Date of Birth	Date	Provider



Blue Cross Community MMAI (Medicare-Medicaid Plan)





Blue Cross Community ICP*

Annual Health Assessment

Passan For Visit

Reason For Visit.							
	Illne	sses					
 □ Anemia □ Asthma □ Atrial Fibrillation □ Atrial Flutter □ Bipolar Disorder □ Burn (19% of body or greater) □ Cardiomyopathy □ Congestive Heart Failure □ Chronic Bronchitis □ Chronic Hepatitis □ Chronic Kidney Disease* □ Stage I (GFR 90+) □ Stage II (GFR 60-89) □ Stage III (GFR 15-29) □ Stage V (ESRD) 	□ COPD* □ with exacerbation □ without exacerbation □ Crohns Disease □ Coronary Artery Disease □ CVA □ Dementia □ Depression □ Diabetes Mellitus* □ without Complications □ with Complications □ with Opthalmic Disease □ with Renal Disease □ with Neuropathy □ with PVD □ Long Term Use of Insulin	□ DVT □ Emphysema □ Epilepsy □ Fracture* □ Vertebral □ Femur □ Pelvic □ Head/Spinal Injuries □ HIV □ GERD □ Hyperlipidemia □ Hypertension* □ with CHF □ with Kidney Disease □ Malignancy*	 □ Osteoarthritis □ Osteomyelitis □ Pancreatitis □ Paralysis □ Pituitary Disease □ Pneumonia □ Pressure Ulcer Site □ PUD □ PVD □ Rheumatoid Arthritis □ Schizophrenia □ Seizures □ Sickle Cell Disease □ SLE □ Ulcerative Colitis 				
 □ Stage V (ESRD) □ Cirrhosis □ Coronary Artery Disease 	☐ Cirrhosis ☐ Drug/Alcohol Dependence	Specify □ Obesity □ Old MI	Ulcerative Colitis				
		eries					
□ Amputation							
	Medication Review	(Dose, Frequency, Route)					
	Allergies (Ir	nclude Reaction)					

Name				Date of Birth	า	Ī	Date		Provider			
Family History (Check Applicable Area)												
		Mother	Father	Sibling	Grandparent	İ			Mother	Father	Sibling	Grandparent
Deceased							iver Dis	-0260				
Heart Disease	۵					i	Mental II					
Diabetes	5							tic Disease				
						-						
Stroke						'	i riyrold i	Disease				
Breast Cance						-						
Colon Cancer						-						
Kidney Diseas	se											
					Socia	l His	story					
Language Pr	reference	□Eng	glish 🗆	Spanish	□Polish				TODACCO O	SC	u res	- UNO
Marital Statu		□Sin		Married	□ Divorc	ed	□ Wid	owed	Alcohol Us	е	□ Yes	□ No
Occupation		,	O						Dave		- V	
Lives			ne	□Sn	ouse		□ Fam	nilv	Drug Use		□ Yes	□ No
Advance Dire	ective		npleted		cussed		-1 411	y	Exercise		□ Yes	□No
7 la varioc Birl	COLIVO		прісточ						•			
					Review	of S	ystems					
System	Symptoms				\	VNL	ABNL		abnormal, explain)			
General	Change i	n Weigh	t, Fever, F	atigue								
Skin	Rashes,	Itching, F	lives, Ea	sy Bruisin	g							
Head	Dizzines	s, Heada	ches, Inj	ury								
Eyes	Vision Ch		-	-								
Ears	Tinnitus,	_										
Nose	Noseblee	-	_	bstruction	1							_
Mouth/Throa			_			at ⊏						
Neck	Lumps, G				,, 00.00							
Chest	Cough, F			111000								
Breasts	-	-										
CV												
GI					tal Bleedin							
GU	Incontine	-			iai Dieedii i	ց –						
Vascular		•		-								
MSK		· a · · · · · · · g, · · · · · · · · · g, · · · ·						-				
Neuro	Weakness, Joint Stiffness, Paralysis Numbness, Dizziness, Tremors											
Neuro	Numbrie	55, DIZZII	ness, nei	11015								
					Physic	al I	Exam					
Height	Weight		BMI		Temp			Pulse	Resp		BP	
	Description					NML	ABNL		abnormal, explain)			
System	•					NIVIL	ADINL	Comments (II	арпоппаі, ехріаіп)			
General	Alert and							·				
Head	Normocep											
Eyes	EOMI / PE											
ENT	TMs Intac	t / Nasal	Mucosa C	lear / Pha	rynx Clear							
Neck	No Lymph	adenopat	hy / No G	oiter / No E	Bruits							
Lungs	Clear to A	uscultation	n									
Breasts	Nontender	/ No Mas	ss / No Ni _l	ople Discha	arge							
CV	RRR / No	Murmur /	No Gallop	s / No Rub)							
ABD Soft, Nontender/Nondistended / No Mass / No Hepatosplenomegaly												
	No Penile	Lesions	/ No Scrot	al Mass								
GU	No Adnex	al Mace /	No Cervi	ral Lecions								
Rectal	No Mass		140 CEI VII	Jai LESIUIIS	•							
EXT	No Clubb		Cyanosis	/ No Edo	ma							
MSK	FROM/N	-	-									
					iiiity							
Neuro	Cranial Nerves Intact / DTRs 2+											

