Health and Wellness Evaluation Form

For outcomes-based incentive programs only

HealthyBlue

CareFirst BlueChoice

Section I: Member/Primary Care Provider (PCP) Information — to be completed by member and PCP within 90 days of effective date.

Member Information (Please print)			**PCP Information** (Please print)
Last Name	**First Name**	**MI**	**PCP Name**
Member ID Number (include alpha-numeric prefix)			**CareFirst BlueChoice PCP Number**
Date of Birth (mm/dd/yyyy): ___/___/___	**Gender** (Check one) ☐ Male ☐ Female		**PCP Phone Number**
Group Number (found on ID card)			**Effective Date of Coverage** (verify in CareFirst Direct)

Section II: Health Measures — Initial Screening completed by PCP at initial visit.

1. Tobacco Use (not required for ages 17 and younger)

Must be within 6 months of PCP screening date

GOAL: Non-smoker (never smoked or quit for more than 30 days)

Date of service (mm/dd/yyyy): ___/___/___

☐ Non-Smoker ☐ Smoker

Alternative Guideline Set: ☐ Yes ☐ No Waiver: ☐ Yes ☐ No

2. Blood Pressure (BP) (not required for ages 17 and younger)

Must be within 6 months of PCP screening date

GOAL: 120/80

Date of service (mm/dd/yyyy): ___/___/___

BP Reading: ___/___ (sys / dia)

Alternative Guideline Set: ☐ Yes ☐ No Waiver: ☐ Yes ☐ No

3. Cholesterol (LDL) (not required for ages 17 and younger)

Must be within 6 months of PCP Screening date

GOAL: Acceptable LDL per guidelines every 5 years

☐ LDL Acceptable ☐ LDL Not Acceptable

Date of service (mm/dd/yyyy): ___/___/___

LDL: _____

Alternative Guideline Set: ☐ Yes ☐ No Waiver: ☐ Yes ☐ No

4. Healthy Weight (required for age 2 and up – list as percentile for child)

Must be within 6 months of PCP Screening date

GOAL(s):
- Adult Body Mass Index (BMI) is in the range 19 to 25
- Child's BMI percentile range based on age and gender (5th percentile to less than 85th percentile)

Date of service (mm/dd/yyyy): ___/___/___

BMI: _____

Alternative Guideline Set: ☐ Yes ☐ No Waiver: ☐ Yes ☐ No

5. Screenings and Immunizations (required)

GOAL(s):
- PCP has reviewed appropriate cancer screening and immunization schedules with member
- Member is up-to-date for Colon Cancer Screening, Cervical Cancer Screening, Breast Cancer Screening and immunizations

Important:
- For children 2-17, the childhood immunizations need to be up-to-date based on the PCP's discretion
- For men and women over 50, the Colon Cancer Screening needs to be within 10 years of PCP screening signature date
- For women over 21, the Cervical Cancer Screening needs to be within 3 years of PCP screening signature date
- For women over 50, the Breast Cancer Screening needs to be within 2 years of PCP screening signature date
- For all members, the Influenza Vaccine needs to be within 18 months of PCP screening signature date

Child Immunizations up-to-date: ☐ Yes ☐ No

Alternative Guideline Set: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Last Colon Cancer Exam Date (mm/dd/yyyy): ___/___/___

Alternative Guideline Set: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Last Cervical Cancer Exam Date (mm/dd/yyyy): ___/___/___

Alternative Guideline Set: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Last Breast Cancer Exam Date (mm/dd/yyyy): ___/___/___

Alternative Guideline Set: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Last Influenza Vaccine Date (mm/dd/yyyy): ___/___/___

Alternative Guideline Set: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Initial Screening PCP Comment(s): Healthy Action Plan established: ☐ Yes ☐ No (please explain)

Section III: By signing below, I verify that I have reviewed the information provided by my PCP and agree with the status indicated. I also agree to follow any recommendations made by my PCP.

Member Initial Screening Signature **Date** (Parent or guardian must sign if member is 17 or younger)	**PCP Initial Screening Signature** **Date** (Note to PCP: Do not sign until all applicable test results have been received)

PCPs must submit the completed form by fax to 410-505-6160 or through CareFirst Direct.
Members should not submit this form directly to CareFirst.

