

## Member instructions for Qualification Form


Attached is the BCN *Qualification Form* that you are required to take to your primary care physician for your first visit and any follow-up visits.


Please fill out the top section of the form.


Be sure you meet the deadlines so you qualify to pay the lowest amount for your health care.

### Remember these steps

- The first 90 days of the plan year: Visit your primary care physician to complete the form and send it to BCN.
- After your first doctor visit: You **may** have additional requirements.
  - If you smoke, join our free Quit the Nic smoking cessation program (1-800-811-1764) within 120 days of the start of the plan year. Actively participate in the program until you quit smoking.
  - If your body mass index is 30 or above, join one of BCN's two weight management programs within 120 days of the start of the plan year. More information is available at **MiBCN.com** and in your member materials.
  - If other health measures show you require follow-up care, your doctor will check a box showing how soon you need to return for follow-up. You must see your doctor in the timeframe checked.
- Return the form: Here's how you can return the completed form to BCN. Please keep a copy for your records.

 **Mail:** Blue Care Network  
P.O. Box 68710  
Grand Rapids, MI 49516-8710

 **Fax:** 1-866-637-4972

 **Online:** Ask your doctor if he or she can send us the form electronically and give you a copy.

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**Please note:** Remember to complete a BCN health assessment. For details, visit **MiBCN.com** or call Customer Service at 1-800-662-6667 (TTY: 1-800-257-9980).

# Guidelines to Good Health

These guidelines are for the physician's reference. They are a condensed version of BCN's clinical guidelines.

## Healthy Lifestyle Behaviors

Modifications	Recommendations
Weight reduction	Maintain normal body weight (body mass index 18.5 - 24.9 kg/m <sup>2</sup> ).
DASH eating plan	Adopt a diet rich in fruits, vegetables, and low-fat dairy products with reduced saturated and total fat.
Dietary sodium reduction	Reduce dietary sodium intake to 1500-2400 mg per day.
Aerobic physical activity	Regular aerobic physical activity (e.g., brisk walking) at least 30 minutes per day, most days of the week.

## Blood Pressure Control

Category	Systolic BP mmHg	Diastolic BP mmHg	Recommended Follow-Up
Normal	< 120	< 80	Recheck every visit at least every two years.
Pre-hypertension	120 - 139	80 - 90	Recheck every visit at least within one year.
Hypertension Stage 1	140 - 159	90 - 99	Initiate pharmacologic therapy and recheck at monthly intervals.
Hypertension Stage 2	> 160	> 100	Initiate therapy and check weekly or more often if necessary.

## Cholesterol Management

Risk Category	LDL Goal
Lower risk 0 - 1 risk factors	< 160mg/dL
Moderate risk (when 10-year-risk < 10%) Multiple (2 or more) major risk factors	< 130 mg/dL
Moderate high risk (10-year risk 10% - 20%) Multiple (2 or more) major risk factors	< 130 mg/dL (optional goal < 100mg/dL)
High risk (10 year risk > 20% CHD or CHD risk equivalents including patients with diabetes > 40 years of age)	< 100 mg/dL
Very high risk (10-year risk > 20%)	< 100 mg/dL (optional goal < 70 mg/dL)

## Blood Sugar Control/Diabetes Management

Category	Goal
Glycemic (sugar) control	<ul style="list-style-type: none"> <li>A1C of &lt; 8.0</li> <li>Pre-prandial plasma glucose 90 - 130 mg/dL</li> <li>Post-prandial plasma glucose &lt; 180 mg/dL</li> </ul>
Blood pressure	<ul style="list-style-type: none"> <li>&lt; 140/90</li> </ul>
Cholesterol	<ul style="list-style-type: none"> <li>LDL C &lt; 100 mg/dL for diabetics &gt; 40 years of age</li> </ul>

- Normal fasting blood sugar for under age 45, every five years; age 45+, every three years.
- Lifestyle modification (weight management and physical activity)
- Diabetes self-management education
- Medical nutrition therapy
- Treatment
- Annual screenings for diabetic patients include:
  - Diabetic eye examination (in the absence of retinopathy, repeat in two years)
  - Urine microalbumin-to-creatinine ratio (for patients not treated with ACEIs or ARBs) and eGFR
  - LDL screening
  - HbA1c screening

A list of the components of the comprehensive diabetic evaluation is on the American Diabetes Association website [diabetes.org](http://diabetes.org).\*

\*BCN does not control this website or endorse its general content.

# Blue Care Network Qualification Form

Exam date:



**MEMBER:** Complete this section. After your primary care physician completes the health information below, mail the form to Blue Care Network, P.O. Box 68710, Grand Rapids, MI 49516-8710 or fax to 1-866-637-4972.

Last name		First name		Date of birth
Contract/enrollee ID number			<b>Ethnicity (optional):</b> <input type="checkbox"/> Arab American <input type="checkbox"/> Asian American <input type="checkbox"/> Black not Hispanic <input type="checkbox"/> Chaldean <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> North American Native <input type="checkbox"/> White not Hispanic <input type="checkbox"/> Other	
Telephone number				

**BCN PRIMARY CARE PHYSICIAN:** Complete and sign this form. Submit electronically via Health e-Blue or return the form to the member to mail or fax to BCN. See criteria details.

