Prominence Health Plan

Patient Care Form

Patient		Form Snapshot		PCP	
Patient Name:	Sargent, Diana	1. Historical		PCP Name:	Shahin, Mohammed
Member ID:	N000001057	2. CMS		PCP Group:	Nevada Health Centers
DOB:	6/16/1944	3. Suspects	4	Date of Last Visit:	N/A
Age:	73	4. Screenings	4	Date of Last CPE:	N/A
Gender:	F	5. Quality	2		

1. Historical Conditions

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

2. CMS Reported Conditions

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

3. Suspected Conditions

Major Depressive, Bipolar, and Paranoid Disorders

Major depressive disorder, single episode, mild	F320	A prescription for QUETIAPINE FUMARATE was filled on 06/02/2017. Prescribed by SHAHIN MOHAMMAD, MD. When reporting depression, it is important to specify the episode, severity, and status. Please evaluate the patient and consider a specific diagnosis if appropriate. **Present** ☐ **Not Present** ☐ **Alternative Diagnosis** _____
Major depressive disorder, single episode, mild	F320	This patient had a diagnosis of F329 - Major depressive disorder, single episode, unspecified (SHAHIN MOHAMMAD, MD, 10/24/2017) last reported on 10/24/2017. 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** ☐ **Not Present** ☐ **Alternative Diagnosis** _____
Major depressive disorder, single episode, mild	F320	Patient recently completed a Health Assessment Tool and marked Depression as present. Please assess the patient for this condition and document in the progress note the diagnosis(es) that most accurately reflects the patient's condition. **Present** ☐ **Not Present** ☐ **Alternative Diagnosis** _____

Diabetes without Complication

Type 2 diabetes mellitus without complications	E119	Patient recently completed a Health Assessment Tool and marked diabetes as present. Please assess the patient for this condition and document in the progress note the diagnosis(es) that most accurately reflects the patient's condition. **Present** ☐ **Not Present** ☐ **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
Colorectal Cancer Screening	Counsel	❒	FOBT / Colonoscopy ordered		Complete by 12/31/2017
	Complete	❒	FOBT completed	__/__/____	DOS after 1/1/2017
		❒	Colonoscopy completed	__/__/____	DOS after 1/1/2008
	Exclude	❒	Proof of colectomy	__/__/____	DOS of procedure anytime in patients history
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