



## Completing the *Blue Care Network Qualification Form* on Health e-Blue<sup>SM</sup> for Healthy *Blue Living*<sup>SM</sup> members

The *Blue Care Network Qualification Form* is available for electronic submission on Health e-Blue. Click on *Panel – Healthy Blue Living Qualification Form* in the left navigation panel.

1. Select your physician name in the PCP drop-down filter and click on *Search Records*.
2. Select the member's contract number. If the member does not yet appear in your panel, please use the *Enter New Member* button on the right side of your panel report. Enter the required demographic information — first name, last name, date of birth, phone number and gender — at the top of the form, and then complete the entire form.
3. Select the physician name from the Physician drop-down list.
4. Select the *Follow-up Visit Required* range from the drop-down list if you want to choose a different time frame than the default, which is 10-12 months.
5. Enter the *Visit Date* using the pop-up calendar, or enter the date using the MM/DD/YYYY format.
6. Answer all six questions using the radio buttons. Select either A, B, or C. The criteria and examples are as follows:
  - A – Member does not have condition or member has condition and meets the health measure criteria.
  - B – Member has condition but is actively participating in treatment.
  - C – Member has condition and does not commit to or follow treatment.

**Example:** For the weight health measure, fill in height and weight; the body mass index will automatically be calculated. Check off one of the following:

A – Member has BMI below 30.

B – Member has BMI of 30 or above and commits to enroll in a BCN-sponsored weight management program.

C – Member has BMI of 30 or above and does not commit to enroll in a BCN-sponsored weight management program.

**Note:** Members with a BMI of 30 or more must participate in either *Weight Watchers*<sup>®</sup> or a BCN-sponsored activity tracking program.

7. All lab results and test dates are required unless otherwise indicated (see below). You can save a partially completed form by clicking on the *Save as Incomplete* button.

#### About screening tests:

- Not all employer groups require test results for the tobacco (nicotine) and depression measures. If a member is already in the Health e-Blue system, a message will appear if the member's current employer group does not require the nicotine metabolite (cotinine) screen laboratory test to rule out nicotine use, or does not require depression screening.
- You do not need to retest a member who previously tested negative for cotinine. Health e-Blue will flag those members who do not need a cotinine test and provide the same message — that a cotinine result is not required.
- For all form submissions, however, you must still select tobacco (nicotine) use and depression scores of A, B or C to complete the form submission process.
- For most Healthy *Blue* Living plans, members who test positive for cotinine must participate in a nicotine use cessation program. This includes members who get their nicotine directly from tobacco products, such as cigarettes, cigars, chewing tobacco or hookahs, or through nicotine replacement devices, such as nicotine patches or e-cigarettes with nicotine cartridges. Nicotine use must be accounted for regardless of the source of the nicotine.
- The Health e-Blue system initially displays the first two questions (PHQ-2) of the PHQ-9 depression screening tool. A score greater than 2 on the PHQ-2 will prompt the system to display the remaining seven questions.
- If preventive guidelines do not recommend any screenings for the patient, it is acceptable to use information from the last physical examination to complete the new qualification form.
- If adding a member as a new member, you must complete all screening tests and results in order to save the form. The system does not know the employer group for the new members you are adding to Health e-Blue.

8. Click the *Save* button to save the qualification form. You will then receive a Certificate of Submission. Keep a copy with the member's medical records and provide a copy to the member.
9. Select the *Go Back* button to return to the previous screen. You will see a new row for this member with a circle check status flag confirming that you entered a qualification form for the member.
10. If you make changes to the qualification form later, please print a copy of the revised form for the member's medical records and send a copy to the member.

#### Important notes:

- If you enter text into a numeric field, you will receive an error message. All the data-entry boxes are for numeric values only. No text — which includes dashes, greater than or less than symbols — is accepted in those fields.
- PCPs receive a \$40 per member per year payment from BCN when submitting forms electronically.
- Providers must file a claim with BCN using procedure code 99080\* in order to receive the \$40 reimbursement for completing members' qualification forms. Please go to *BCN Provider Publications and Resources* on web-DENIS to read the *Healthy Blue Living visits and forms* billing example — available on both the Billing and BCN Products pages — for details on filing a claim.

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