

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 (800-811-1764) within 120 days of the start of the plan year. Actively participate in the program and visit your doctor every six months until you quit smoking.
 - If your body mass index is 30 or above, complete BCN's two online weight management questionnaires within 120 days of the start of the plan year and visit your doctor every six months. The questionnaires are available after you complete the health assessment at **MiBCN.com**.
 - If other health measures show you require follow-up care, your doctor will write down how soon you need to schedule a follow-up appointment. You must see your doctor within the timeframe noted.
- Send us the form: Here's how you can send a copy of the form to BCN. (Please keep a copy for your records.)

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

 **Fax:** 866-637-4972

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

Please note: Don't forget to complete a BCN health assessment. For more information, visit **MiBCN.com** or call Customer Service at 800-662-6667 (TTY: 800-257-9980).

Qualification Form

Exam date:



Blue Care Network
of Michigan

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

MEMBER: Complete this section. Your signature verifies the information is complete and accurate. 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 866-637-4972.

Name	Contract number	Date of birth
Signature	Telephone	Date

BCN PRIMARY CARE PHYSICIAN: Complete and sign this form for the member to be eligible for lower out-of-pocket costs. **Turn over for details of our criteria.**

Health measure criteria	Member status (Complete at initial and follow-up visits.)	Improvement (At follow-up visits: check all that apply.)
Smoking Nonsmoker (never smoked or quit > 1 mo.)	<input type="checkbox"/> A. Nonsmoker.....25 points <input type="checkbox"/> B. Smoker. Commits to enroll or is enrolled in Quit the Nic..25 points <input type="checkbox"/> C. Smoker. Does not commit to enroll or is not enrolled.....0 points	<input type="checkbox"/> Enrolled in Quit the Nic <input type="checkbox"/> Taking medication <input type="checkbox"/> Quit smoking
Weight Body mass index < 30	Height: _____ Weight: _____ BMI: _____ <input type="checkbox"/> Pregnant <input type="checkbox"/> A. BMI < 30.....25 points <input type="checkbox"/> B. BMI ≥ 30. Commits to or completed BCN weight management questionnaires and is following treatment..25 points <input type="checkbox"/> C. BMI ≥ 30. Does not commit to, did not complete questionnaires or is not following treatment..... 0 points	<input type="checkbox"/> Making dietary changes <input type="checkbox"/> Participating in weight loss coaching <input type="checkbox"/> Engaging in physical activity <input type="checkbox"/> There is evidence patient is improving
Blood pressure <140/90	BP reading: _____ <input type="checkbox"/> A. Does not have high blood pressure or it is controlled..... 20 points <input type="checkbox"/> B. BP not controlled but is following treatment..... 20 points <input type="checkbox"/> C. High BP. Doesn't commit to or is not following treatment.....0 points	<input type="checkbox"/> Making dietary changes <input type="checkbox"/> Engaging in physical activity <input type="checkbox"/> Taking medication <input type="checkbox"/> There is evidence patient is improving
Cholesterol Acceptable LDL per guidelines	Total: _____ LDL: _____ HDL: _____ <input type="checkbox"/> A. Does not have high cholesterol or it is well controlled.....10 points <input type="checkbox"/> B. Not controlled but is following treatment..... 10 points <input type="checkbox"/> C. Not controlled. Does not commit to or is not following treatment..... 0 points	<input type="checkbox"/> Making dietary changes <input type="checkbox"/> Engaging in physical activity <input type="checkbox"/> Taking medication <input type="checkbox"/> There is evidence patient is improving
Alcohol use Less than 2 drinks per day (See CAGE on back of form)	Use: _____ <input type="checkbox"/> A. Does not have alcohol problem or it is well controlled.....10 points <input type="checkbox"/> B. Has problem but is following treatment.....10 points <input type="checkbox"/> C. Has problem. Does not commit to or is not following treatment..... 0 points	<input type="checkbox"/> Participating in treatment <input type="checkbox"/> Taking medication <input type="checkbox"/> Completed treatment <input type="checkbox"/> There is evidence patient is improving
Blood sugar Normal fasting blood sugar or HbA1c ≤ 7	FBS: _____ (nondiabetic) HbA1c: diabetic _____ <input type="checkbox"/> A. No diabetes or it is well controlled.....10 points <input type="checkbox"/> B. Diabetes not controlled but is following treatment.....10 points <input type="checkbox"/> C. Diabetes. Doesn't commit to or is not following treatment.....0 points	<input type="checkbox"/> Making dietary changes <input type="checkbox"/> Engaging in physical activity <input type="checkbox"/> Taking medication <input type="checkbox"/> There is evidence patient is improving

