

Important Clinical Information

Print this document and place it at the front of the member's medical record for review by a health care professional

Care Gap Worksheet

Member:

Name: Jane Doe
ID #: 543322123
Age/DOB: 45 9/2/66
SSN (Last 4): 4529
Phone: 610 215 1122

PCP Assigned:

Name: DR Joe Smith
Address: 123 Anywhere St
 Philadelphia, PA 19113
Phone: 215 554 4435

****Claims Processed Through End of Month May 2013****

Alert Service(s) -Due Soon/Over Due/Missing– Response Required

| <i>Condition</i> | <i>Service Due</i> | <i>Last Service</i> | <i>Last Value</i> | <i>Status</i> | <i>Frequency</i> | <i>Date Done</i> | <i>Result</i> | <i>Date Referred</i> |
|----------------------------|--------------------|---------------------|-------------------|---------------|----------------------|------------------|---------------|----------------------|
| Critical Quality Incentive | Diabetes-LDL | 5/10/12 | 122 | Overdue | At least once a year | | | |

At Risk /Risk Service(s) – Informational Only

| <i>Condition</i> | <i>Service Due</i> | <i>Status</i> | <i>Frequency</i> |
|---------------------------|--------------------------------|---------------|----------------------|
| Preventive Health Screens | Annual Dental Visit 2-21 years | Risk | At least once a year |

Up-to-Date Service(s) – Informational Only

| <i>Condition</i> | <i>Service Due</i> | <i>Status</i> | <i>Frequency</i> |
|---------------------------|------------------------|---------------|-----------------------------|
| Preventive Health Screens | Cervical Cancer Screen | Up To Date | At least once every 3 years |

Would you like help outreaching to this member?

Yes, please help with the following: _____

Let our staff know what specific type of outreach help we can provide for this member

The above services may be part of the Quality Enhancement Program (QEP). To update the member data, complete the columns in the "response required" section above. Sign below and fax a copy of the updated worksheet to 866-550-4220

Physician Signature

Remember to sign and date

Date

**Data source: The data in the Care Gap Worksheet is derived from claims information submitted to and processed by the Health Plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.