Rage 2 of 4

Modicare Preventive Guidelines	Name	Date of Birth	Date Provider		
Abdominal Aortica Aneurysm Abdominal Aortica Aneurysm Abdominal Aortica Aneurysm Core Misuse Screening Per Year Cordiovascular Disease (Behavior Therapy) Cordio Abass Measurements Cordiovascular Screening Cardiovascular Disease (Behavior Therapy) Colon Cancer Screening Cordiovascular Disease (Behavior Therapy) Colon Cancer Screening Cordiovascular Disease (Behavior Therapy) Colon Cancer Screening Cordiovascular Disease (Behavior Therapy) Colon Cancer Screening Colon Cancer Scre		Medicare Preve	entive Guidelines		
Abdominal Aortic Aneurysm Actorid Misuse Cureneling One Blusues Streening Per Year Once Every 24 Months Lipid Profile Streening Per Year Annual with CAD Annual With Decays Appin Therapy, Healthy Eating and Check BP Annual with CAD Annual With Decays Appin Therapy, Healthy Eating and Check BP Annual with CAD Annual With Decays Appin Therapy, Healthy Eating and Check BP Annual with CAD Annual With Decays Appin Therapy, Healthy Eating and Check BP Annual with CAD Annual With Decays Appin Therapy, Healthy Eating and Check BP Annual with CAD Annual With Decays Appin Therapy, Healthy Eating and Check BP Annual by PCP Annual by PCP Annual by PCP Annual PPC Resis Eachs HTM. Hyperipidemia. Obesity Backess Seaf- Management Training Resis Eachs HTM. Hyperipidemia. Obesity Backess Seaf- Management Training Resis Eachs HTM. Hyperipidemia. Obesity Backess Seaf- Management Training Resis Eachs HTM. Hyperipidemia. Obesity Backess Seaf- Management Training Resis Eachs HTM. Hyperipidemia. Obesity Backess Seaf- Management Training Resis Eachs HTM. Hyperipidemia. Obesity Backess Seaf- Management Teaning Resis Eachs HTM. Hyperipidemia. Obesity Backess Seaf- Management Teaning Resis Eachs HTM. Hyperipidemia. Obesity Backess Seaf- Management Histal Health Assessment High Risk Individuals Disbestly Screening and Counseling Once every 12 months (age 40 and Over) Baceline 35-39) Medical Nutrition Therapy Services Once Every 24 Months or 12 Months for High Risk Disbestly Screening and Counseling Must State Seaf- Months or 12 Months for High Risk Disbestly Screening and Counseling Current Smokers Additional Recommendations (CAS Sear Returey) Additional Recommendations (CAS Sear Returey) Additional Recommendations (CAS Sear Returey) Additional R	Name			N/A Completion Date	
Acohol Misuse Counseling	Abdominal Aortic Angurysm		Individuals (Men 65-75 Smokers)		
Done Every 24 Months	1		,		
Lipid Profile Screening Every Fiver (5) Years					
Annual with CAD Action Cardiorescular Disease (Behavior Therapy) Colon Cancer Screening Depression Screening Depression Screening Depression Screening Disease Series (Risk actors HTN, Hyperfipidemia, Obesity) Disease Series (Risk actors HTN, Hyperfipidemia, Obesity) Disease Self- Management Training Disease Self- Management Training Disease Self- Management Training Influenza Vaccine Annual Per CDC Recommendations High Risk Individuals Hose every 12 months (age 40 and over, Baseline 35-39) High Risk Individuals High Risk Individuals Hose every 12 months (age 40 and over, Baseline 35-39) High Risk Individuals High Risk Individuals Hose Every 24 Months or 12 Months for High Risk High Risk Individuals Hone Dose (Age 65 and Over) Hose Languagement Once Every 24 Months or 12 Months for High Risk High Risk Individuals High Risk I		-			
