1 Cameron Hill Circle
Chattanooga, TN 37402-0001
bluecareplus.bcbst.com

Dear Provider,

We're excited to introduce a new plan benefit. Starting Jan. 1, 2022, some BlueCare Plus Tennessee plan members will be able to use their $100 monthly over-the-counter (OTC) allowance to buy approved healthy food items.

This benefit is only available to members with certain health conditions or adverse health outcomes. So, we'll need some information from you to determine if your patient is eligible. To avoid delay in determining eligibility for this benefit, please complete the attached attestation form and fax it to us at **1-855-876-1461**.

As part of your patient's Interdisciplinary Care Team, you can bill and receive $54 just by supplying this information.

We're here to team up with you in promoting good health for our members. If you have questions, please call our Case Management team at **1-877-715-9503.**

Sincerely,

Linda M. Pate MD FACS

Linda M. Pate, MD, FACS
Senior Medical Director, BlueCare Plus Tennessee

BlueCare Plus (HMO D-SNP)℠ Healthy Food Provider Attestation of Patient Diagnosis

The individual below has indicated that they are one of your patients. To qualify for the healthy food benefit, your patient must have been diagnosed with one or more of the conditions listed on the following page and be at high risk of hospitalization or other adverse health outcomes.

Please complete the attached attestation verifying the member is at risk and has been diagnosed with one or more of the conditions listed during the past 12 months. Then **fax** this form to **1-855-876-1461.**

Patient's Information

First Name: ______________________ Middle Initial: ___ Last Name: ______________________

Member ID: ______________________ Date of Birth: __________ Phone: ______________

Address: ____

City: ______________________ State: __________ ZIP Code: __________

Provider Information (Provider to complete)

Provider Name: ____

Provider Phone: ______________________ Provider Fax: ______________________

Address: ____

City: ______________________ State: __________ ZIP Code: __________

BlueCare Plus Tennessee

Healthy Food Provider Attestation (continued from previous page)

I confirm my records for this patient include a diagnosis of one or more of the following qualifying conditions and the patient is at high risk of hospitalization or other adverse health outcomes.

Please check all that apply.

- ☐ **Autoimmune disorders**
- ☐ **Cancer**
- ☐ **Cardiovascular disorders**
- ☐ **Chronic alcohol and other drug dependence**
- ☐ **Chronic and disabling mental health conditions**
- ☐ **Chronic heart failure**
- ☐ **Chronic lung disorders**
- ☐ **Dementia**
- ☐ **Diabetes**
- ☐ **Disabled members**
- ☐ **End-stage liver disease**
- ☐ **End-stage renal disease (ESRD)**
- ☐ **HIV/AIDS**
- ☐ **Members with endocrine disorders**
- ☐ **Members with joint and spine conditions**
- ☐ **Members with obesity**
- ☐ **Neurologic disorders**
- ☐ **Severe hematologic disorders**
- ☐ **Stroke**

☐ **No, my records for this patient don't include a diagnosis of any of the above conditions and/or the patient isn't at high risk of hospitalization or other adverse health outcomes.**

I hereby attest that the information selected above is correct and noted in the patient's medical record.

Provider Printed Name	Provider Signature	Provider Signature Date