Admission Checklist



Patient Ho Can	Hospital Kaiser	,	Date 7/14/23
Case Manager Ho V Cao Case Manager Ho V Cao	Payer Kaise		Date Expected:
Doctor SNF Doctor Renied NO	Room Assigned Here	Room Color	Reviewed By:
Home W/ Family (Accepted Denied	Indicate why denied:	
Covid Vaccine Dates	Covid Booster Date		Covid Recovered Date
Follow-Up Dx. Slurred Sp	zerch, Ba	lance Pi	COPLING
DA: STOWER S	ccori, sa		0010/ 0
Moderna Vaccine			
1/17/01			
2/11/21			
0/4/21			
4/4/21			
	W. diamanda	Commercial Plan	· · · · · · · · · · · · · · · · · · ·
Primary Insurance Medicare	Medicare Advantage	C . =	Insurance MRN
Medicare Qualifying Stay Dates	Financial Risk: Kai	C . =	16614366
Medicare Qualifying Stay Dates Days Available	Financial Risk: A T	Ser	
Medicare Qualifying Stay Dates Days Available 100 MSP NO+ related	Financial Risk: Kai	Ser	14614366
Medicare Qualifying Stay Dates Days Available	Financial Risk: KAN Plan Start/End Dates: Patient Responsibility: # 5 Copay Start Date:	Sev 50	14614366
Medicare Qualifying Stay Dates Days Available 100 MSP NO+ related SSN 578-78-0042	Financial Risk: Kari Plan Start/End Dates: Patient Responsibility: # 5 Copay Start Date: Copays: - 20 = 8	Sev 50	14614346 Deductible Ref#
Medicare Qualifying Stay Dates Days Available 100 MSP NO+ related SSN 578-78-0042	Financial Risk: Kari Plan Start/End Dates: Patient Responsibility: # 5 Copay Start Date: Copays: - 20 = 8	Sev 50	14614346 Deductible Ref#
Medicare Qualifying Stay Dates Days Available 100 MSP NO+ related SSN 578-78-0042	Financial Risk: Kari Plan Start/End Dates: Patient Responsibility: # 5 Copay Start Date: Copays: - 20 = 8	Sev 50	14614346 Deductible Ref#
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Medicare Qualifying Stay Dates Days Available 100 MSP NO+ related SSN 578-78-0042 Notes Secondary Insurance	Financial Risk: Kari Plan Start/End Dates: Patient Responsibility: # 5 Copay Start Date: Copays: - 20 = 8	Sev 50 50 50 50 50 50 50 50 50 50 50 50 50	14614346 Deductible Ref#
Medicare Qualifying Stay Dates Days Available 100 MSP NO+ related SSN 578-78-0042 Notes Secondary Insurance Supplemental:	Financial Risk: Kari Plan Start/End Dates: Patient Responsibility: # 5 Copay Start Date: Copays: - 20 = 8	SeV 50 60 Medi-Cal County:	14614346 Deductible Ref#
Medicare Qualifying Stay Days Available 100 MSP NO+ related SSN 578-78-0042 Notes Secondary Insurance Supplemental: Deductible:	Financial Risk: Kari Plan Start/End Dates: Patient Responsibility: # 5 Copay Start Date: Copays: - 20 = 8	SeV 50 Medi-Cal County: Share of Cost:	14614346 Deductible Ref#
Medicare Qualifying Stay Dates Days Available 100 MSP NO+ related SSN 578-78-0042 Notes Secondary Insurance Supplemental:	Financial Risk: Kari Plan Start/End Dates: Patient Responsibility: # 5 Copay Start Date: Copays: - 20 = 8	SeV 50 60 Medi-Cal County:	14614346 Deductible Ref#

Upm



(i) Responses to this message will be visible to other users coordinating the patient's care.

Received: Today

Kesler, Laura (L.V.N.), L.V.N. \Rightarrow P Snf Placement - The Pavilion At Sunny Hills SSN 578-78-0042 MEDICARE # 8Q09QY6EG14

Attached Documents

Document on 7/14/2023 9:23 AM by Kesler, Laura (L.V.N.), L.V.N.: Document (7/14/2023 9:23 AM PDT)

Cao, Ho V (MRN 000016614366) Printed by Lima, Carlos A [G303067] at 7/14/2023 1:32 PM



	Appoin	tments
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This patient does not currently have any appointments scheduled.

Visits with Me 12/05/2013

Other Visits

06/29/2023 **FAMILY PRACTICE**

Mai, Danny (M.D.), M.D.

