

DIABETES QUALIFYING FORM for Plan Year 2021

Each person with diabetes must qualify every year for the Ultimate or Best Plan Level



****NOTE:** If you are newly diagnosed with diabetes (since 6/1/19) or are a new enrollee and have existing diabetes, please use the Qualifying Form specific for you, located at www.manateeyourchoice.com/diabetes.

Participant's Name: _____ Date of Birth: ____/____/____ Age _____

Check one: Employee Spouse Dependent Retiree

Employee Name (if different): _____ Worksite (of employee) _____

Phone #: _____ Alt Phone #: _____ Email: _____

Home Address (include city & zip) _____

To Qualify for The Ultimate or Best plan level, ALL members with diabetes must:

- Obtain Quest Blueprint for Wellness labs and urine microalbumin test
- Receive a physical/wellness exam, including a foot exam, by your primary care physician
- Complete age-based screenings (refer to Wellness Exam form)
- Have an annual dilated eye exam by an ophthalmologist or optometrist
- Complete tobacco QE requirements if nicotine exposed
- Meet all other criteria listed below based on last year's A1C level

IN CONTROL
7.0
OR BELOW

IF YOUR 2019 QUALIFYING A1C WAS 7.0 OR BELOW, you do not need to do anything other than the requirements listed above. Plus, maintain an A1C at 7.0 or below and you will automatically earn \$300 in Health Bucks through the Mission Control program! (Health Bucks earned in 2020 will be awarded in 2021.)

ELEVATED
7.1 - 7.9

IF YOUR 2019 QUALIFYING A1C WAS 7.1 - 7.9:

- Complete the requirements listed above, **AND**
- Choose **one** qualifying choice below

AT RISK
8.0 - 8.9

IF YOUR 2019 QUALIFYING A1C WAS 8.0 - 8.9:

- Complete the requirements listed above, **AND**
- Choose **two** qualifying choices below

IN DANGER
9.0
OR ABOVE

IF YOUR 2019 QUALIFYING A1C WAS 9.0 OR ABOVE:

- Complete the requirements listed above, **AND**
- Schedule a Well Being Session with LAMP Counselor by July 1st (call 941.741.2995), **AND**
- Meet with your treating physician to review your care plan and get A1C lab every quarter* (Please use yellow Diabetes Qualifying Log to keep track of these labs and doctor visits).

***Based on American Diabetes Association Recommendations.**

Anyone can earn \$300 in Mission Control Health bucks!
If your 2020 Qualifying A1C is 7.0 or below **OR** A1C drops 1 full % from the previous year you will automatically earn \$300 in Health Bucks!
(Health Bucks earned in 2020 will be awarded in 2021.)

Qualifying Choices (Refer to www.manateeyourchoice.com/diabetes or the diabetes booklet (mailed to your home in January) for details.

- Listening sessions
- Blast off weight loss program
- Meet with diabetes movement coach
- Pharmacy review
- Basics of Diabetes Care
- What Can I eat?
- Extinguishing Burnout: Diminishing Diabetes Distress
- At home/Online Education

Please turn page over to have your doctor, ophthalmologist complete and Manatee County Diabetes Educator sign

For your convenience, most programs offered at various dates, times, and locations. Learn more and register at www.manateeyourchoice.com/diabetes. Questions? Contact Florey Miller, Diabetes Educator, at 941.748.4501 x 6410 or fmiller@manateeyourchoice.com.

DIABETES QUALIFYING FORM

Participant's Name: _____ Date of Birth: ____/____/____

All members with diabetes are required to complete Blueprint labs which includes a urine microalbumin. Please bring a copy of these labs to your annual physical exam.

PHYSICIAN COMPLETE:

Is patient newly diagnosed with diabetes? Yes No

I have reviewed the Blueprint for Wellness Labs (not doctor ordered labs) with my patient, including Hemoglobin A1C, lipids, urine microalbumin, BMI, and blood pressure, and performed a cursory foot exam.

Physician Name

Signature

Date

Care Plan for this member is:

OPHTHALMOLOGIST/OPTOMETRIST COMPLETE:

Dilated Eye Exam

I have completed a dilated eye exam appropriate for an individual with diabetes

Ophthalmologist/Optometrist Name

Signature

Date

MEMBER COMPLETE:

As I have agreed to participate in my Manatee YourChoice Health Plan's Diabetes Care Program, I hereby authorize the release of the information on the Diabetes Qualifying Form to and use by the Manatee YourChoice Advocacy Program. The information may be released by my physician or other medical professionals who have treated me. This information specifically may include details relating to my diabetes or any other medical condition or treatment related to my diabetes. I fully understand that the intent of this authorization is solely for the purpose of assisting me in the management of my diabetes and will not be shared with anyone without my written consent. This authorization will remain in effect while I am receiving diabetes management services. I understand that I may withdraw this consent at any time except to the extent that action has already been taken. I have a right to receive a copy of this authorization if I so request. A photocopy of this authorization shall be as valid as the original.

Name of Person with Diabetes

Signature

Date

DIABETES EDUCATOR COMPLETE:

The member has completed all necessary requirements to qualify for the Best/Ultime Plan

Manatee County Diabetes Educator Name

Signature

Date

In order to be eligible for the Best/Ultime Plan, you must complete ALL Qualifying Events and submit this form by **August 31, 2020** to Florey Miller, Manatee YourChoice Diabetes Educator, at 5213 4th Ave Circle E, Bradenton, FL 34208.

www.manateeyourchoice.com/diabetes | 941.748.4501 x 6410 | fmiller@manateeyourchoice.com

If you are unable to achieve the requirements for the Diabetes Care Program for medical reasons, we can accommodate the recommendations of your physician. Please contact the YourChoice Diabetes Educator to develop an alternative plan for you to qualify for the Ultime/Best Plan level.