

# HealthbyChoice Incentives<sup>SM</sup>

## qualification form

All fields are required unless noted.

**Members:** Complete Section 1. Please have your provider complete this form and submit it to Priority Health. If we do not receive the form, you will be moved from the Choice to the Standard level. If you have diabetes, your HbA1c test is not considered preventive.

**Provider:** Complete sections 2, 3 and 4 of this form and submit it to Priority Health. **Forms can also be completed online in the Provider Center by going to the HealthbyChoice forms section.** For online submission, go to [priorityhealth.com](http://priorityhealth.com) or fax to 616.942.0616. This is not a billable form.

### 1 Member information (to be completed by member)

Last name		First name		Middle initial
Last four digits of social security number X X X - X X - ____	Birth date / /	Contract ID number	Effective date / /	
I certify that the information I am providing to my provider is complete and accurate. I also agree to a follow-up plan with my provider, if applicable. I authorize my provider to release this information to Priority Health. All information will be handled confidentially.				
Signature			Date / /	

### 2 Health indicators for Incentives (to be completed by provider)

Qualifying results may be used from up to six months prior to the member's effective date.

Health indicator	Criteria	Result	Date of test	Criteria met
<b>Tobacco user<sup>1</sup></b>	Must be tobacco-free	<input type="checkbox"/> Tobacco user <input type="checkbox"/> Non-tobacco user	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Body Mass Index (BMI)<sup>2</sup></b>	Less than 30 (exception if pregnant)		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Blood pressure</b>	Less than 140/90		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proceed to Section 3 if any of the three health indicators above are marked "No" for criteria met.

Proceed to Section 4 if all three health indicators are marked as "Yes" for criteria met.

### 3 Additional requirements (to be completed if indicators in Section 2 not met)

Qualifying results may be used from up to six months prior to the member's effective date.

Health indicator	Criteria	Date of test
<b>Fasting cholesterol test - 82465<sup>3</sup></b>	<input type="checkbox"/> Test completed, or <input type="checkbox"/> Test ordered. (must be completed within 90 days of plan effective date)	/ /
<b>Fasting blood sugar - 82947<sup>3</sup></b>	<input type="checkbox"/> Test completed, or <input type="checkbox"/> Test ordered. (must be completed within 90 days of plan effective date)	/ /
<b>Provider follow-up plan</b>	Member has agreed to comply with a follow-up plan in all areas where the health indicator criteria were not met.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note to member: these labs may be subject to deductible, coinsurance or copayment.**

### 4 Provider sign-off

I acknowledge that this member has met the requirements listed above for the HealthbyChoice Incentives plan.  
I agree to keep a copy of this form in the patient's chart for follow-up and Priority Health audit.

Tax I.D.	Provider group (as it appears on your check)	Phone number ( )
Billing physician name		NPI number (if available)
Physician signature		Date / /

<sup>1</sup> Any type of tobacco use. <sup>2</sup> A member who is pregnant can meet the BMI criteria at the provider's discretion. Write "Pregnant" in the "RESULT" box and check "YES" for CRITERIA MET. <sup>3</sup> Suggested CPT billing code.

# Completing the **Health**byChoice Incentives qualification form

## **Tobacco: Must be tobacco-free**

**Section 2:** If non-tobacco user, include date of visit. Mark Yes or No, date and mark if criteria not met.

## **Body Mass Index: Must be <30, exception if pregnant<sup>1</sup>**

**Section 2:** Include height, weight, BMI and date and mark if criteria met.

## **Blood pressure: Must be <140/90**

**Section 2:** Record BP and date and mark if criteria met.

## **If you marked “No” for any health indicator in Section 2, move to Section 3.**

- Member must complete lab work.
- Member must agree to follow up treatment with provider.

## **Cholesterol: Fasting**

**Section 3:** Mark if test completed or ordered and date (member must complete test within 90 days.)

## **Blood sugar: Fasting blood sugar**

**Section 3:** Agree to follow-up plan and date.

<sup>1</sup> A member who is pregnant can meet the BMI criteria at the provider's discretion. Write “Pregnant” in the “RESULT” box and check “YES” for CRITERIA MET.