

TREATMENT PLAN FORM



Fax a copy of this form to: (810) 496-8470. Questions? Call 1-866-810-4540.

Or mail a copy to: Health & Lifestyle Dept., HealthPlus of Michigan, 2050 S. Linden Road, Flint, MI 48532

The Plus makes all the difference.

This form must be completed by the member's physician and submitted to HealthPlus within three calendar months of the member's effective date with HealthPlus HealthySolutions. Failure to submit this form by the due date will result in the member's benefits being moved from the Preferred to Base benefit level. **If any "Cs" are marked in the Member Status sections below, the member will not be eligible for Preferred benefits.**

SECTION 1 MEMBER INFORMATION <i>(to be completed by member)</i>		
Member Name (Last, First, Middle Initial)		Member email address
Member Date of Birth / /	HealthPlus ID # -	Phone Number () -
The information I have supplied to my physician is complete and accurate. If applicable, I agree to follow my physician's recommended treatment plan.		
Member signature:		Date: / /

SECTION 2 HEALTH INDICATORS <i>(to be completed by physician)</i>		Date of Visit / /
Health data 12 months prior to the member's effective date may be used.		
TOBACCO USER <i>(Includes all forms of tobacco)</i>	BODY MASS INDEX	BLOOD PRESSURE
Member Status (please check one) <input type="checkbox"/> A. Nonsmoker/nonuser <input type="checkbox"/> B. Commits to follow physician's treatment plan <input type="checkbox"/> Refer to HealthPlus Tobacco Cessation Program <input type="checkbox"/> Prescribe medication <input type="checkbox"/> Prescribe nicotine replacement therapy <input type="checkbox"/> Other: _____ <input type="checkbox"/> C. Does not agree to change behavior/pursue treatment	Member Status (please check one) BMI: _____ <input type="checkbox"/> A. BMI ≤30 (except if pregnant) <input type="checkbox"/> B. Commits to follow physician's treatment plan <input type="checkbox"/> Refer to HealthPlus Weight Management Program <input type="checkbox"/> Recommend WeightWatchers or Jenny Craig <input type="checkbox"/> Recommend fitness/exercise program <input type="checkbox"/> Other: _____ <input type="checkbox"/> C. Does not agree to change behavior/pursue treatment	<input type="checkbox"/> Newly diagnosed hypertension BP: _____ Member Status (please check one) <input type="checkbox"/> A. Blood pressure <140/90 (<130/80 if member has diabetes) <input type="checkbox"/> B. Commits to follow physician's treatment plan <input type="checkbox"/> Refer to fitness/exercise program <input type="checkbox"/> Recommend healthy eating program <input type="checkbox"/> Prescribed medication <input type="checkbox"/> Other: _____ <input type="checkbox"/> C. Does not agree to change behavior/pursue treatment

SECTION 3 MEMBER FOLLOW UP WITH PHYSICIAN
<input type="checkbox"/> 1 Month <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months

SECTION 4 AFTER COMPLETING SECTION 3, PLEASE SIGN AND FAX THIS FORM TO HEALTHPLUS AT (810) 496-8470.		
Physician Name (please print):	Phone () -	NPI #
Signature:	Date: / /	

SECTION 5 The following tests may be indicated based on the member's age and risk factors and are not required for submission of this form. For your convenience, please keep a copy of this form on the member's chart to use in review at follow-up visits.	
FASTING BLOOD SUGAR or HbA1c CONTROL <i>(Test results may be up to 12 months old)</i>	FASTING LIPID PROFILE <i>(Test results may be up to 12 months old)</i>
Date Test Ordered: / /	Date Test Ordered: / /
Fasting Blood Sugar: _____ or HbA1c: _____	Total Cholesterol: _____ HDL: _____ LDL: _____
Date Test Completed: / /	Triglycerides: _____ Date Test Completed: / /

Please mail/fax a copy of this completed form to HealthPlus, give one copy to the member, and keep one copy for your records. Thank you. For billing purposes, use Billing code 99401.

HealthPlus HealthySolutions Guidelines/Resources for Changing Behaviors

These guidelines are minimal requirements for healthy adults. They suggest that individuals who are at risk may require more frequent evaluations and tests. It is the responsibility of the treating physician to provide health services to meet the particular health needs of each patient.