Annual Vist D Souss Aspirin Therapy, Earting and Check BP	Cardiovascular Careerining		Livery Fiver (6) rears		
Colon Cancer Screening High Sensitivity/FOBT or Sigmoidoscopy Every Five (5) Years or Colonoscopy Every Five (10) Years Depression Screening Annual by PCP	Cardiovascular Disease (Behavior Thera		spirin Therapy Healthy Fating and Check		
Depression Screening					
Diabetes Screening Risks factors HTN, Hyperfipidemia, Obesity		•			
Diabetes Self- Management Training Requires Physician Order			lipidemia. Obesitv	·	
EKG Screening	I -		· ·		
Influenza Vaccine Glaucoma Tests High Risk Individuals High Screening Pregnant, at Risk or Upon Request High or Medium Risk Individuals His Screening Pregnant, at Risk or Upon Request Mammogram Once every 12 months (age 40 and over, Baseline 35-39) Medical Nutrition Therapy Services Obesity Screening and Counseling Pag Smear / Pelvic Exam Once Every 24 Months or 12 Months for High Risk Desix Screening and Counseling Prostate Cancer Screen DRE and PSA, (Annually Age 50 and Over) Prostate Cancer Screen DRE and PSA, (Annually Age 50 and Over) Prostate Cancer Screen DRE and PSA, (Annually Age 50 and Over) Maditional Recommendations (CMS Star Returgs) Additional Recommendations (CMS Star Returgs) LDL Annual Target Less Than 100 Richey Function Testing ACE or AR (Prescribed if HTN with DM) Retinal Eye Exam (Annuall) Hab 1 c Testing (Less Than Target) Fall Risk Osbeoponsis Management Within Su (6) Months or High Risk Individuals) Within Su (6) Months or High Risk Individuals) Prescribed MMARD Functional Status Assess Ability to Perform Activities of Daily Living (ADLs) Pain Screening Active Coordination (Check All That Appliess With Su (6) Months Three (3) Unplanned Inpatient Admits within Six (6) Months Management Medication Therapy Three (3) Unplanned Inpatient Admits within Six (6) Months Management Medication Therapy Three (3) Unplanned Inpatient Admits within Six (6) Months Traumatic Brain Injury (TB) Paraplegia (Quadriplegia CVA Paraplegia		-			
Hepatitis B Vaccine HIJY Screening HIJY Screening and Counseling Medical Nutrition Therapy Services Obesity Screening and Counseling Pag Smear / Pelvic Exam Once every 12 Months (ag 40 and over, Baseline 35-39) Medical Nutrition Therapy Services Obesity Screening and Counseling BMI 30 or Greater Once Every 24 Months or 12 Months for High Risk Pneumovax Vaccine Prostate Cancer Screen DRE and PSA, (Annually Age 50 and Over) DRE and PSA, (Annually Age 50 and Over) DRE and PSA, (Annually Age 50 and Over) DRE and PSA, (Annually Age 50 and Over) Dreams Screening Chlamydia, Conorrhea, Syphilis and Hepatitis B (High Risk Individuals) Months of 12 Months or 12 Months for High Risk DRE and PSA, (Annually Age 50 and Over) Dreams Basel Management Action Dreams Age and PSA, (Annually Age 50 and Over) Action Dreams Age and					
