Prominence Health Plan

Patient Care Form

Patient		Form Snapshot		PCP	
Patient Name:	Cummings, Linda	1. Historical	4	PCP Name:	Udani, Cesar
Member ID:	N000004511	2. CMS	1	PCP Group:	Nevada Health Centers
DOB:	11/18/1936	3. Suspects		Date of Last Visit:	N/A
Age:	81	4. Screenings	4	Date of Last CPE:	N/A
Gender:	F	5. Quality	1		

1. Historical Conditions

		Evidence			Response		
Condition	**ICD10**	**Count**	**Last Reported by**	**Date**	**Present**	**Not Present**	**Alternative Diagnosis**
Congestive Heart Failure							
Heart failure, unspecified	I509	1	Udani Cesar, MD, Family Medicine	4/25/2016	❒	❒	
Specified Heart Arrhythmias							
Paroxysmal atrial fibrillation	I480	1	Baker David, MD, Internal Medicine Cardiovascular Disease	9/26/2016	❒	❒	
Chronic atrial fibrillation	I482	1	Udani Cesar, MD, Family Medicine	1/23/2016	❒	❒	
Morbid Obesity							
Morbid (severe) obesity due to excess calories	E6601	2	Udani Cesar, MD, Family Medicine	9/6/2016	❒	❒	

2. CMS Reported Conditions

Condition Category	Most Commonly Reported ICD-10's in Category	Not Present	Diagnosis Present
Acute Renal Failure	N170 - Acute kidney failure with tubular necrosis, N178 - Other acute kidney failure, N172 - Acute kidney failure with medullary necrosis.	❒	

3. Suspected Conditions

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

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 appropritate to the patient's health status.

5. Quality Measures

Measure	Action		Service	Value	Guidance
Pneumococcal Vaccination	Complete	❒	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