Health and Wellness Evaluation Form

Complete this section during Clinically Appropriate Re-screening

Member Information (Please print)			**PCP Information** (Please print)
Last Name	**First Name**	**MI**	**PCP Name**
Member ID Number (include alpha-numeric prefix)			**CareFirst BlueChoice PCP Number**

Section IV: Clinically Appropriate Re-screening completed by PCP.

1. Tobacco Use (not required for ages 17 and younger)

Re-screen date must be after initial screen date

GOAL: Non-smoker (never smoked or quit for more than 30 days)

Date of service (mm/dd/yyyy): ____/____/____

☐ Non-Smoker ☐ Smoker

Alternative Guideline Met: ☐ Yes ☐ No Waiver: ☐ Yes ☐ No

2. Blood Pressure (BP) (not required for ages 17 and younger)

Re-screen date must be after initial screen date

GOAL: 120/80

Date of service (mm/dd/yyyy): ____/____/____

BP Reading: ____/____ sys / dia

Alternative Guideline Met: ☐ Yes ☐ No Waiver: ☐ Yes ☐ No

3. Cholesterol (LDL) (not required for ages 17 and younger)

Re-screen date must be after initial screen date

GOAL: Acceptable LDL per guidelines every 5 years

☐ LDL Acceptable ☐ LDL Not Acceptable

Date of service (mm/dd/yyyy): ____/____/____

LDL: _____

Alternative Guideline Met: ☐ Yes ☐ No Waiver: ☐ Yes ☐ No

4. Healthy Weight (required for age 2 and up – list as percentile for child)

Re-screen date must be after initial screen date

GOAL(s):
- Adult Body Mass Index (BMI) is in the range 19 to 25
- Child's BMI percentile range based on age and gender (5th percentile to less than 85th percentile)

Date of service (mm/dd/yyyy): ____/____/____

BMI: _____

Alternative Guideline Met: ☐ Yes ☐ No Waiver: ☐ Yes ☐ No

5. Screenings and Immunizations (required)

Re-screen date must be after initial screen date

GOAL(s):
- PCP has reviewed appropriate cancer screening and immunization schedules with member
- Member is up-to-date for Colon Cancer Screening, Cervical Cancer Screening, Breast Cancer Screening and immunizations

Refer to first page for screening guidelines

Child Immunizations up-to-date: ☐ Yes ☐ No

Alternative Guideline Met: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Last Colon Cancer Exam Date (mm/dd/yyyy): ____/____/____

Alternative Guideline Met: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Last Cervical Cancer Exam Date (mm/dd/yyyy): ____/____/____

Alternative Guideline Met: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Last Breast Cancer Exam Date (mm/dd/yyyy): ____/____/____

Alternative Guideline Met: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Last Influenza Vaccine Date (mm/dd/yyyy): ____/____/____

Alternative Guideline Met: ☐ Yes ☐ No

Waiver: ☐ Yes ☐ No

Re-screening PCP Comment(s):

Section V: By signing below, I verify that I have reviewed the information provided by my PCP and agree with the status indicated. I also agree to follow any recommendations made by my PCP.

Member Re-screening Signature (Parent or guardian must sign if member is 17 or younger)	**Date**	**PCP Re-screening Signature** (Note to PCP: Do not sign until all applicable test results have been received)	**Date**

PCPs must submit the completed form by fax to 410-505-6160 or through CareFirst Direct.
Members should not submit this form directly to CareFirst.

