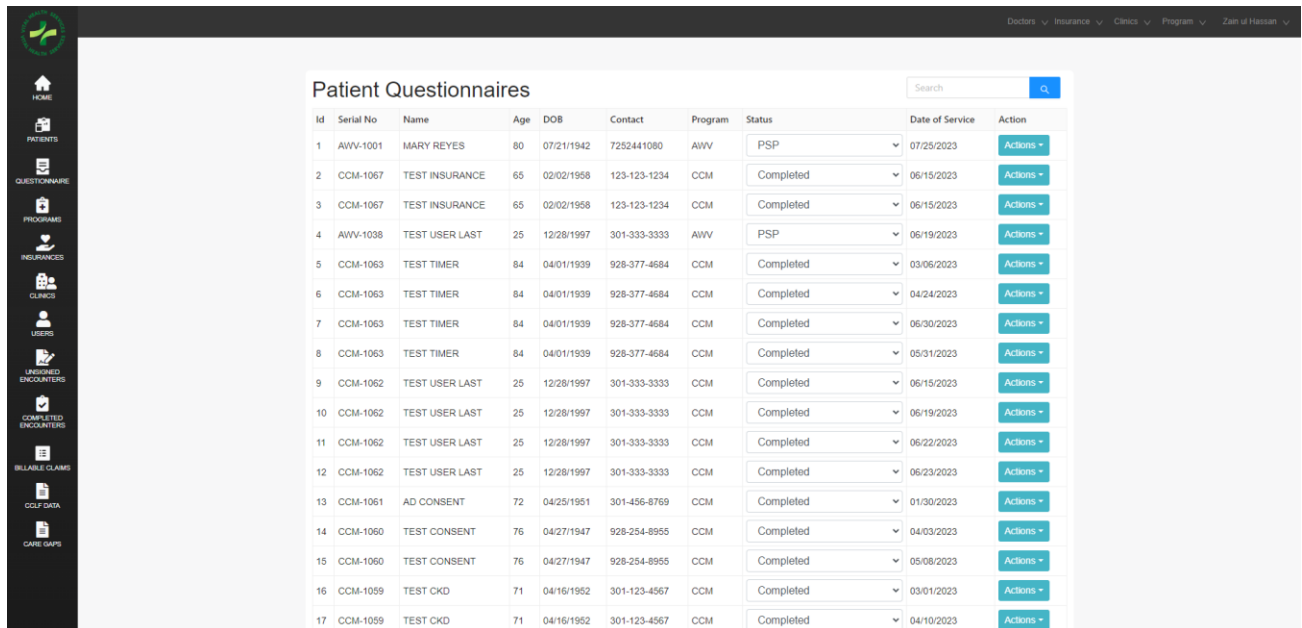


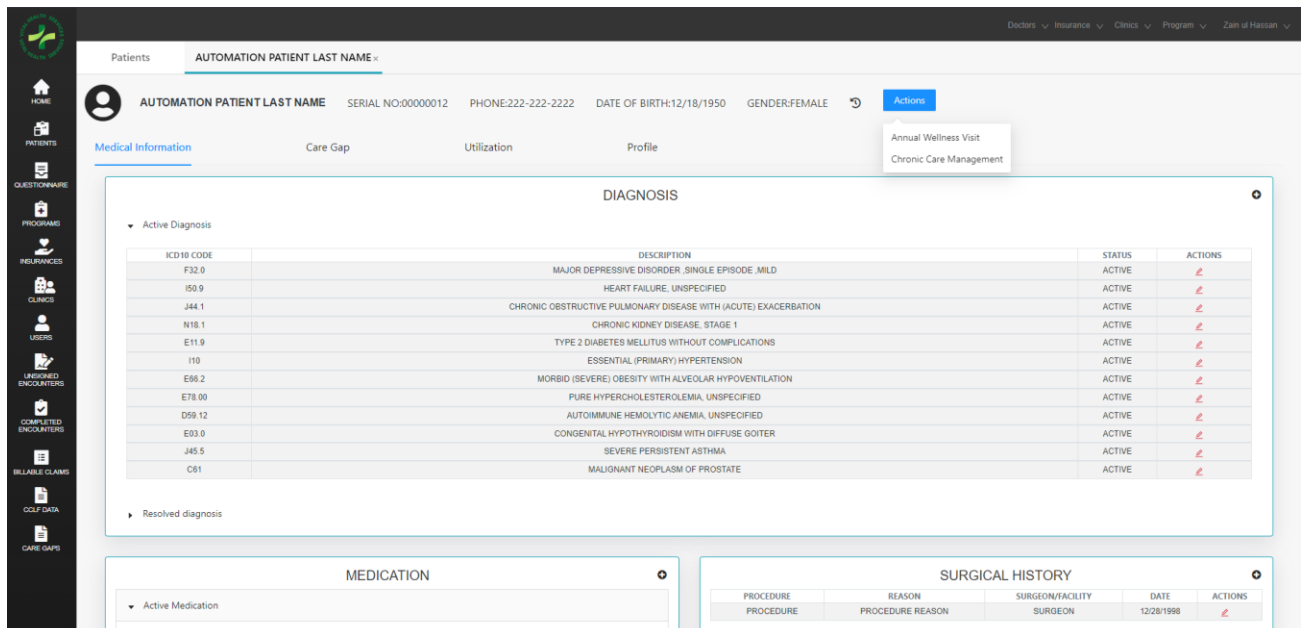
Questionnaire Guide

Questionnaire Page

- User can see edit and search for questionnaire of the patient.
- There are 2 questionnaire programs in this software e.g., AWV (Annual wellness visit) and CCM (Chronic Care Management).
- User can select the programs from the patient tab.



Id	Serial No	Name	Age	DOB	Contact	Program	Status	Date of Service	Action
1	AWV-1001	MARY REYES	80	07/21/1942	7252441080	AWV	PSP	07/25/2023	Actions +
2	CCM-1067	TEST INSURANCE	65	02/02/1958	123-123-1234	CCM	Completed	06/15/2023	Actions +
3	CCM-1067	TEST INSURANCE	65	02/02/1958	123-123-1234	CCM	Completed	06/15/2023	Actions +
4	AWV-1038	TEST USER LAST	25	12/28/1997	301-333-3333	AWV	PSP	06/19/2023	Actions +
5	CCM-1063	TEST TIMER	84	04/01/1939	928-377-4684	CCM	Completed	03/06/2023	Actions +
6	CCM-1063	TEST TIMER	84	04/01/1939	928-377-4684	CCM	Completed	04/24/2023	Actions +
