes  
A1C: ______  
Date of A1C or FBS test: ____________ |
| Depression  
Any depression is in full remission | ☐ A. Does not have either history or current symptoms of depression.  
☐ B. Has depression and is following treatment.  
☐ C. Has depression and does not commit to or is not following treatment. | Date of PHQ-2 or PHQ-9 test: ____________  
PHQ-2 score: ______  
PHQ-9 score: ______ |

Physician approval: I verify the information supplied is complete and accurate.

Physician's last name | Physician's first name | National provider identifier (NPI) |
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Physician signature | Physician's telephone number | Date