05/08/2023 **FAMILY PRACTICE** AFTERCARE FOLLOWING ED VISIT Yau, Rani Y (D.O.), D.O.

07/11/2022

ACUTE GOUT

ESSENTIAL HTN

Siou, Soucheat (M.D.), M.D.

URGENT CARE -HARBOR MAC 11/29/2021

SCREENING FOR DIABETIC

RETINOPATHY

FAMILY PRACTICE ADULT NURSE CL

Esquivel, Elizabeth Areyley (L.V.N.),

08/16/2021 **FAMILY PRACTICE** **RASH** Mai, Danny (M.D.), M.D.

Care Team

Mai, Danny (M.D.),

PCP - General, Family

M.D.

Practice

PER PT

Patient Demographics

Patient Name

Legal DOB

Address Sex 2/1/1943 16272 CHIPPER 714-280-

Phone

Cao, Ho V Male

LN HUNTINGTON BEACH CA

92649-2752

6153 (Home) *Preferred* 714-280-6153 x00000

(Work) 714-280-6153 (Mobile)

4440

Emergency Contacts

Work Mobile Home Contact Person (Rel.) Phone Phone Phone Hanh (Daughter) 510-331-510-881-7454 1656 Huy "Mark" Ho (Son) 408-668-

R Preferred Pharmacy

None

■ Patient Employment

Status Retired

Printed by LIMA, CARLOS A [G303067]

Patient Demographics

Reason for Visit

SLURRED SPEECH
BALANCE PROBLEMS

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Encounter Date: 07/12/2023

Address		Phone			E-mail Address			
16272 CHIPPER LN		714-280-6153 (Home) *Preferred*			* hvc_bus@yahoo.com			
HUNTINGTON BEACH		714-280-6153 x00000 (Work)						
2752		714-280-6153 (Mobile)						
Patient Contacts								
Name	Relation		Home	1	Work	Mobile		
Hanh	Daughter	•			510-331-7454	510-881-1656		
Huy "Mark" Ho	Son					408-668-4440		
Primary Visit Coverage								
Payer	Plan	Spons	or Code	Group	Number	Group Name		
				0005	000500700-0000-			
KP MEDICARE	KP SNR ADV	D(E)		00050	JU7UU-UUUU-			
KP MEDICARE	KP SNR ADV PLAN 433045	` '			21119314			
	PLAN 433045 Subscriber	ber Name	Subscrik xxx-xx-x	00002 per SSN	21119314 S 16 H	ubscriber Address 6272 CHIPPER LN UNTINGTON BEACH A 92649-2752		
Primary Visit Coverage S Subscriber ID	PLAN 433045 Subscriber Subscril Cao,Ho	ber Name		oer SSN xxx	21119314 S 16 H C	6272 CHIPPER LN UNTINGTON BEACH A 92649-2752		
Primary Visit Coverage S Subscriber ID xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	PLAN 433045 Subscriber Subscril Cao,Ho	ber Name		oer SSN xxx	21119314 S 16 H C	6272 CHIPPER LN UNTINGTON BEACH A 92649-2752		
Primary Visit Coverage S Subscriber ID xxxxxxxxxxx ED to Hosp-Admiss 7/12/2023	PLAN 433045 Subscriber Subscril Cao,Ho	ber Name	xxx-xx-x	oer SSN xxx	21119314 S 16 H C	6272 CHIPPER LN UNTINGTON BEACH A 92649-2752		

Diagnoses						
	Codes	Comments				
ACUTE STROKE DUE TO ISCHEMIA, UNSPECIFIED TYPE AND ARTERY - Primary	163.9					
TRANSIENT CEREBRAL ISCHEMIA	G45.9					
ESSENTIAL HTN	I10					

found patient on the floor and is unsure if he hit his head.

Pt reports slurred speech and balance problems that started at 1500. Does not use any assistive devices normally but was not able to walk. Family states he

Vitals Most recent update: 7/14/2023 6:09 AM

KAISER PERMANENTE

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 ROI LAB AND RESULTS Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: -

This test is only for use under the Food and Drug Administration's Emergency Use Authorization (EUA).

Negative results for SARS-CoV-2 and Influenza A-B do not rule out COVID-19 or Influenza infection and should not be used as the sole basis for patient management. Influenza A and B negative results should be considered presumptive in samples that have a positive SARS-CoV-2 result. Negative results must be combined with other information such as patient history, clinical observations and epidemiology.

For Invalid results, please resubmit if clinically indicated.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 and/or diagnosis of COVID-19 infection.