7	CCM-1063	TEST TIMER	84	04/01/1939	928-377-4684	CCM	Completed	06/30/2023	Actions +
8	CCM-1063	TEST TIMER	84	04/01/1939	928-377-4684	CCM	Completed	05/31/2023	Actions +
9	CCM-1062	TEST USER LAST	25	12/28/1997	301-333-3333	CCM	Completed	06/15/2023	Actions +
10	CCM-1062	TEST USER LAST	25	12/28/1997	301-333-3333	CCM	Completed	06/19/2023	Actions +
11	CCM-1062	TEST USER LAST	25	12/28/1997	301-333-3333	CCM	Completed	06/22/2023	Actions +
12	CCM-1062	TEST USER LAST	25	12/28/1997	301-333-3333	CCM	Completed	06/23/2023	Actions +
13	CCM-1061	AD CONSENT	72	04/25/1951	301-456-8769	CCM	Completed	01/30/2023	Actions +
14	CCM-1060	TEST CONSENT	76	04/27/1947	928-254-8955	CCM	Completed	04/03/2023	Actions +
15	CCM-1060	TEST CONSENT	76	04/27/1947	928-254-8955	CCM	Completed	05/06/2023	Actions +
16	CCM-1059	TEST CKD	71	04/16/1952	301-123-4567	CCM	Completed	03/01/2023	Actions +
17	CCM-1059	TEST CKD	71	04/16/1952	301-123-4567	CCM	Completed	04/10/2023	Actions +



