

## Medical Management Form

Member name:

Member chart #:

1. Does member have a PCP?  Yes  No

2. Name and number of PCP:

3. Has member seen PCP in past 12 months?  Yes  No

If member reports they have no PCP please call BlueCare Tennessee at (800) 333-3819 for assistance in obtaining a PCP referral. Be sure to have the member sign a Release of Information form so that care can be coordinated with the PCP.

4. Has the member used the ER for medical reasons in the past 6 months?  Yes  No

4a. If yes, what was the purpose of the ER visit?

5. If the member is a woman over 21, has she had a pap smear in the past 3 years?  Yes  No

If not please call (800) 333-3819 for assistance in scheduling an appointment.

6. If the member is a woman over 40, has she had a mammogram in the past 2 years?  Yes  No

If not please call 800) 333-3819 for assistance in scheduling an appointment?

7. Does the member have a chronic medical condition for which they routinely receive care?  Yes  No

7a. If yes, what is the condition and who is the treating professional(s).

7b. Does the member routinely follow the treatment recommendations for their condition, including medication and appointment compliance?  Yes  No

8. If the member has diabetes have they had an A1C test?  Yes  No

8a. Who performed the test?

8b. When?

If an A1C test is needed, please call (800) 333-3819 for assistance in scheduling an appointment.

9. If member is under 13 years old have their immunizations been updated?  N/A  Yes  No

If no, please refer them to their PCP/Pediatrician or Call (800) 333-3819 for assistance with a referral. Is the member on any medication/supplements for a medical condition? If yes, please provide the following information:

NAME OF MEDICATION	NAME OF PRESCRIBER	DOSAGE	FOR WHAT CONDITION