Blue Cross of Idaho

Boise Cascade

Health Qualification Form

The information on this form is strictly confidential and will not be shared with your employer. See the back of this form for complete instructions.

Member Information *(complete and sign)*

Name *(Please print)*		Blue Cross of Idaho Subscriber ID Number *(9-digit number)*
Date of Birth *(mm/dd/yyyy)*	Sex: ❑ Male ❑ Female	Telephone Number
Employer Group Name **Boise Cascade Company**		Group Number **10033694**
Member Signature	❑ Spouse ❑ Employee	Date

Healthy Measures is a voluntary program. If you do not want to participate this year, mark the decline box below and submit your form to Blue Cross of Idaho.

❑ I decline to participate in the Healthy Measures program and understand this means I will not be eligible for the Healthy Measures incentive.

Healthcare Professional providing this service *(complete and sign)*

Provider Name *(Please print)*	Telephone Number	State License Number or National Provider ID (NPI)
Provider Signature		Date

Healthcare Provider: Please provide your information above and complete the health measures below.

Health Measure	Initial Evaluation			Values (Required)
Tobacco Use	Check one ***(required)***:			
	❑ A (25 points)	❑ B (25 points)	❑ C (0 points)	Assessment Date: ____/____/_____
	Patient is tobacco-free for six consecutive months prior to assessment date	Patient uses tobacco but commits to enroll in a company-provided tobacco cessation program before the end of the qualification period	Patient declines to become tobacco-free	
Blood Pressure	Check one ***(required)***:			
	❑ A (15 points)	❑ B (15 points)	❑ C (0 points)	Measurement Date: ____/____/_____
	BP < 140/90 if non-diabetic or BP < 130/80 if diabetic	BP ≥ 140/90 if non-diabetic or BP ≥ 130/80 if diabetic and patient commits to treatment	BP ≥ 140/90 if non-diabetic or BP ≥ 130/80 if diabetic and patient declines treatment	BP Value: _____
Cholesterol *(measured by total cholesterol or low-density lipoprotein)*	Check one ***(required)***:			
	❑ A (15 points)	❑ B (15 points)	❑ C (0 points)	Measurement Date: ____/____/_____
	Total cholesterol < 200 or LDL ≤ 130	Total cholesterol ≥ 200 or LDL > 130 and patient commits to follow treatment plan	Total cholesterol ≥ 200 or LDL > 130 and patient declines to follow treatment plan	Total Cholesterol: _____mg/dl Triglycerides: _____mg/dl HDL: _____mg/dl LDL: _____mg/dl
Weight *(measured by body mass index)*	Check one ***(required)***:			
	❑ A (15 points)	❑ B (15 points)	❑ C (0 points)	Measurement Date: ____/____/_____
	BMI ≤ 28	BMI > 28 and patient commits to participate in a weight-loss program to reach goal	BMI > 28 and patient declines to participate in a weight-loss program	BMI: _____ Waist: _____inches Height: _____ft._____ inches Weight: _____lbs.
Blood Sugar *(measured by fasting blood sugar or hemoglobin A1c)*	Check one ***(required)***:			
	❑ A (15 points)	❑ B (15 points)	❑ C (0 points)	Measurement Date: ____/____/_____
	FBS ≤ 100 or A1c ≤ 5.8 if non-diabetic or A1c < 7 if diabetic	FBS > 100 or A1c > 5.8 if non-diabetic or A1c ≥ 7 if diabetic and patient commits to follow treatment plan	FBS > 100 or A1c is > 5.8 if non-diabetic or A1c is ≥ 7 if diabetic and patient declines to follow treatment plan	❑ Non-diabetic ❑ Diabetic FBS: _____mg/dl OR A1c: _____%

Member follow-up: ❑ 3 months ❑ 6 months ❑ 1 year ❑ as needed

Member's total points_____

This information is confidential and your results will not be shared with your employer. The signed parties agree that all of the information supplied is complete and accurate.
Make a copy of this completed form and keep for your records.

Instructions to Member: Please complete and sign your portions of this form. **Refer to your Blue Cross of Idaho health insurance ID card to complete the fields on the front of this form.** Obtain the necessary information and signature from your healthcare provider, and be sure to ask him/her to submit the claims identifying the preventive visit as a wellness service to ensure the office visit falls under your preventive care benefit. **Submit your completed form using one of the methods indicated below and be sure to keep a copy for your records.**

Instructions to Healthcare Provider: Please check the appropriate box for each health measure located on the chart on the front of this form. Include dates, readings, and comments under the "Values" section below. 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.**

Note to Member: We are committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 866-588-6173 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

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

Questions about this form?
Contact Blue Cross of Idaho Customer Service by phone at **866-588-6173**
or email inquiries to: ***CustomerService@BCIdaho.com***

Option 1	Option 2	Option 3	Option 4
Scan and upload (recommended): Login to ***members.bcidaho.com*** and click ***"Upload Your HQF Here"*** **Note:** You will receive an email confirmation once your HQF has been received.	**Scan and email to:** ***BCHealthyMeasures@bcidaho.com*** Note: You will receive an email confirmation once your HQF has been received.	**Mail to:** Blue Cross of Idaho *Attn: Healthy Measures* P.O. Box 7408 Boise, ID 83707	**Fax to:** Blue Cross of Idaho *Healthy Measures* 208-985-1887

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.