ICD10 CODE	DESCRIPTION	STATUS	ACTIONS
F32.0	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	ACTIVE	Edit
I50.9	HEART FAILURE, UNSPECIFIED	ACTIVE	Edit
J44.1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	ACTIVE	Edit
N18.1	CHRONIC KIDNEY DISEASE, STAGE 1	ACTIVE	Edit
E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	ACTIVE	Edit
I10	ESSENTIAL (PRIMARY) HYPERTENSION	ACTIVE	Edit
E66.2	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	ACTIVE	Edit
E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	ACTIVE	Edit
D59.12	AUTOIMMUNE HEMOLYTIC ANEMIA, UNSPECIFIED	ACTIVE	Edit
E03.0	CONGENITAL HYPOTHYROIDISM WITH DIFFUSE GOITER	ACTIVE	Edit
J45.5	SEVERE PERSISTENT ASTHMA	ACTIVE	Edit
C61	MALIGNANT NEOPLASM OF PROSTATE	ACTIVE	Edit

Active Medication

PROCEDURE	REASON	SURGEON/FACILITY	DATE	ACTIONS
PROCEDURE	PROCEDURE REASON	SURGEON	12/28/1998	Edit

AWV Program

- User can select AWV program from the patient tab.
- AWV has 18 survey section which determine the patient medical info and generate a care plan accordingly.
- You have to enter the date of service and Type of Medicare. You can answers the given question by choosing the related option.
- AWV includes sections like Depression PHQ-9, Cognitive Assessment, Tobacco Use, BP Assessment and Miscellaneous etc.
- The care plan generated for this AWV can be seen by clicking the Black Icon.
- You can download the care plan as well as the super bill for AWV.
- You can also re-edit the AWV from the care plan.

Patient Name: JOSEPH S S SCHIAVELLO | Date of Birth: 03/28/1965 | Age: 58 | Gender: MALE | Insurance: HEALTHCHOICE PATHWAYS

Physical Health - Fall Screening

Have you fallen in the past 1 year?

☐ Yes
☐ No

Do you feel like "blacking out" when getting up from bed or chair?

☐ Yes
☐ No

Do you feel unsteady or do things move when standing or walking?

☐ Yes
☐ No

Do you use any assistance device?

☐ Cane
☐ Walker
☐ Wheel Chair
☐ Crutches
☐ None

[Save and Next](#) [Finish and Next](#)

AWV Care Plan

Patient Name: JOSEPH S S SCHIAVELLO | Date of Birth: 03/28/1965 | Gender: MALE
 Height: IN | Weight: LBS | Next Due: 09/26/2024
 Primary Care Physician: | Age: 58 | Date of Service: 09/26/2023
 Program: ANNUAL WELLNESS VISIT (AWV)

[Re-Edit](#) [Download](#) [SuperBill](#) [Close](#)

Physical Activity	Next due
Physical Health - Fall Screening	09/2024
Mental health	
Depression PHQ-9	09/2024
General Health	
High Stress	09/2024
General Health	09/2024
Social/Emotional Support	09/2024
Pain	09/2024
Cognitive Assessment	09/2024
Habits	
Physical Activity	09/2024
Alcohol Use	09/2024
Tobacco Use	09/2024
Nutrition	09/2024

CDC guidelines given and patient advised:
 • Vegetables 2 cups every week.

- Careplan
SuperBill

*****PLEASE RETURN THIS TO THE RECEPTIONIST ON YOUR WAY OUT****

Close

Name	JOSEPH S S SCHIAVELLO		
DOB	03/26/1965		
DOS	09/26/2023		
Insurance	HealthChoice Pathways		
PCP			

ANNUAL WELLNESS VISIT

Initial	Periodic
99385 (18-39 years)	99395 (18-39 years)
99386 (40-64 years)	99396 (40-64 years)

WELCOME TO MCR G0402 ☒

ANNUAL MCR INITIAL G0438 ☐

Subsequent G0439 ☐

Advance Care 99497(33) ☐

Depression Screen G0444 ☒

Alcohol Scr G0442 ☐

Cardiovascular G0446 ☐

Humana PAF 96160 ☐

Comp Eval w/Exam (humana) 99397 ☐

SMOKING CESSATION COUNSELING

upto 10 MIN	G9406 <input type="checkbox"/>
> 10 MIN	G9407 <input type="checkbox"/>
	G0296 <input type="checkbox"/>

