Blue Care Network of Michigan

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

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:

You'll need to:		Due:
1	Visit your primary care physician to complete the qualification form.	90 days from your plan year's start
2	Take the annual health assessment by logging in as a member at **bcbsm.com.**	
3	Based on your qualification form, you may have more requirements: • *If you use tobacco*, 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. • *If your body mass index is 30 or more,* 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.	120 days from your plan year's start

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

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Member section:

Last name	First name	Date of birth (MM/DD/YYYY)

Contract/enrollee ID number	**Gender:** ☐ Female ☐ Male	**Ethnicity (optional):** ☐ Arab American ☐ Asian American ☐ Black not Hispanic ☐ Chaldean ☐ Hispanic ☐ Multiracial ☐ North American Native ☐ White not Hispanic ☐ Other
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)

Criteria	Score	Current results
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: _____ Cotinine Level: _____ ng/mL
Weight Body mass index <30 kg/m^2	☐ 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	☐ 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)
Physician signature	**Physician's telephone number**	**Date**