

Health Qualification Form



Instructions to Member: Please complete and sign your portions of this form and obtain the necessary information and signature from your healthcare provider. **Refer to your Blue Cross of Idaho health insurance ID card to complete the fields below. Mail the completed form to the address indicated on the back of this form.**

Instructions to Healthcare Provider: Please check the appropriate box for each health measure and include dates, readings, comments under the "Values" section. Then total the points, sign this form, and give completed form back to your patient. **Please submit the claims identifying the preventive visit as a wellness service to ensure the office visit falls under your patient's preventive care benefit.**

Questions about this form?
 Contact Blue Cross of Idaho
 Customer Service by phone at
(208) 331-7347 or (800) 627-1188
 or email inquiries to:
CustomerService@BCIdaho.com

Member Information		
Member Name		Blue Cross of Idaho Subscriber ID Number (9-digit number)
Date of Birth (mm/dd/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number
Employer Group Name City of Idaho Falls		Group Number 10033329

Healthcare Provider Information		
Healthcare Provider Name (Please Print)	Telephone Number	Healthcare Provider State License Number or National Provider ID (NPI)

Health Measure	Initial Evaluation	Values (Required)
1. Tobacco Free	Check one: <input type="checkbox"/> A (25 points) Tobacco-Free Patient needs to be tobacco-free for three (3) consecutive months prior to effective date of coverage <input type="checkbox"/> B (25 points) Patient commits to complete a tobacco cessation course within 90 days. <input type="checkbox"/> C (0 points) Patient has declined to become tobacco-free	Assessment Date: ____/____/____
2. Blood Pressure Control	Check one: <input type="checkbox"/> A (15 points) BP < 140/90 if non-diabetic or BP < 130/80 if diabetic <input type="checkbox"/> B (15 points) BP ≥ 140/90 if non-diabetic or BP ≥ 130/80 if diabetic and patient commits to follow healthcare provider's treatment plan to reach goal <input type="checkbox"/> C (0 points) BP ≥ 140/90 if non-diabetic or BP ≥ 130/80 if diabetic and patient declines to follow recommendations to otherwise qualify	Measurement Date: ____/____/____ BP Value: ____/____
3. Cholesterol Control	Check one: <input type="checkbox"/> A (15 points) Total cholesterol < 200 mg/dl or LDL ≤ 130 mg/dl <input type="checkbox"/> B (15 points) Total cholesterol ≥ 200 mg/dl or LDL > 130 mg/dl and patient commits to actively follow healthcare provider's treatment plan to reach goal <input type="checkbox"/> C (0 points) Total cholesterol ≥ 200 mg/dl or LDL > 130 mg/dl and patient declines to follow recommendations to otherwise qualify	Measurement Date: ____/____/____ Total Cholesterol: ____mg/dl Triglycerides: ____mg/dl HDL: ____mg/dl LDL: ____mg/dl

Make a copy of this completed form and keep for your records.

Reminder to Healthcare Professionals: Please submit the claims identifying the preventive visit as a wellness service to ensure the office visit falls under your patient's preventive care benefit.

<i>Health Measure</i>	<i>Initial Evaluation</i>	<i>Values (Required)</i>
4. Healthy Weight	Check one: <input type="checkbox"/> A (15 points) BMI ≤ 28 <input type="checkbox"/> B (15 points) BMI > 28 and patient commits to actively participate in a weight-loss program to reach goal <input type="checkbox"/> C (0 points) BMI > 28 and patient declines to follow recommendations to otherwise qualify	Measurement Date: ____/____/____ BMI: _____ Waist: _____ inches Height: _____ ft. _____ inches Weight: _____ lbs.
5. Acceptable Alcohol Use	Check one: <input type="checkbox"/> A (15 points) Consumes < 3 servings per day Acceptable alcohol intake that indicates patient has no issues with alcohol consumption <input type="checkbox"/> B (15 points) Consumes ≥ 3 servings per day and patient commits to actively follow the healthcare provider's treatment plan to reach goal <input type="checkbox"/> C (0 points) Consumes ≥ 3 servings per day and patient declines to follow recommendations to otherwise qualify	Alcohol Assessment Date: ____/____/____ Acceptable alcohol consumption: Serving size is 12 ounces of beer, 5 ounces of wine or 1.5 ounces of distilled spirits Limit to < 3 servings per day on average Unacceptable alcohol consumption (men or women): Consumes more than 2 servings per day on average
6. Blood Sugar Control	Check one: <input type="checkbox"/> A (15 points) Fasting Blood Sugar (FBS) is <100md/dl if non-diabetic or A1c is <7.0% if diabetic <input type="checkbox"/> B (15 points) Abnormal FBS or A1c and patient commits to actively follow the healthcare provider's treatment plan to reach goal <input type="checkbox"/> C (0 points) Abnormal FBS or A1c and patient declines to follow recommendations to otherwise qualify	Measurement Date: ____/____/____ <input type="checkbox"/> Non-diabetic <input type="checkbox"/> Diabetic FBS: ____mg/dl OR A1c: ____%
Member follow-up: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> as needed	Member's total points: _____ <i>(100 points possible)</i>	Mail a copy of completed form to: Blue Cross of Idaho Attn: Healthy Measures/HQF P.O. Box 7408 Boise, ID 83707-1408 or Fax Toll Free to: 800-471-4424 or Scan & Email to: <i>healthymeasures@bcidaho.com</i>
The signed parties agree that all of the information supplied is complete and accurate.		
Member Signature		Date
Healthcare Provider Signature		Date

This information is confidential and your results will not be shared with your employer.

Note to Member: If it is unreasonably difficult due to a medical condition or medically inadvisable for you to meet the requirements of this program, Blue Cross of Idaho and your employer will work with you to develop another way to qualify. Please submit a waiver with your healthcare provider's certification and signature. Contact Blue Cross of Idaho to request a waiver. The information from your Health Qualification Form is strictly confidential and will not be shared with your employer. Blue Cross of Idaho will only inform your employer of your qualification status.

Source: Blue Cross of Idaho bases ranges on clinical guidelines available to members and providers on the Blue Cross of Idaho Web site at www.bcidaho.com.

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