LCOT Counseling

ADD NEW CODE

Enter Code: Add

Enter Dx Code: Add

CPT Codes:

Dx Codes:

BMI { > 18.5 and < 25g/m2}	If you are below normal must have flu plan	Normal: Above: Below: Refused:	G8420 G8417 G8418 G8422	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HTN	Systolic Bp < 140mm/Hg Diastolic Bp < 90mm/Hg		G8752 G8754	<input type="checkbox"/> <input type="checkbox"/>
Tobacco	Tobacco user and consulting given Current Non-User		4004F 1036F	<input type="checkbox"/> <input type="checkbox"/>
Depression	PHQ-9 < 9 PHQ-9 > 9 w/flu plan doc. PHQ-9 Excep: Depression/Bipolar Disorder		G8510 G8431 G9717	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fall Screening	≥ falls or any fall injury(Mark both) Assess w/in 12mo of documented fall PNo falls or 1 fall without injury		1100F 3288F 1101F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
General health	Pain severity quantified, pain present Pain severity quantified, pain not present		1125F 1126F	<input type="checkbox"/> <input type="checkbox"/>
Vaccines	Pneumo revd Document year rcvd and type if known Flu Vaccine		4040F G8482	<input type="checkbox"/> <input type="checkbox"/>
CA Screening	Flu Not Eligible: Pt refuses, allergy, vaccine not available Colo CA Screening (Report Viewed) Htx of colectomy or Colon CA Mammo Docu. In last 27 mo. Htx of bilateral mastectomy		G8483 3017F G9711 G9899 G9706	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	A1c < 7% A1c > 9% A1c 7% - 8% A1c 8% - 9%		3044F 3045F 3051F 3052F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	In Office 7 field photos		2024F	<input type="checkbox"/>

[illegible]

CCM Program

- User can select CCM program from the patient tab but there are 2 types of CCM programs
- Annual CCM and Monthly CCM.
- For Annual CCM patient has to agree to the consent and select the date and coordinator name from the menu.
- For CCM we have multiple survey sections but for annual CCM, patient only has to fill the first 7 Section.
- The Annual CCM includes the following Sections e.g., Fall Screening, Other Provider and General Assessment etc.

The screenshot shows a modal dialog titled "Select the CCM Program" with a close button (X) in the top right corner. Inside the dialog, there are two radio buttons: "Annual CCM" (which is selected) and "Monthly CCM". Below this, a section titled "Patient informed and consented to the following:" lists several bullet points regarding Medicare eligibility, reimbursement, and service details. At the bottom of the dialog, there is a section "Patient agree to participate in the Chronic Care Management Program" with "Yes" (selected) and "No" radio buttons. Below this are two dropdown menus: "On" with a "Select date" placeholder and "By" with a "Select CCM Co-ordinator na..." placeholder. At the very bottom of the dialog are "Cancel" and "Create" buttons. The background shows a blurred view of the patient's medical record interface.

The screenshot displays a patient's medical record interface with a survey section titled "Physical Health - Fall Screening". At the top, a progress bar shows steps from "Step 1: Fall Screening" to "Step 8: Monthly Assessment", with "Step 16: Diabetes" highlighted. Below the progress bar, patient information is displayed: "date of service", "PATIENT NAME: AUTOMATION PATIENT LAST NAME", "DATE OF BIRTH: 12/18/1950", "AGE: 72", "GENDER: FEMALE", and "INSURANCE: UHC ANOTHER CLINIC". The survey questions are as follows:
1. "Have you fallen in the past 1 year?" with "Yes" and "No" radio buttons, where "No" is selected.
2. "Do you feel like 'blacking out' when getting up from bed or chair?" with "Yes" and "No" radio buttons, where "Yes" is selected.
3. "Do you feel unsteady or do thing move when standing or walking?" with "Yes" and "No" radio buttons, where "Yes" is selected.
4. "Do you use any assistance device?" with "Cane", "Walker", "Wheel Chair", "Crutches", and "None" radio buttons, where "Cane" is selected.
At the bottom of the survey section are "Save and Next" and "Finish and Next" buttons. A left sidebar contains navigation icons for Home, Patients, Questionnaire, Programs, Insurance, Clinics, Users, Unresolved Encounters, Completed Encounters, Billable Claims, CDP Data, and Care Gaps. The top right corner shows user information: "Doctors", "Insurance", "Clinics", "Program", and "Zain ul Hassan".

