Blue Care Network
Qualification Form to be submitted electronically by your provider

Blue Care Network of Michigan
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Member section:

Last name	First name	Date of birth (MM/DD/YYYY)

Contract/enrollee ID number	Gender: ☐ Female ☐ Male	Ethnicity (optional): ☐ Arab American ☐ Asian American ☐ Black not Hispanic ☐ Chaldean ☐ Hispanic ☐ Multiracial ☐ North American Native ☐ White not Hispanic ☐ Other
Telephone number		

BCN Primary care physician: Take notes on this form and input the data into Health e-Blue℠. Refer to Health e-Blue for standards of care. If you have any questions, contact your BCN provider representative. Give a copy of the electronic *Certificate of Submission* or a completed and signed copy of the paper form to the member, and keep a copy with the member's medical records. Tip: If you arrange for the member to receive laboratory tests in advance of the physical exam, you may be able to complete the form during the office visit.

Scoring key:
A = Member meets criteria
B = Member commits to treatment plan
C = Member does not commit

Visit date (MM/DD/YYYY)

Criteria	Score	Current results
Tobacco Does not use (never used or quit >1 month with cotinine levels of <10 ng/mL for serum or <100 ng/mL for urine)	☐ A. Does not use tobacco. ☐ B. Tobacco user: Commits to enroll in or is enrolled in BCN-designated tobacco-cessation program. ☐ C. Tobacco user: Does not commit to and is not enrolled in BCN-designated tobacco-cessation program.	Cotinine test - After one negative test, no testing needed in future years; test not needed for self-reported tobacco users ☐ Blood ☐ Urine ☐ Positive ☐ Negative Date of cotinine test: _____ Cotinine Level: _____ ng/mL
Weight Body mass index <30 kg/m^2	☐ A. BMI <30. ☐ B. BMI is ≥ 30: Commits to enroll in a BCN-sponsored weight-management program. ☐ C. BMI is ≥ 30: Does not commit to enroll in a BCN-sponsored weight-management program.	Date height and weight measured: _____ Height: _____ (feet) _____ (inches) Weight (pounds): _____ BMI: _____
Blood pressure <140/90 mmHg	☐ A. Does not have high blood pressure or it is controlled. ☐ B. Has high blood pressure that is not controlled, but is following treatment. ☐ C. Has high blood pressure; does not commit to or is not following treatment.	Systolic: _____ Diastolic: _____ Date of blood pressure reading: _____
Cholesterol LDL target level based on risk factors: <100, <130 or <160	☐ A. Does not have high cholesterol or it is well controlled. ☐ B. Has high cholesterol that is not controlled, but is following treatment or does not tolerate treatment. ☐ C. Has high cholesterol; does not commit to or is not following treatment.	Total cholesterol: _____ LDL: _____ HDL: _____ Triglycerides: _____ Date of cholesterol test: _____
Blood sugar Fasting blood sugar or A1C **Non-diabetic:** FBS <126mg/dL A1C <6.5% **Known Diabetic:** A1C goal <8%	☐ A. Does not have diabetes or A1C is well controlled. ☐ B. A1C is not controlled but is following treatment. ☐ C. A1C is not controlled; does not commit to or is not following treatment.	☐ **No known diabetes** FBS: _____ mg/dl A1C: _____ ☐ **Known diabetes** A1C: _____ Date of A1C or FBS test: _____
Depression Any depression is in full remission	☐ A. Does not have either history or current symptoms of depression. ☐ B. Has depression and is following treatment. ☐ C. Has depression and does not commit to or is not following treatment.	Date of PHQ-2 or PHQ-9 test: _____ PHQ-2 score: _____ PHQ-9 score: _____

Physician approval: I verify the information supplied is complete and accurate.

Physician's last name	Physician's first name	National provider identifier (NPI)
Physician signature	**Physician's telephone number**	**Date**