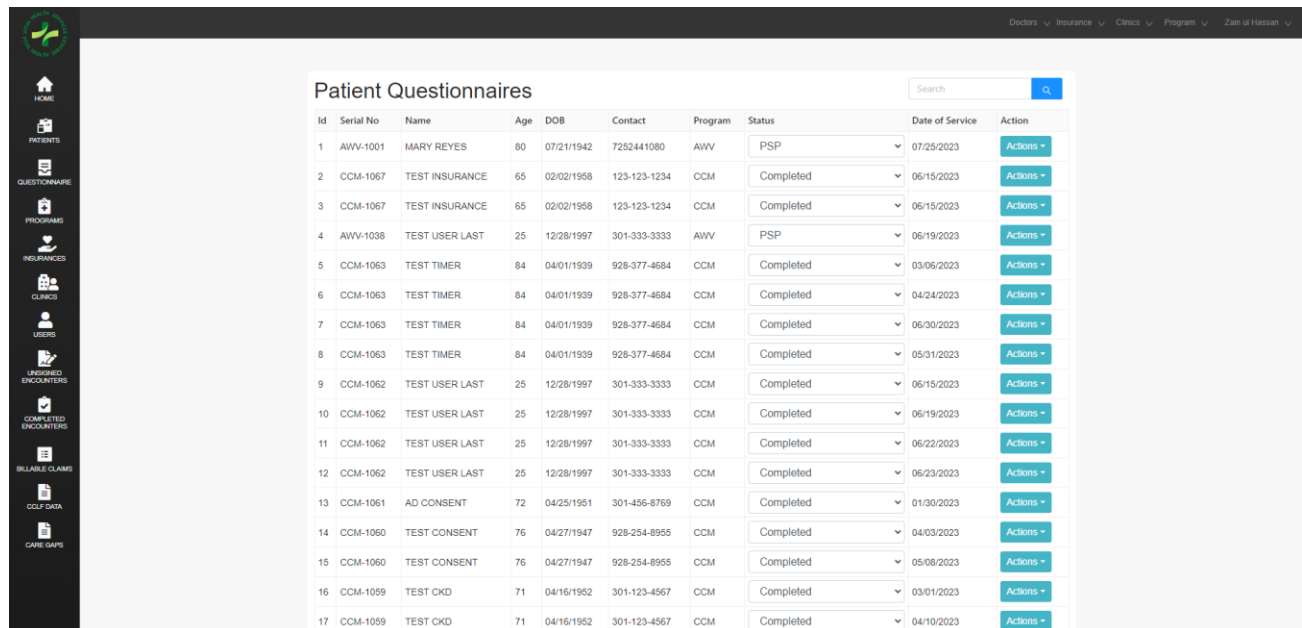


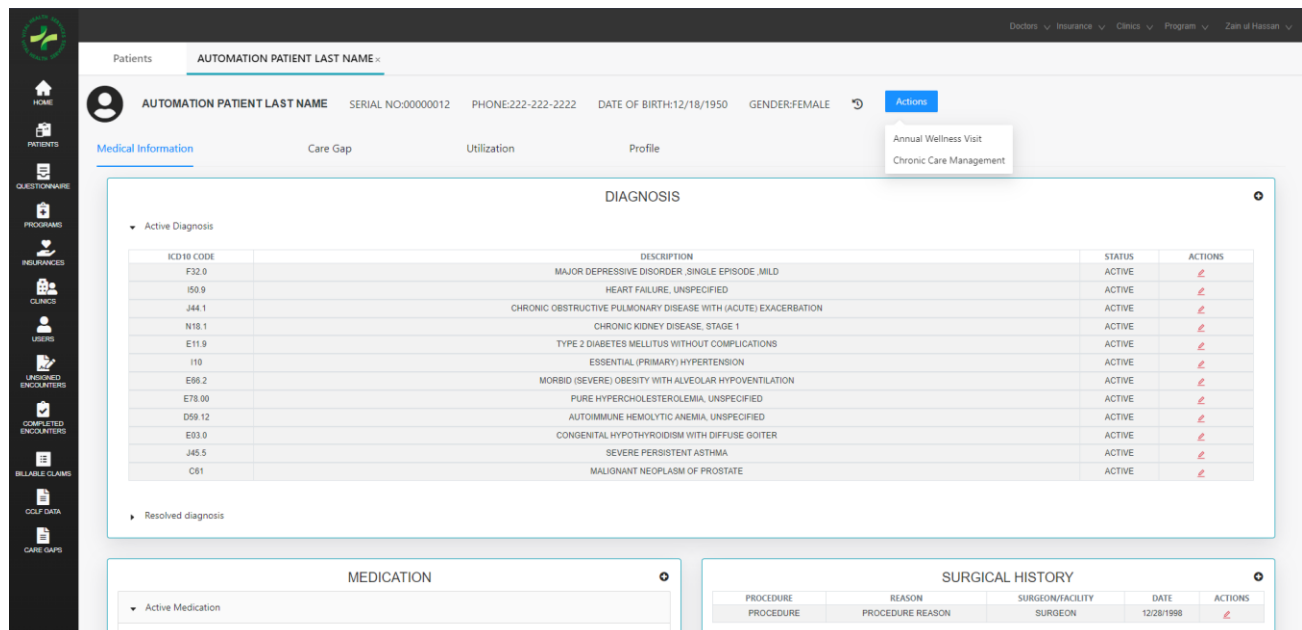
Chronic Care Management Visit Guide

Questionnaire Page

- User can see edit and search for questionnaire of the patient.
- There are 2 questionnaire programs in this software e.g., AWW (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	05/08/2023	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	⌵
I50.9	HEART FAILURE, UNSPECIFIED	ACTIVE	⌵
J44.1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	ACTIVE	⌵
N18.1	CHRONIC KIDNEY DISEASE, STAGE 1	ACTIVE	⌵
E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	ACTIVE	⌵
I10	ESSENTIAL (PRIMARY) HYPERTENSION	ACTIVE	⌵
E66.2	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	ACTIVE	⌵
E78.00	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	ACTIVE	⌵
D59.12	AUTOMMUNE HEMOLYTIC ANEMIA, UNSPECIFIED	ACTIVE	⌵
E03.0	CONGENITAL HYPOTHYROIDISM WITH DIFFUSE GOITER	ACTIVE	⌵
J45.5	SEVERE PERSISTENT ASTHMA	ACTIVE	⌵
C61	MALIGNANT NEOPLASM OF PROSTATE	ACTIVE	⌵

Active Medication

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

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 window titled "Select the CCM Program" with a close button (X). Inside, there are two radio buttons: "Annual CCM" (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 limitations. At the bottom, 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 fields: "On" with a date picker set to "Select date" and "By" with a dropdown menu set to "Select CCM Co-ordinator na...". At the very bottom are "Cancel" and "Create" buttons.

The screenshot shows a survey form titled "Physical Health - Fall Screening". At the top, there is a progress bar with steps from "Step 1: Fall Screening" to "Step 8: Monthly Assessment". 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:

- "Have you fallen in the past 1 year?" with radio buttons for "Yes" and "No" (selected).
- "Do you feel like 'blacking out' when getting up from bed or chair?" with radio buttons for "Yes" (selected) and "No".
- "Do you feel unsteady or do thing move when standing or walking?" with radio buttons for "Yes" (selected) and "No".
- "Do you use any assistance device?" with radio buttons for "Cane" (selected), "Walker", "Wheel Chair", "Crutches", and "None".

 At the bottom of the form are "Save and Next" and "Finish and Next" buttons.

- 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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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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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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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	06/27/2023	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>
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ADD NEW CODE

Enter Code Add Enter Dx Code Add

CPT Codes: Dx Codes:

<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 Not Eligible: G8482 <input type="checkbox"/></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>