- There is also a timer involve in the CCM program which the coordinator has to set before asking questions to the patient.
- Annual CCM also includes CCM - Annual Care Plan which can also be downloaded and re-edited and also filtered by month.

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 GDF DATA
 CARE GAPS

Step 1: Fall Screening
Step 2: Cognitive Assessment
Step 3: Caregiver Assessment
Step 4: Other Provider
Step 5: Immunization
Step 6: Screening
Step 7: General Assessment

Step 9: Depression PHQ-9
Step 10: Obesity
Step 11: Chronic Obstructive Pulmonary Disease
Step 12: Chronic Kidney Disease
Step 13: Congestive Heart Failure
Step 14: Diabetes

date of service: 12/11/2022
PATIENT NAME: AUTOMATION PATIENT LAST NAME
DATE OF BIRTH: 12/18/1950
AGE: 72
GENDER: FEMALE
INSURANCE: UHC ANOTHER CLINIC

General Assessment

Medication Reconciliation

Are you taking all medications for Depression, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, CKD, Diabetes Mellitus, Hypertensions, Obesity, Hypercholesterolemia, Anemia, Hyperthyroidism & Asthma as prescribed?

WHICH MEDICATIONS ARE NOT BEING TAKEN AS PRESCRIBED?

Reason

Reason For Medication updated

Lifestyle Assessment

In the last 30 days, have you used tobacco?

Would you be interested in quitting tobacco use within the next month?

In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?

On average, how many minutes did you usually spend exercising at this level on one of those days?

GENERAL HYGIENE GOAL

To Understand importance of Hand Washing in Infection Controls

Instructed on Importance of Hand Washing

Scientific studies show that you need to scrub for 20 seconds to remove harmful germs and chemicals from your hands. If you wash for a shorter time, you will not remove as many germs. Make sure to scrub all areas

Task Timer

* Task Type :
Select your Task:

* Co-ordinator :
Select your Co-ordinator name:

* Date :
Select date:

* Manual :
Select time:

Timer Watch:
00:00:00
Start Stop Reset
Cancel Submit
Total Time: 00:00:00
[View Logs](#)

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CCM - Annual Care Plan

PATIENT NAME: AUTOMATION PATIENT LAST NAME
DATE OF BIRTH: 12/18/1950
AGE: 72
GENDER: FEMALE
PRIMARY CARE PHYSICIAN FIRST NAME
NEXT DUE: 01/01/2024
PROGRAM: CHRONIC CARE MANAGEMENT (CCM)
DATE OF SERVICE: 12/11/2022
Filter by Month:
Re-Edit Download Close

Physical Activity

Physical Health - Fall Screening Do not remember fall in the last 1 year, with injury. Patient feels blacking out and is unsteady with ambulation, will continue to use Cane for mobilization. Physical therapy referral for muscle strengthening, gain training & balance, and home safety checklist provided.

Cognitive Assessment

Cognitive Assessment Cognitive assessment score is 19. Referral provided

Caregiver Assessment

Caregiver Assessment Need someone else for every day activities
No need for help to take medications

Other Providers

Other Providers The patient is seeing having speciality in

Immunization

Immunization Received flu vaccine on 08/2023 at Flu Vaccine Destination updated
Received PPSV 23 on 03/2022 at pneumococcal 23 vaccine destination updated

Screening

Mammogram Colonoscopy done on 05/2022 at Colonoscopy Destinations updated
Colon Cancer Next Colonoscopy due on 05/2032

Comments

General Assessment

Medication Reconciliation Medication reconciliation was performed and patient is not taking as prescribed because Reason For Medication updated.

- You can also view the Annual CCM question and answers from the view questions button located on questionnaires page.
- CCM monthly has multiple sections depending upon the diagnosis filled from the patient medical info page.
- CCM monthly has all the features that Annual has but CCM monthly can be performed every month on the other hand CCM annual can only be performed once a year.

