

Patient Information Report

Patient: HAWKINS, JAMES
MR No: 04200070755601
Legacy MR No:
Insured ID: 8FW5K54TJ63
Primary Payor: MEDICARE PDGM

Employer Name
Employer ID
Insured Phone
Employer Address
Employer City
Employer State
Employer Zip
Employer Phone

Program Name
 PPS PROGRAM
Obtained Date
 6/29/2025 10:23:04 PM
Obtained By/Authorized By
 HCHB RECERTIFICATION
Authorization No./Active
 Y
Start Date/End Date
 07/08/2025
 09/05/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES	SN	11					Y

Physician Info
Primary Physician
 MANNING, THAD
Address
 1520 BOONESBORO RD
Phone **Fax** **Pager**
 (859)744-0067 (859)744-0042
City
 WINCHESTER
NPI #
 1053499673
Date Last Seen
 KY 40391-
State **Zip**
Secondary Physician
 WILLIAMS, MICHELLE
Requested Date of Evaluation
 07/08/2025
Requested Date of Add-On Evaluation
Admitting Discipline
 SN
Add-On Discipline
Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?
 N

Clinical Info
Case Manager
 JULIE TAYLOR, RN
Team Member(s)
 BRAUN APPEGATE, PT
 CLARENCE SKEENS, PTA
 JOHN LEAR-PHILLIPS, OT
 SHANNON FISHER, LPN
Weight **Height** **Pregnant** **Paperwork Received By Patient**
 N Y

Medical Release Code
 YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM

Acuity Status	Disaster Status	Evacuation Location
1 - SAME DAY	AMBULATORY W/ ASSIST	WILL GO TO DAUGHTER'S HOME

Type	Location	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
DO NOT RESUSCITATE	HOME				Y

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Home Health Care Survey

Is care related to surgical discharge? **Does patient have end-stage renal disease?** **Number of ADLs for which patient is not independent?**

Has patient requested "No Publicity" status? **Is maternity care the primary reason for home health care?** **Primary Spoken Language**
 N N

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	J96.11	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	E	03/10/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	J96.12	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	E	03/10/2025	D	1 - Symptoms well controlled with current therapy.	M1023
3	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E	07/03/2025	D	1 - Symptoms well controlled with current therapy.	M1023
4	J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	E	07/03/2025	D	1 - Symptoms well controlled with current therapy.	M1023
5	J84.9	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	E	03/10/2025	D	1 - Symptoms well controlled with current therapy.	M1023
6	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	E	03/10/2025	D	1 - Symptoms well controlled with current therapy.	M1023
7	I50.9	HEART FAILURE, UNSPECIFIED	E	07/03/2025	D		M1023
8	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	E	03/10/2025	D		M1023
9	Z68.41	BODY MASS INDEX [BMI]40.0-44.9, ADULT	E	03/10/2025	D		M1023
10	I25.2	OLD MYOCARDIAL INFARCTION	E	03/10/2025	D		M1023
11	Z51.5	ENCOUNTER FOR PALLIATIVE CARE	E	03/10/2025	D		M1023
12	Z91.81	HISTORY OF FALLING	E	03/10/2025	D		M1023
13	Z55.6	Problems related to health literacy	E	03/10/2025	D		M1023
14	Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	E	03/10/2025	D		M1023
15	Z79.82	LONG TERM (CURRENT) USE OF ASPIRIN	E	03/10/2025	D		M1023
16	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	E	07/03/2025	D		M1023
17	Z79.52	LONG TERM (CURRENT) USE OF SYSTEMIC STEROIDS	E	07/03/2025	D		M1023
18	M54.12	RADICULOPATHY, CERVICAL REGION	E	07/03/2025	D		M1023
19	E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	E	07/03/2025	D		M1023
20	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	E	07/03/2025	D		M1023
21	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E	07/03/2025	D		M1023

Allergies

Description	Date Entered
SULFA	3/10/2025 8:50:03 AM

* denotes Non-Visit QI Reporting Collection