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. Ask your doctor for a copy of the completed form.

Make sure your doctor knows the deadline for submitting your form (90 days from the start of your plan year). It must be submitted electronically to BCN by your doctor. **Before the deadline**, visit Member Secured Services at **MiBCN.com** or call the Customer Service number on the back of your ID card to check that BCN has received your form.

Save on copayments and deductible by meeting the following requirements. They're as easy as 1, 2, 3:

	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 at **MiBCN.com.**	
3	Meet 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 **MiBCN.com/hbl.** Or, call the Customer Service number on the back of your ID card.

BCN encourages members to consult with their doctors before starting any regular exercise or weight management program. Members should also consult with their doctors if they have concerns that the programs or behaviors recommended by BCN or their primary care physicians are unreasonably difficult due to a medical condition or are medically inadvisable. A BCN primary care physician will work with the member to develop the most medically appropriate treatment plan to improve the member's health status.

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Blue Care Network
Qualification Form to be submitted electronically by your provider

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℠. 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)

Refer to Health e-Blue for standards of care **Criteria**	**Score**	A cotinine test is not needed for self-reported tobacco users **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.	☐ 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