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- CARE GAPS

Doctors Insurance Clinics Program Zain ul Hassan

CCM Annual Assessment

PATIENT NAME: TEST INSURANCE
PROGRAM: CHRONIC CARE MANAGEMENT (CCM)
CCM ANNUAL ASSESSMENT DATE: 06/15/2023

DATE OF BIRTH: 02/02/1958
PRIMARY CARE PHYSICIAN: ZAFFAR IQBAL
NEXT DUE: 01/01/2024

AGE: 65
CCM COORDINATOR:

GENDER: MALE

Back

Physical Health - Fall Screening

Have you fallen in the past 1 year?

Number of times you fell in last 1 year?

Was there any injury?

Physical Therapy?

Do you feel unsteady or do things move when standing or walking?

Do you feel like "blacking out" when getting up from bed or chair?

Do you use any assistance device?

Cognitive Assessment

Score	9
What year is it?	incorrect
What month is it?	correct
About what time is it (within 1 hour)?	incorrect
Count backwards from 20-1.	correct
Say the months of the year in reverse.	Correct
Repeat address phrase John, Smith, 42, High St, Bedford	1 error

Caregiver Assessment

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- COMPLETED ENCOUNTERS
- BILLABLE CLAIMS
- GLTF DATA
- CARE GAPS

Doctors Insurance Clinics Program Zain ul Hassan

Step 1: Fall Screening
Step 2: Cognitive Assessment
Step 3: Caregiver Assessment
Step 4: Other Provider
Step 5: Immunization
Step 6: Screening
Step 7: General Assessment
Step 8: Monthly Assessment
Step 9: Depression PHQ-9
Step 10: Obesity
Step 11: Chronic Obstructive Pulmonary Disease
Step 12: Chronic Kidney Disease
Step 13: Congestive Heart Failure
Step 14: Hypercholesterolemia
Step 15: Hypertension
Step 16: Diabetes

date of service
PATIENT NAME: AUTOMATION PATIENT LAST NAME
DATE OF BIRTH: 12/18/1950
AGE: 72
GENDER: FEMALE
INSURANCE: UHC ANOTHER CLINIC

Physical Health - Fall Screening

Have you fallen in the past 1 year?

Do you feel unsteady or do things move when standing or walking?

Do you feel like "blacking out" when getting up from bed or chair?

Do you use any assistance device?

Save and Next

Finish and Next

- CCM monthly has its own care plan for every month and it can be download as well as re-edited from the care plan screen.
- CCM also has its super bill which depends upon the services taken by the patient.

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Doctors Insurance Clinics Program Zain ul Hassan

Monthly Care Plan

PATIENT NAME: TEST INSURANCE DATE OF BIRTH: 02/02/1958 AGE: 65
GENDER: MALE PROGRAM: CHRONIC CARE MANAGEMENT (CCM) PRIMARY CARE PHYSICIAN: ZAFFAR IQBAL

DATE OF SERVICE: 06/15/2023

Re-Edit Download Close

COPD

Prognosis Good

Assessment Patient advised to continue current treatment.

Goals	Start Date	End Date	Status
<p>Provide education on COPD.</p> <p>To educate the patient of symptoms and complications of COPD.</p> <p>At first, COPD often causes no symptoms. As it gets worse it can make you:</p> <ul style="list-style-type: none"> • Feel short of breath, especially when you are moving around • Wheeze (make a whistling or squeaking noise as you breathe) • Cough and spit up sputum (mucus) • Cough and spit up sputum (mucus) <p>People who have COPD are also at increased risk for:</p> <ul style="list-style-type: none"> • Infections, such as pneumonia • Lung cancer • Heart problems 	06/05/2023	06/12/2023	Completed
<p>Lowering Risk of Infection</p> <p>Lowering Risk of Infection</p> <p>Certain infections can be very hard on your lungs and can cause COPD symptoms to flare up. You can lower your risk by getting certain vaccines. These include the flu shot every year, the pneumonia vaccine at least once, and the COVID-19 vaccine and boosters.</p> <p>In addition, wash your hands often and stay away from people who are sick. Wearing a face mask in crowded places can also help lower your risk of infection</p>	06/06/2023	06/12/2023	Completed