TOTAL POINTS _____

FOLLOW-UP: Smokers or patients with a BMI ≥ 30: require follow-up every 6 months. For other patients: follow your guidelines. The patient requires a follow-up visit in:

<input type="checkbox"/> 0-3 mos.	<input type="checkbox"/> 4-6 mos.	<input type="checkbox"/> 7-9 mos.	<input type="checkbox"/> 10-12 mos.	<input type="checkbox"/> 13-24 mos.
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PHYSICIAN SIGN-OFF: I verify the information supplied is complete and accurate.

Physician name	Physician state license no.
Telephone	Date
Physician signature	

Guidelines to Good Health These guidelines are for your PCP to 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 ²)
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.
Moderation of alcohol consumption	Men: limit to ≤ 2 drinks per day Women and lighter weight persons: limit to ≤ 1 drink per day.

Blood Pressure Control

<ul style="list-style-type: none"> Lifestyle Modification (weight management and physical activity) Medication management 	Category	Systolic BP mmHg	and or or or	Diastolic BP mmHg	Recommended Follow Up
	Normal	< 120		< 80	Recheck every visit at least every 2 years
	Pre-hypertension	120 - 139		80 - 89	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 pharmacologic therapy and recheck within stage 2 or BP > 180/110 mmHg, evaluate and treat immediately

Cholesterol Management

<ul style="list-style-type: none"> Beginning at age 18, test must be done every 5 years. Risk levels determine the LDL goals for treatment. Your PCP will determine your goal based on your risk factors. If after 3 months of healthy lifestyle, the LDL remains above goal, consider pharmacological therapy. 	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)	< 100 mg/dL
	Very high risk (10-year risk > 20%)	< 100 mg/dL (optional goal < 70 mg/dL)

CAGE

<ul style="list-style-type: none"> Behavioral health services are available 24 hours a day, without a referral at 800-482-5982, or you can contact your primary care physician if you have concerns with any of the questions listed. 	Cut:	Have you ever felt you should cut down on drinking?
	Annoyed:	Have people annoyed you by criticizing your drinking?
	Guilty:	Have you ever felt bad or guilty about your drinking?
	Eye Opener:	Have you ever had an early-morning drink to steady your nerves or get rid of a hangover?

Blood Sugar Control/Diabetes Management

<ul style="list-style-type: none"> Normal fasting blood sugar for under age 45, every 5 years; age 45+, every 3 years. Lifestyle modification (weight management and physical activity) Diabetes self-management education Medical nutrition therapy Treatment Annual screenings for diabetics include:	Category	Goal
	Glycemic (Glucose) Control	<ul style="list-style-type: none"> HbA1c of < 7.0 Pre-prandial plasma glucose 90 - 130 mg/dL Post-prandial plasma glucose < 180 mg/dL
	Blood Pressure	<ul style="list-style-type: none"> < 130/80
	Cholesterol	<ul style="list-style-type: none"> LDL-C < 100 mg/dL. Triglycerides < 200 mg/dL

- Diabetic eye examination
- Nephropathy screening
- LDL screening
- HbA1c screening

A list of the components of the comprehensive diabetic evaluation can be found on the American Diabetes Association Web site diabetes.org.
*BCN does not control this Web site or endorse its general content.