

Patient Care Form

| Patient | Form Snapshot | PCP |
|-------------------------------|-----------------|----------------------------------|
| Patient Name: Johnson, Robert | 1. Historical | PCP Name: Shahin, Mohammed |
| Member ID: N000007561 | 2. CMS 1 | PCP Group: Nevada Health Centers |
| DOB: 11/22/1967 | 3. Suspects 2 | Date of Last Visit: N/A |
| Age: 50 | 4. Screenings 4 | Date of Last CPE: N/A |
| Gender: M | 5. Quality 5 | |

1. Historical Conditions

There are no open care gaps in this section requiring attention at this time

2. CMS Reported Conditions

| Condition Category | Most Commonly Reported ICD-10's in Category | Not Present | Diagnosis Present |
|--------------------|--|--------------------------|-------------------|
| Angina Pectoris | I208 - Other forms of angina pectoris, I25118 - Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris, I201 - Angina pectoris with documented spasm. | <input type="checkbox"/> | _____ |

3. Suspected Conditions

| Neuropathy | | | |
|---|------|--|--|
| Polyneuropathy in diseases classified elsewhere | G63 | This patient has been diagnosed with Unspecified Polyneuropathy (G62.9) on 09/21/2017 with no further diagnosis of neuropathy. Please evaluate the patient for: G63 Polyneuropathy in diseases classified elsewhere (metabolic), or other form of neuropathy. Suspect trigger encounter: 07/14/2017, E785 - Hyperlipidemia, unspecified, SHAHIN MOHAMMAD, MD | |
| | | Present <input type="checkbox"/> | Not Present <input type="checkbox"/> Alternative Diagnosis _____ |
| Major Depressive, Bipolar, and Paranoid Disorders | | | |
| Major depressive disorder, single episode, mild | F320 | This patient had a diagnosis of F329 - Major depressive disorder, single episode, unspecified (FREELAND JAMES, LCSW, 07/06/2016) last reported on 07/06/2016. When reporting depression, it is important to specify the episode, severity, and status. Please evaluate the patient and consider a more specific diagnosis if appropriate. | |
| | | Present <input type="checkbox"/> | Not Present <input type="checkbox"/> Alternative Diagnosis _____ |

4. Screenings

| Screening | Screening Detail | Results | Guidance |
|---------------------------------|------------------|-----------------------|---|
| PHQ-9 Depression Screening | PHQ-9 Score | _____ | 5-9 Mild, 10-14 Moderate, 15-19 Moderately Severe, 20-27 Severe depression |
| Monitoring Physical Activity | Circle Response | Better / Same / Worse | "Compared to one year ago, how would you rate your physical health?" - If worse, notify the provider and make recommendations to increase physical activity levels appropriate to the patient's health status. |
| Monitoring Urinary Incontinence | Circle Response | Yes / No | "Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?" - If yes, notify the provider and discuss treatment options appropriate to the patient's health status. |
| Monitoring Falls Risk | Circle Response | Yes / No | "A fall is when your body goes to the ground without being pushed. Have you experienced any recent falls or problems with balance or walking?" - If yes, notify the provider and discuss treatment options that are appropriate to the patient's health status. |

5. Quality Measures

| Measure | Action | Service | Value | Guidance |
|------------------------------------|----------|--|-------------|--|
| Diabetic Retinal Exam | Counsel | <input type="checkbox"/> Patient referred to eye specialist to complete exam | | |
| | Complete | <input type="checkbox"/> Retinal exam completed on DOS: _____ | ___/___/___ | DOS after 1/1/2017 |
| | | <input type="checkbox"/> Proof of negative exam DOS: _____ | ___/___/___ | DOS after 1/1/2016 |
| | Exclude | <input type="checkbox"/> Proof of Gestational Diabetes | | Diagnosis after 1/1/2016 |
| | | <input type="checkbox"/> Proof of Steroid-induced Diabetes | | Diagnosis after 1/1/2016 |
| Diabetic A1C Control < 9% | Counsel | <input type="checkbox"/> A1C ordered for patient | | |
| | Complete | <input type="checkbox"/> A1C value: _____ | _____ | DOS after 1/1/2017, compliant values are <9% |
| | Exclude | <input type="checkbox"/> Proof of Gestational Diabetes | | Diagnosis after 1/1/2015 |
| | | <input type="checkbox"/> Proof of Steroid-induced Diabetes | | Diagnosis after 1/1/2015 |
| Medication Adherence - Cholesterol | Counsel | <input type="checkbox"/> Advised patient to consistently fill cholesterol medications. | | |
| Flu Vaccination | Complete | <input type="checkbox"/> Flu vaccination administered on: _____ | ___/___/___ | DOS of flu shot after 8/1/2017 |
| Pneumococcal Vaccination | Complete | <input type="checkbox"/> Pneumococcal vaccination administered on: _____ | ___/___/___ | DOS |

Definitions

1. Historical Conditions

This section presents chronic conditions that have been reported for this patient one or more times in the previous two calendar years. All conditions listed have not yet been reported and require provider review to determine appropriateness in the current calendar year.

2. CMS Reported Conditions

This section presents condition categories that CMS has indicated are applicable to the member. Conditions listed in this section were reported to CMS by another payer, and therefore Prominence Health Plan does not have access to ICD-10 level diagnoses for these conditions. Information presented in this section is intended to be additive to what is contained in the Historical Conditions section.

3. Suspected Conditions

This section presents suspected conditions based on clinical algorithms. Conditions in this section have not been reported historically for the member and require provider review to determine appropriateness for the patient based on clinical judgement.

4. Recommended Screenings

This section lists recommended health screenings for this patient. Each screening takes into account patient specific variables such as age, gender, health conditions, and other relevant risk factors.

5. Quality Measures

This section lists quality measures for which this patient is eligible and not currently compliant. The measures criteria and eligibility is defined by NCQA. Compliance is determined by applying HEDIS specifications to available claims, labs, pharmacy and supplemental data sources.

Attestation

I attest that the responses entered on this form are accurate to the best of my knowledge in accordance with the Prominence Health Plan Care Form Policy Version I. I acknowledge that the information provided by Prominence Health Plan on this form is not intended to treat or diagnose the patient. Appropriateness of diagnosis and medical necessity is ultimately determined by the attending physician. All confirmed conditions, results and responses provided to Prominence on this form must be supported with proper documentation in the practice's medical record. All responses will be verified for accuracy by a certified coding/HEDIS specialist.

Provider Name, Credentials

____/____/_____
Date Completed

Please fax completed forms with supporting documentation to (775) 770-9047