Lifestyle changes that can help with COPD

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Doctors Insurance Clinics Program Zain ul Hassan

Super Bill

PLEASE RETURN THIS TO THE RECEPTIONIST ON YOUR WAY OUT

Close

<p>Name</p> <p>DOB 09/26/2023</p> <p>DOS 09/26/2023</p> <p>Insurance</p> <p>PCP</p>	<p>ANNUAL WELLNESS VISIT</p> <p>Initial</p> <p>99385 (18-39 years) <input type="checkbox"/></p> <p>99386 (40-64 years) <input type="checkbox"/></p> <p>WELCOME TO MCR G0402 <input type="checkbox"/></p> <p>ANNUAL MCR: INITIAL G0438 <input type="checkbox"/></p> <p>Subsequent G0439 <input type="checkbox"/></p> <p>Advance Care 99497(33) <input type="checkbox"/></p> <p>Depression Screen G0444 <input type="checkbox"/></p> <p>Alcohol Scr G0442 <input type="checkbox"/></p> <p>Cardiovascular G0446 <input type="checkbox"/></p> <p>Humana PAF 96160 <input type="checkbox"/></p> <p>Comp Eval w/Exam (Humana) 99397 <input type="checkbox"/></p>	<p>ANNUAL MCR SCREENS</p> <p>Periodic</p> <p>99395 (18-39 years) <input type="checkbox"/></p> <p>99396 (40-64 years) <input type="checkbox"/></p> <p>SMOKING CESSATION COUNSELING</p> <p>upto 10 MIN 99406 <input type="checkbox"/></p> <p>> 10 MIN 99407 <input type="checkbox"/></p> <p>LDCT Counseling G0296 <input type="checkbox"/></p>	<p>BMI (> 18.5 and < 25g/m2)</p> <p>If you are below normal must have flu plan</p> <p>Normal: G8420 <input type="checkbox"/></p> <p>Above: G8417 <input type="checkbox"/></p> <p>Below: G8418 <input type="checkbox"/></p> <p>Refused: G8422 <input type="checkbox"/></p>	<p>HTN</p> <p>Systolic Bp < 140mm/Hg G8752 <input type="checkbox"/></p> <p>Diastolic Bp < 90mm/Hg G8754 <input type="checkbox"/></p>	<p>Tobacco</p> <p>Tobacco user and consulting given 4004F <input type="checkbox"/></p> <p>Current Non-User 1036F <input type="checkbox"/></p>	<p>Depression</p> <p>PHQ-9 < 9 G8510 <input type="checkbox"/></p> <p>PHQ-9 > 9 w/flu plan doc. G8431 <input type="checkbox"/></p> <p>PHQ-9, Except: Depression/Bipolar Disorder G9717 <input type="checkbox"/></p>	<p>Fall Screening</p> <p>2+ falls or any fall w/injury(Mark both) 1100F <input type="checkbox"/></p> <p>Assess w/in 12mo of documented fall 3288F <input type="checkbox"/></p> <p>PNo falls or 1 fall w/out injury 1101F <input type="checkbox"/></p>	<p>General health</p> <p>Pain severity quantified, pain present 1125F <input type="checkbox"/></p> <p>Pain severity quantified, pain not present 1126F <input type="checkbox"/></p>	<p>Vaccines</p> <p>Pneumo revd</p> <p>Document year rcvd and type if known 4040F <input type="checkbox"/></p> <p>Flu Vaccine</p> <p>Flu Vaccine G8482 <input type="checkbox"/></p> <p>Flu Not Eligible:</p> <p>Pt. refuses, allergy, vaccine not available G8483 <input type="checkbox"/></p>	<p>CA Screening</p> <p>Colo CA Screening (Report Viewed) 3017F <input type="checkbox"/></p> <p>Hx of colectomy or Colon CA G9711 <input type="checkbox"/></p> <p>Mammo Docu. In last 27 mo. G9899 <input type="checkbox"/></p> <p>Hx of bi/unilateral mastectomy G9708 <input type="checkbox"/></p> <p>A1c < 7% 3044F <input type="checkbox"/></p> <p>A1c > 9% 3046F <input type="checkbox"/></p>
--	--	---	---	---	--	---	--	--	---	--