HealthPlus Tobacco Cessation Program

To enroll in the HealthPlus Tobacco Cessation Program call 1-800-345-9956, ext. 1943 or email hquest@healthplus.org. The program includes the choice of a self-directed quit kit, phone counseling, web-based program, emails, reimbursement for authorized cessation classes and prescription benefits. Information is available on the HealthPlus Web site at www.healthplus.org, Health & Wellness.

HealthPlus Weight Management

HealthPlus members with a BMI of ≥ 35 are eligible for telephone coaching for weight management. To enroll your patient, call 1-800-345-9956, ext. 1943 or email hquest@healthplus.org. Other weight management options include: online coaching (to enroll patients, use contact information above); Weight Watchers, Jenny Craig and fitness center discounts. For Weight Watchers discount, call 1-866-252-3007. For other weight management discounts and additional information, visit the HealthPlus Web site at www.healthplus.org, Health & Wellness.

Blood Pressure Control (Measure blood pressure at every visit)

- Manage lifestyle (control weight, engage in physical activity, stop smoking)
- Control blood pressure

Category	Systolic BP mmHg		Diastolic BP mmHg	Follow-up recommendation
Normal	<120	and	<80	
Pre-hypertension	120-139	or	80-89	Check at least once a year
Hypertension Stage 1	140-159	or	90-99	Initiate pharmacologic therapy and check at monthly intervals until goal is reached
Hypertension Stage 2	≥ 160	or	≥ 100	Initiate pharmacologic therapy and check at weekly intervals (or more)

Cholesterol Management

Fasting lipid profile from age 18; if normal, repeat every 5 years, or every year if on lipid-lowering drugs or patient has CHD or CHD risk equivalents.

- Treatment is based on LDL-C, risk factors, presence of CHD or equivalents
- Calculate short-term risk for patients with 2+ risk factors using Framingham projection of 10-year absolute risk
- TLC includes: Reduced intake of saturated fat and cholesterol; increased viscous fiber and plant stanols; weight reduction and increased physical activity

Risk Category	LDL-C Goal
High-risk: CHD or CHD Risk Equivalents (10-year risk $>20\%$)	<100 mg/dL (optional goal: <70 mg/dL)
Moderate risk: 2+ risk factors (10-year risk $\leq 20\%$)	<130 mg/dL
Lower risk: 0-1 risk factor (10-year risk $<10\%$)	<160 mg/dL

Diabetes Management

- Annual screenings for those with diabetes (more frequently if needed):
 - HbA1c test
 - BMI
 - LDL-C Screening
 - Blood Pressure
 - Cardiovascular risk factors
 - Nephropathy screening (or treatment with ACE/ARB)
 - Diabetic eye exam
 - Urine microalbumin measurement
 - Serum Creatinine and calculated GFR
 - Depression
- Manage lifestyle (control weight, engage in physical activity, stop smoking)
- Receive diabetes self-management education (with focus on glycemic control and cardiovascular risk reduction)
- Receive medical nutrition therapy/nutrition counseling

Category	Goal/Recommendation
<i>Undiagnosed Diabetes</i>	
Screening for diabetes	Fasting plasma glucose at least every three years if age 45 and older, and if younger than age 45 with BMI ≥ 25 plus one risk factor. More frequent screening may be appropriate for those with impaired fasting glucose (FPG 100 mg/dl (5.6 mmol/l) to 125 mg/dl (6.9 mmol/l) or multiple risk factors)
<i>Diagnosed Diabetes</i>	
Glycemic (glucose) control	HbA1c Goal is individualized, for most patients 7.0-8.0% Preprandial plasma glucose 70-130 mg/dl (3.9-7.2 mmol/l) Peak postprandial plasma glucose <180 mg/dl (<10.0 mmol/l)
Blood pressure	<130/80
Cholesterol	LDL-C <100 mg/dl
Organ damage	Prevent or delay the onset and progression of: Retinopathy Neuropathy Nephropathy Cardiovascular disease Chronic kidney disease

HealthQuest Disease Management Programs (Diabetes, Heart Failure, CAD, COPD)

HealthPlus members with diabetes, heart failure, CAD or COPD are automatically enrolled in the relevant HealthQuest Disease Management Program. Members may choose to "opt out" of the program. If a member opts out, the member does not receive the telephone calls and mail associated with the program. To determine if a member has opted out of an applicable HealthPlus HealthQuest Disease Management Program, or to assist a member with re-enrolling, call 1-800-345-9956, ext. 1943 or email us at dismgmt@healthplus.org.