



**Blue Care Network**  
of Michigan

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

# Qualification Form

**Member:** Please complete and sign this form with your PCP's assistance. If your spouse is covered by your health care, he or she must complete and sign a form too. A score of less than 80 points will mean you'll pay higher copays or out-of-pocket costs depending on your plan.

**Primary care physician:** Please check the appropriate boxes and include comments where needed. Then total the member's points and sign this form.

	Initial Evaluation	Results, Comments and Member Status	Member Information
<b>Lifestyle Behavior</b>	See BCN's Guidelines to Good Health on reverse.	<b>A</b> = Member and PCP affirm healthy status. <b>B</b> = Member has condition and will actively work with PCP to achieve treatment goals. <b>C</b> = Member has condition and declines to change behavior/follow treatment guidelines.	Member Name (Please print)
<b>1. Nonsmoking</b>	(A) Nonsmoker (never smoked or quit for at least one month). (B) Smoker -- Must enroll in BCN's Quit the Nic program within 120 days of enrollment or re-enrollment and be an active participant. Call <b>800-811-1764</b> to sign up. (C) Smoker does not wish to enroll in Quit the Nic.	<input type="checkbox"/> Advised to join Quit the Nic Members with B or C checked must have follow-up visit with PCP (indicate time frame below). Check one: <input type="checkbox"/> A (25 points) <input type="checkbox"/> B (25 points) <input type="checkbox"/> C (0 points)	Contract Number (9-digit number)
<b>2. Blood Pressure Control</b>	(A) Acceptable (< 140/90) BP (B) Commit to actively follow PCP treatment plan and health plan guidelines to reach goal.	BP Reading _____ <input type="checkbox"/> Newly diagnosed high blood pressure Check one: <input type="checkbox"/> A (15 points) <input type="checkbox"/> B (15 points) <input type="checkbox"/> C (0 points)	Date of Birth (xx/xx/xxxx)
<b>3. Cholesterol Control</b>	(A) Acceptable cholesterol (LDL) per guidelines every 5 years (see reverse). (B) Commit to actively follow PCP treatment plan and health plan guidelines to reach goal.	Total: _____ LDL: _____ HDL: _____ <input type="checkbox"/> Newly diagnosed high cholesterol Check one: <input type="checkbox"/> A (15 points) <input type="checkbox"/> B (15 points) <input type="checkbox"/> C (0 points)	Telephone Number
<b>4. Healthy Weight</b>	(A) Body Mass Index (BMI) ≤ 30 (B) Commit to actively participate in physician-supervised (per plan criteria) approved weight loss program.	Height: _____ Weight: _____ BMI: _____ Check one: <input type="checkbox"/> A (15 points) <input type="checkbox"/> B (15 points) <input type="checkbox"/> C (0 points)	Employer Group Name
<b>5. Acceptable Alcohol Use</b>	(A) Less than 2 drinks/day and CAGE alcohol screening test (or similar test) indicates that member does not have a drinking problem. (B) Commit to actively participate in a recognized substance abuse program.	Use: _____ Check one: <input type="checkbox"/> A (15 points) <input type="checkbox"/> B (15 points) <input type="checkbox"/> C (0 points)	<b>Physician Information</b>
<b>6. Blood Sugar Control</b>	(A) Normal fasting blood sugar or acceptable HbA1c (≤7.0) per guidelines (see reverse). (B) Commit to actively follow PCP treatment plan and health plan guidelines to reach goal.	FBS: _____ (Nondiabetic) HbA1c: _____ (Diabetic) <input type="checkbox"/> Newly diagnosed diabetes Check one: <input type="checkbox"/> A (15 points) <input type="checkbox"/> B (15 points) <input type="checkbox"/> C (0 points)	Physician Name (Please print)
			Physician State License Number
			<b>Questions? Call 800-662-6667</b>
			<b>Mail white copy of form to:</b> Blue Care Network P.O. Box 5043 Mail Code C330 Southfield, MI 48086-5043
			<b>Or fax to: 248-455-3642</b>
			<b>Visit Date:</b> ____ / ____ / ____
			<input type="checkbox"/> Follow-up <input type="checkbox"/> New/Re-enrollment
			<b>The signed parties agree that all of the information supplied is complete and accurate.</b>

**Member follow-up required at (from date of office visit):**

- 0-3 months  4-6 months  7-9 months  
 10-12 months  13 to 24 months (if not checked, default to 10-12 months)

**Member's total points:**  
(100 points possible)

Member Signature

Date

Physician Signature

Date

**Guidelines to Good Health** These guidelines are for your PCP to reference. They are a condensed version of BCN's clinical guidelines.

