

HealthbyChoice® Achievements

Qualification form – Oakland University

All fields are required unless noted.

Members: Complete section 1. Please have your provider complete this form and submit it to Priority Health. If you have diabetes, your HbA1c test is not considered preventive. Your deductible will apply, along with applicable office visit copayment and coinsurance for this test.

Provider: Complete sections 2, 3 and 4 of this form and submit information to Priority Health. Forms can also be completed online in the Provider Center by going to the **HealthbyChoice** forms section. Go to priorityhealth.com/provider/forms and scroll to the **HealthbyChoice** section. Network providers: submit results online for a \$30 reimbursement per form by clicking the online qualification tool. Non-participating providers may fax forms to 616.975.8860.

1 Member information (completed by member)

Last name		First name		Middle initial
Last four digits of social security number XXX - XX -	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 Achievements health criteria (completed by provider)

Complete at initial screening or once alternate goal(s) are met.

HEALTH INDICATOR	RESULT	CRITERIA MET	DATE OF TEST	Member can qualify by making the measurable health improvements or by reaching target set by provider
Tobacco user (including electronic cigarettes) Must be tobacco-free (6-month look back)	<input type="checkbox"/> Tobacco user <input type="checkbox"/> Non-tobacco user	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test not required	Must complete a Priority Health tobacco cessation program. No further action required by provider.
Body mass index (BMI) ¹ BMI: <30, every year (6-month look back) or waist circumference Male: <41" (6-month look back) Female: <35" (6-month look back)	Height = Weight = BMI = Waist cir. =	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Recommended: 5% weight reduction: Weight = ____ lbs., BMI = ____ or waist cir. = ____ <input type="checkbox"/> Target: Weight = ____ lbs., BMI = ____ or waist cir. = ____
Blood pressure Healthy: <140/90 (6-month look back) With diabetes: 140/80, every year (6-month look back) With CVD ² : 140/90 (6-month look back) 60 years or older: <150/90, every year (6-month look back)	BP = /	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Recommended: Reduce systolic by 10 mm, reduce diastolic by 5mm: New goal: ____ / ____ <input type="checkbox"/> Target: BP = ____ / ____
Cholesterol Healthy: LDL <190 (most recent within last 5 years) With diabetes: <100, every year (6-month look back) With CVD ² : <100, every year (6-month look back)	Fasting LDL =	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Recommended: Reduce LDL by 20 mg/dl: New goal: ____ / ____ <input type="checkbox"/> Target: Fasting LDL = ____
Blood sugar (only required for members with diabetes or CVD) With diabetes: HbA1c must be <7%, every year (6-month look back) ³ With CVD ² : FBC <126 (most recent within last 3 years) ⁴	FBS = HbA1c =	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Recommended: With diabetes reduce HbA1c by 1%. New goal: ____ / ____, FBS <126 <input type="checkbox"/> Target: HbA1c = ____ . ____

4 Physician approval

Tax ID	Provider group (as it appears on your check)	Phone number ()
Billing physician name	NPI number (if available)	
I acknowledge that this member has met the requirements listed above for the HealthbyChoice Achievements plan. I agree to keep a copy of this form in the patient's chart for follow-up and Priority Health audit.		
Physician signature	Date / /	

¹A 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.

²Cardiovascular disease (CVD) = heart disease and possible indicators of heart disease including high blood pressure, hyperlipidemia and hypertension

³Suggested CPT billing code with diabetes: 83036. ⁴Suggested CPT billing code with CVD: 82947.

Guidelines for completing the **HealthbyChoice** Achievements qualification form

1 Member information

Completed by the member.

2 Achievements health criteria

Completed by the provider.

- This section must be completed by the provider at initial screening. Enter information for all fields (date of test, result and criteria met).
 - **Tobacco** – A box must be checked to indicate if member is a tobacco user or a non-tobacco user (including electronic cigarettes), along with the date. If the member is a tobacco user, they must complete a Priority Health tobacco cessation program. Members can contact Customer Service at 800.446.5674 to receive free health coaching. No further action is required by the provider for the tobacco criteria.
 - **Cardiovascular disease (CVD)** – This includes heart disease and possible indicators of heart disease including hypertension, hyperlipidemia and high blood pressure.
- Once alternate goal(s) have been met, the provider should use this section to document the member's results.

3 Alternate goal(s)

The provider will need to complete this section if the member fails to meet health criteria in section 2.

The member can qualify by making the recommended measurable health improvements (bolded on page 1, section 3 of this form) or by reaching **target*** set by the provider.

- Once the alternate goal has been met, a new form must be submitted.
- The member's new result and date of test must be entered in section 2.
- Tobacco – if the member completes a Priority Health tobacco cessation program, this will be tracked by Priority Health. No further action is required by the provider and there is no need to submit a new form.

*Target is value that the member can meet without being put at risk for medical complications. If the member's current value is acceptable, the provider may use as alternate goal. Dates for all initial results must fall within the qualification period or the allowed look back period. Exception: If the member fails the initial criteria, the alternate goal(s) can be reached at any time during the plan year, even after the deadline.