CUT8511-1P (12/12)

Member Instructions:

To qualify for an incentive, it is important to note the following:

- Visit your PCP and complete this form (with your PCP) **within 90 days** of your effective date. Your PCP will have an additional 30 days to submit the form to CareFirst. **Members should not submit this form to CareFirst.**
- When completing this form, note the following:
  - **Section I—Member/PCP Information**—Complete all fields. **This information must also be completed at the top of the second page if a re-screening is required.**
  - **Section II—Health Measures—Initial Screening**—Your PCP must complete this section.
  - **Section III—Signature**—You and your PCP **must** sign this form, even if your PCP has determined that an office visit is not required.
  - If you do not qualify for the incentive based on the results of the Initial Screening, ask your PCP for a Healthy Action Plan and schedule a return visit (Clinically Appropriate Re-screening).
  - You are eligible to have your PCP re-submit this form, with the Clinically Appropriate Re-screening section completed, one time within one year of your effective date.
  - **Section IV—Clinically Appropriate Re-screening**—Your PCP must complete this section. If a re-screening is not required, Sections IV and V do not need to be completed by you or your PCP.
  - **Section V—Re-screening Signature**—You and your PCP **must** sign this section of the form, **only** if your PCP has determined a re-screening is required.
- After you and your PCP have completed this form and **your PCP has submitted this form**, visit **www.carefirst.com/myaccount** to:
  - Find your score on the assessment form
  - Select your incentive: gift card or contribution to your BlueFund Health Savings Account
  - Complete your Health Assessment, if eligible
- For more information, refer to your member handbook or view our *Preventive Services Guidelines* at **www.carefirst.com/prevention**.
- For assistance with the incentive process or for a printed copy of the Preventive Services Guidelines, call Member Services at the phone number listed on your HealthyBlue ID card.

PCP* Instructions:

Complete and sign the **Initial Screening section** at the initial appointment and submit to CareFirst **within 120 days** of the member's effective date. When completing this form, note the following:

- **Section I—Member/PCP Information** – Verify the member's effective date of coverage in CareFirst Direct prior to completing the form. Complete all fields. **This information should also be completed at the top of the second page if a re-screening is required.**
- **Section II—Health Measures – Initial Screening** – Complete all fields.
- By checking "Yes" for a Waiver, you are reporting that the member does not have to meet alternative standards/guidelines. If you check "Yes" for an Alternative Guidelines Set, you will be required to provide a new goal for the member to meet by the time scheduled for the Clinically Appropriate Re-screening. Be sure to provide details on all Waivers or Alternative Guidelines Set in the Comment(s) Section.
- You must determine whether an office visit is necessary if your patient has completed the required screenings, immunizations and health measures within the recommended timeframes outlined in the *Preventive Services Guidelines*.
- If your patient does not meet national guidelines during the Initial Screening, please develop a Healthy Action plan and schedule a Clinically Appropriate Re-screening visit.
- **Section III—Signature** – You and your patient **must** sign this form, even if you have determined that an office visit is not required.
- **Section IV—Clinically Appropriate Re-screening**—Complete the Re-screening portion(s) of this form (if applicable) and submit it to CareFirst prior to the member's renewal date. Sections IV and V do not need to be completed by you or your patient if a re-screening is not required.
- **Section V—Re-screening Signature**—You and your patient **must** sign this form, **only** if you have determined a re-screening is required.
- Submit this form by using one of the following methods:
  - Fax to 410-505-6160 or 1-800-354-8205.
  - Submit through CareFirst Direct
    1. Scan this form and save it in JPG, PDF or TIFF format.
    2. Click on "Upload Evaluation Form" in CareFirst Direct.
- Submit your claim for completion of this form for both the Initial screening and Re-screening visit (if applicable), as you normally would using CPT code 99420.

IMPORTANT: Forms submitted with missing or invalid information will not be processed and you will be required to re-submit the form with all sections completed.

The intervals for screenings and immunizations noted on the form are related to member incentives. For more information on generally accepted recommendations for these types of screenings and services, view our *Preventive Services Guidelines* at **www.carefirst.com/providers › Resources › Clinical Resources › Preventive Services Guidelines** or contact a Provider Services Representative for a printed copy at 800-842-5975.

For complete program details, visit **www.carefirst.com/providershealthyblue**.

** To practice as an independent PCP, nurse practitioners (NPs) must be certified by their relevant approved National Certification Board and meet all licensing certification guidelines of the state in which the NP practices. NPs must also file an attestation that they have a written collaborative agreement with a physician of the same specialty who is in good standing in the same CareFirst provider networks.*