**Healthy Lifestyle Behaviors**

Modifications	Recommendations
Weight reduction	Maintain normal body weight (body mass index 18.5 - 24.9 kg/m <sup>2</sup> )
DASH eating plan	Adopt a diet rich in fruits, vegetables, and low-fat dairy products with reduced saturated and total fat.
Dietary sodium reduction	Reduce dietary sodium intake to 1500-2400 mg per day
Aerobic physical activity	Regular aerobic physical activity (e.g., brisk walking) at least 30 minutes per day, most days of the week.
Moderation of alcohol consumption	Men: limit to ≤ 2 drinks per day Women and lighter weight persons: limit to ≤ 1 drink per day.

**Blood Pressure Control**

<ul style="list-style-type: none"> <li>• Lifestyle Modification (weight management and physical activity)</li> <li>• Medication management</li> </ul>	Category	Systolic BP mmHg	and or or or	Diastolic BP mmHg	Recommended Follow Up
	Normal	< 120		< 80	Recheck every visit at least every 2 years
	Pre-hypertension	120 - 139		80 - 89	Recheck every visit at least within one year
	Hypertension Stage 1	140 - 159		90 - 99	Initiate pharmacologic therapy and recheck at monthly intervals
	Hypertension Stage 2	> 160		> 100	Initiate pharmacologic therapy and recheck within stage 2 or BP > 180/110 mmHg, evaluate and treat immediately

**Cholesterol Management**

<ul style="list-style-type: none"> <li>• Beginning at age 18, test must be done every 5 years.</li> <li>• Risk levels determine the LDL goals for treatment. Your PCP will determine your goal based on your risk factors.</li> <li>• If after 3 months of healthy lifestyle, the LDL remains above goal, consider pharmacological therapy.</li> </ul>	Risk Category	LDL Goal
	Lower risk 0 - 1 risk factors	< 160mg/dL
	Moderate risk (when 10-year-risk < 10%) Multiple (2 or more) major risk factors	< 130 mg/dL
	Moderate high risk (10-year risk 10% - 20%) Multiple (2 or more) major risk factors	< 130 mg/dL (optional goal: < 100mg/dL)
	High risk (10 year risk > 20% CHD or CHD risk equivalents)	< 100 mg/dL
	Very high risk (10-year risk > 20%)	< 100 mg/dL (optional goal < 70 mg/dL)

**CAGE**

<ul style="list-style-type: none"> <li>• Behavioral health services are available 24 hours a day, without a referral at 800-482-5982, or you can contact your primary care physician if you have concerns with any of the questions listed.</li> </ul>	<b>Cut:</b>	Have you ever felt you should cut down on drinking?
	<b>Annoyed:</b>	Have people annoyed you by criticizing your drinking?
	<b>Guilty:</b>	Have you ever felt bad or guilty about your drinking?
	<b>Eye Opener:</b>	Have you ever had an early-morning drink to steady your nerves or get rid of a hangover?

**Blood Sugar Control/Diabetes Management**

<ul style="list-style-type: none"> <li>• Normal fasting blood sugar for under age 45, every 5 years; age 45+, every 3 years.</li> <li>• Lifestyle modification (weight management and physical activity)</li> <li>• Diabetes self-management education</li> <li>• Medical nutrition therapy</li> <li>• Treatment</li> </ul> Annual screenings for diabetics include:	Category	Goal
	Glycemic (Glucose) Control	<ul style="list-style-type: none"> <li>• HbA1c of &lt; 7.0</li> <li>• Pre-prandial plasma glucose 90 - 130 mg/dL</li> <li>• Post-prandial plasma glucose &lt; 180 mg/dL</li> </ul>
	Blood Pressure	<ul style="list-style-type: none"> <li>• &lt; 130/80</li> </ul>
	Cholesterol	<ul style="list-style-type: none"> <li>• LDL-C &lt; 100 mg/dL.</li> <li>• Triglycerides &lt; 200 mg/dL</li> </ul>

- Diabetic eye examination
- Nephropathy screening
- LDL screening
- HbA1c screening

A list of the components of the comprehensive diabetic evaluation can be found on the American Diabetes Association Web site [diabetes.org](http://diabetes.org).  
\*BCN does not control this Web site or endorse its general content.