Acknowledgement Info

For At Acknowledged By Acknowledged On Placing Order 07/13/23 1220 Garcia, Mary Angeline Mijares (R.N.), 07/13/23 1253

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Order

REFERRAL SKILLED NURSING FACILITY [213196] (Order 1289417038)

Order Information

Date Department Released By Authorizing
7/13/2023 5MS2 Hwe, John (R.N.), R.N. (auto- Wang, Diana Ting-Sui (M.D.), released) M.D.

Order Comments

SNF BED REQUEST WORKSHEET

Date of Inquiry: 7/13/2023

Custodial/Skilled: Skilled

No of Days Avail: 100

Expected Transfer Date: 7/13/23

Co-Pay: 1-20 Day(s) \$0 21-100 Days \$50

PATIENT SUMMARY - CAO, HO

Eligibility Response Report

Report Generated: 17:09:00 EDT

Txn ID: a4d858e49d006234fb04dd4168a80264

Primary Insurance Status: ACTIVE

Facility: Fullerton Healthcare and Weliness Centre

NPI: 1073944450

Request Date: 07/14/2023

Alerts

View Active Medicare Advantage Policy View Potential Medicare Secondary Payer

SUBMITTED TO PAYER

Patient Demographics

First Name

Last Name

Member ID 8Q09QY6EG14 D.O.B. 02/01/1943 SSN 578-78-0042

Payer

Eligibility Date(From) 07/14/2022

Eligibility Date(To)

Service Type(s) Home Health Care, Health Benefit Plan Coverage, Hospice, Occupational Therapy, Physical Medicine, Speech Therapy, Skilled Nursing Care.

RETURNED BY PAYER

Patient Demographics

First Name

Middle Name

Last Name

Suffix

Member ID 8Q09QY6EG14 D.O.B. 02/01/1943 SSN

Gender

Address Line 1 16272 CHIPPER LN

City HUNTINGTON BEACH

State

Zip Code 92649-2752

Benefit Information

Medicare Part A

Effective Date

Medicare Part B

Termination Date

Ineligible Start

Ineligible End

Effective Date 10/01/2006

10/01/2006

Lifetim Psychi Days

60

Termination Date

ESRD Dialysis Date

ESRD Transplant Date

ESRD Coverage Period

Plan Benefits

Medicare Part A

Medicare Part B

Туре	First Bill	Last Bill	Hospital Days Full Coins	Base	SNF Days Full Colns	Base	Inpatient Deductible	Deductible Remaining	Physical Therapy	Occupational Therapy	Blood Pints Part A/B
Base	01/01/2023	12/31/2023	60 30	\$400.00	20 80	\$200.00	\$1,600.00	\$226.00	\$0.00	\$0.00	
Base	01/01/2022	12/31/2022	60 30	\$389.00	20 80	\$194.50	\$1,556.00	\$233.00	\$0.00	\$0.00	

Medicare Part A Stays

Start Date Type

End Date

Billing NPI

Medicare Advantage

Termination Plan Code Date Effective 03/01/2007

H0524-003

Payer Name

Address KAISER FOUNDATION HP.

P.O. BOX 12916 OAKLAND, CA 94604-2916

Plan Name Kaiser Permanente Senior

Advantage LA, Orange Co.

Website kp.org/medicare

Message(s): MA Bill Option Code - C

Medicare Secondary Payer

Date 03/15/2019

Policy Number CAPA0110 0525-DOL 03152019

MECURY INSURANCE

Address

PO BOX 1150 BREA, CA 92822

47 - Medicare Secondary. Other Liability Insurance is Primary

O Part D

Effective Date 03/01/2007

Plan Code H0524-003 Payer Name KAISER FOUNDATION HP.

INC.

Address

P.O. BOX 12916 OAKLAND, CA 94604-2916 Plan Name

Type

Kaiser Permanente Senior kp.org/medicare Advantage LA, Orange Co.

Phone Number (800) 443-0815

Single Subscriber Response

Eligibility Transaction Performed by: 1073944450 on Friday, July 14, 2023 at 2:11:14 PM



Eligibility Message: NO RECORDED ELIGIBILITY FOR REQUESTED DATE OF SERVICE 07/14/2023.

Subscriber ID: 578780042

Subscriber Birth Date: 02/01/1943

Issue Date: 07/14/2023

Primary Aid Code:

First Special Aid Code:

Second Special Aid Code:

Third Special Aid Code:

Responsible County: -unknown

Medicare ID:

Primary Care Physician Phone:

Service Type:

Service Date: 07/14/2023

Trace Number/Eligibility Verification

Confirmation Number: