Blue Care Network of Michigan

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

# *Blue Care Network Qualification Form*

## What to do

The *Blue Care Network Qualification Form* is on Page 2. It applies to members who are part of:

- Healthy *Blue* Living℠ HMO
- Healthy *Blue* Living HMO Basic℠
- BCN Wellness Rewards Tracking℠

Complete the *Member Section*, then give the form to your primary care provider as a reminder for him or her to submit your form online. **Online submission of your qualification form is due within the first 90 days of your plan year.** Your deadline date is posted on your to-do list in your member account at **bcbsm.com.** See below.

You don't need to wait until your new plan year starts to see your doctor. We'll accept a qualification form from an office visit that occurred up to 180 days before the start of your plan year.

## Learn your requirements, deadline dates and more about your coverage

You have certain tasks to complete within specific timeframes. **Here's how you can check what you need to do, see the deadline dates of your requirements and learn more about your coverage:**

- Refer to the *Welcome Book* you received in the mail.
- Save the letters you receive from BCN about the requirements and deadlines specific to you.
- Check your to-do list in your member account; your requirements and deadlines are posted here.
    - Log in to your member account at **bcbsm.com** using your computer or the web browser on your mobile device or tablet (not the Blue Cross mobile app).
    - Click *My Coverage* in the navigation menu.
    - Click *Medical* from the drop-down menu.
    - Click *To-do List.*
- Call the Customer Service number on the back of your BCN member ID card with questions.

**Important:** The qualification form shows that a cotinine test is required. A cotinine test checks for tobacco use. Some members may not be required to complete the cotinine test — see your member materials for information.

# Blue Care Network Qualification Form

to be submitted electronically by your primary care physician

Blue Care Network of Michigan

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

## 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**<br>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<br>☐ B. Tobacco user: Commits to enroll in or is enrolled in BCN-designated tobacco-cessation program<br>☐ 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<br>☐ Blood ☐ Urine<br>☐ Positive ☐ Negative<br>Date of cotinine test: _____<br>Cotinine level: _____ ng/mL |
| **Weight**<br>Body mass index <30 kg/m$^2$ | ☐ A. BMI <30<br>☐ B. BMI is ≥ 30: Commits to enroll in a BCN-sponsored weight-management program<br>☐ C. BMI is ≥ 30: Does not commit to enroll in a BCN-sponsored weight-management program | Date height and weight measured: _____<br>Height: _____ (feet) _____ (inches)<br>Weight (pounds): _____ BMI: _____ |
| **Blood pressure**<br><140/90 mmHg | ☐ A. Does not have high blood pressure or it is controlled<br>☐ B. Has high blood pressure that is not controlled but is following treatment<br>☐ C. Has high blood pressure; does not commit to or is not following treatment | Systolic: _____ Diastolic: _____<br>Date of blood pressure reading: _____ |
| **Cholesterol**<br>LDL target level based on risk factors: <100, <130 or <160 | ☐ A. Does not have high cholesterol or it is well controlled<br>☐ B. Has high cholesterol that is not controlled but is following treatment or does not tolerate treatment<br>☐ C. Has high cholesterol; does not commit to or is not following treatment | Total cholesterol: _____<br>LDL: _____ HDL: _____<br>Triglycerides: _____<br>Date of cholesterol test: _____ |
| **Blood sugar**<br>Fasting blood sugar or A1C<br>**Non-diabetic:** FBS <126mg/dL A1C <6.5%<br>**Known diabetic:** A1C goal <8% | ☐ A. Does not have diabetes or A1C is well controlled<br>☐ B. A1C is not controlled but is following treatment<br>☐ C. A1C is not controlled; does not commit to or is not following treatment | ☐ **No known diabetes**<br>FBS: _____ mg/dl A1C: _____<br>☐ **Known diabetes** A1C: _____<br>Date of A1C or FBS test: _____ |
| **Depression**<br>Any depression is in full remission | ☐ A. Does not have either history or current symptoms of depression<br>☐ B. Has depression and is following treatment<br>☐ C. Has depression and does not commit to or is not following treatment | Date of PHQ-2 or PHQ-9 test: _____<br>PHQ-2 score: _____<br>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, or NPI |
|---|---|---|
| Physician's signature | Physician's telephone number | Date |