Health measure criteria	Member's measurements	Member's status
<b>NEW</b>		
<b>Tobacco</b> Non-tobacco user (never used or quit >1 month with cotinine levels of <10 ng/mL for serum or <100 ng/mL for urine)	<b>Cotinine results:</b> <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Positive <input type="checkbox"/> Negative Cotinine level _____ ng/mL	<input type="checkbox"/> A. Does not use tobacco. <input type="checkbox"/> B. Tobacco user: Commits to enroll in or is enrolled in BCN-designated smoking cessation program. <input type="checkbox"/> C. Tobacco user: Does not commit to and is not enrolled in BCN-designated smoking cessation program.
<b>Weight</b> Body mass index <30 kg/m <sup>2</sup>	<b>Height:</b> _____ feet _____ inches <b>Weight:</b> _____ pounds <b>BMI:</b> _____ . _____ <input type="checkbox"/> <b>Pregnant</b>	<input type="checkbox"/> A. BMI <30. <input type="checkbox"/> B. BMI is ≥ 30: Commits to enroll in a BCN-sponsored weight-management program. <input type="checkbox"/> C. BMI is ≥ 30: Does not commit to enroll in a BCN-sponsored weight-management program.
<b>Blood pressure</b> <140/90 mmHg	<b>BP reading:</b> _____ / _____ mmHg	<input type="checkbox"/> A. Does not have high blood pressure or it is controlled. <input type="checkbox"/> B. Has high blood pressure that is not controlled, but is following treatment. <input type="checkbox"/> C. Has high blood pressure; does not commit to or is not following treatment.
<b>Cholesterol</b> LDL target level based on risk factors: <100, <130 and <160	Total: _____ LDL: _____ HDL: _____ Triglycerides: _____	<input type="checkbox"/> A. Does not have high cholesterol or it is well controlled. <input type="checkbox"/> B. Has high cholesterol that is not controlled, but is following treatment or does not tolerate treatment. <input type="checkbox"/> C. Has high cholesterol; does not commit to or is not following treatment.
<b>Blood sugar</b> Fasting blood sugar or A1C	<b>No known diabetes</b> FBS: _____ (Nondiabetic <126 mg/dL) <b>or</b> A1C: _____ (Nondiabetic <6.5%) <b>Known diabetes</b> A1C: _____ (Goal <8%)	<input type="checkbox"/> A. Does not have diabetes or A1C is well controlled. <input type="checkbox"/> B. A1C is not controlled but is following treatment. <input type="checkbox"/> C. A1C is not controlled; does not commit to or is not following treatment.
<b>NEW</b>		
<b>Depression</b> Any depression is in full remission	PHQ-2 Score: _____ If >2, then do PHQ-9 PHQ-9 Score: _____ (For screening information, turn to the back of this form.)	<input type="checkbox"/> A. Does not have either history or current symptoms of depression. <input type="checkbox"/> B. Has depression and is following treatment. <input type="checkbox"/> C. Has depression and does not commit to or is not following treatment.

**MEMBER FOLLOW-UP:** Your physician wants to see you in:

- 0-3 mos.  
  4-6 mos.  
  7-9 mos.  
  10-12 mos.  
  13-24 mos.

**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

**These guidelines are for physician's reference.**

**New requirement: Cotinine test for tobacco use**

If cotinine is negative on first test, member does not have to repeat. If cotinine is positive on first test, member must repeat every year. Self-reported tobacco users do not need to test.

**New requirement: PHQ depression screening**

**BCN is making this depression screening tool available for you to use in your own clinical practice. Results entered here are not routinely reviewed by nor acted upon by BCN. Please note that you are solely responsible for the appropriate clinical use of this tool and the results.**

Response codes:      Not at all = 0              More than half the days = 2  
   Several days = 1              Nearly every day = 3

Over the last two weeks, how often have you been bothered by any of the following problems?

- |                            |   |
|----------------------------|---|
| <b>P<br/>H<br/>Q<br/>2</b> | 1. Little interest or pleasure in doing things?    0   1   2   3    _____ |
|                            | 2. Feeling down, depressed, or hopeless?        0   1   2   3    _____    |

**If greater than 2, continue below:**

**P  
H  
Q  
9**

- |   |               |
|---|---------------|
| 3. Trouble falling or staying asleep, or sleeping too much?   | 0   1   2   3 |
| 4. Feeling tired or having little energy?   | 0   1   2   3 |
| 5. Poor appetite or overeating?   | 0   1   2   3 |
| 6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down?   | 0   1   2   3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television?   | 0   1   2   3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual? | 0   1   2   3 |
| 9. Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?   | 0   1   2   3 |

<b>Depression Severity</b>			
0 - 4	Minimal or None	15 - 19	Moderately Severe
5 - 9	Mild	20 - 27	Severe
10 - 14	Moderate		

The PHQ-9 is not intended to be used as the sole basis for evaluation; sound clinical judgment should always be exercised in diagnosing depression and in recommending treatment. When used to screen previously undiagnosed patients PHQ-9 scores of less than five generally indicate no need for treatment; further evaluation is indicated for patients who score 5 or higher. Treatment should be seriously considered for patients who score 10 or higher and referral to specialty care should be seriously considered for patients who score above 15. PHQ-9 scores of 20-27 indicate a possible need for urgent or emergent intervention. Any positive score to Question 9 may itself indicate the need for further evaluation and perhaps even urgent or emergent intervention.

**Depression treatment recommendations**

- Mild depression: psychotherapy or medication
- Moderate or severe depression: psychotherapy and medication
- First episode with medication: treat 12 months then taper slowly over 4-6 months
- Recurrent depression (>1 episode): consider lifetime prophylaxis

To see all clinical guidelines for depression, go to Health e-Blue.

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at [pfizer.com](http://pfizer.com). \* Copyright © 2005 Pfizer Inc. All rights reserved. Reproduced with permission. The names PRIME-MD® and PRIME-MD TODAY® are trademarks of Pfizer Inc.