Hepatitis B Vaccine HIY Screening Pregnant, at Risk or Upon Request Once every 12 months (age 40 and over, Baseline 35-39)	Glaucoma Tests	High Risk Individuals			
HIV Screening Mammogram Once every 12 months (age 40 and over, Baseline 35-39)	Hepatitis B Vaccine				
Medical Nutrition Therapy Services Must Have Diabetes, Kidney Disease/Transplant (Last 36 Months)	HIV Screening	_			
Medical Nutrition Therapy Services Obesity Screening and Counseling Pap Smear/ Pelvic Exam Pneumovax Vaccine Pneumovax Vaccine One Every 24 Months or 12 Months for High Risk Pneumovax Vaccine One Dose (Age 65 and Over) Prostate Cancer Screen DRE and PSA, (Annually Age 50 and Over) Sexually Transmitted Infection (STI) Screening Chlamydia, Gonorrhea, Syphilis and Hepatitis B (High Risk Individuals) Smoking Cessation Counseling Additional Recommendations (CMS Star Ratings) Diabetes Chronic Disease Management Kidney Function Testing ACE or AR (Prescribed if HTN with DM) Retinal Eye Exam (Annual) HbA1c Testing (Less Than Target) Fall Risk Osteoporosis Management Within Six (6) Months of Fracture, Bone Mineral Density or Prescribed Medication to Treator Prevent Osteoporosis I Monitoring Physical Activity Advise to start, increase or maintain level of physical activity Prescribed DMARD Functional Status Assess Ability to Perform Activities of Daily Living (ADLs) Pain Screening Medication Review Annual Review of All Medications and Supplements Care Coordination (Croock All Trait Applies) Diabetes Management Multiple Admits, Greater Than I Medication Therapy Management Management Management Management Multiple Admits, Greater Than I Medication Therapy Management Management Management Management Multiple Admits, Greater Than I Medication Therapy Management Diabetic with Newly Diapatice Mound Management Manage	_				
Pap Smear / Pelvic Exam	_	-		Months) 🗆	
Pneumovax Vaccine One Dose (Age 65 and Over)		BMI 30 or Greater			
Prostate Cancer Screen	Pap Smear / Pelvic Exam	Once Every 24 Months	s or 12 Months for High Risk		
Sexually Transmitted Infection (STI) Screening Chlamydia, Gonorrhea, Syphilis and Hepatitis B (High Risk Individuals)	Pneumovax Vaccine	One Dose (Age 65 and	d Over)		
Additional Recommendations (CMS Star Ratings) Diabetes Chronic Disease Management Costeoproosis Management Chronic Disease Management Monitoring Physical Activity Challengibles Only) Chronic Disease Management Care Coordination (Chock All That Applies) Care Coordination (Chock All That Applies) Case Management Case Management Chronic Disease Management Multiple Admits. Greater Than Chronic Disease Management Management Management Management Management Chronic Disease Management M	Prostate Cancer Screen	DRE and PSA, (Annua	ally Age 50 and Over)		
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Diabetes LDL Annual Target Less Than 100	Smoking Cessation Counseling	Current Smokers			
Diabetes LDL Annual Target Less Than 100		Additional Bosommor	adations (CMS Star Botimera)		
Chronic Disease Management ACE or AR (Prescribed if HTN with DM) Retinal Eye Exam (Annual) HbA1c Testing (Less Than Target) Fall Risk Osteoporosis Management Within Six(6) Months of Fracture, Bone Mineral Density or Prescribed Medication Treator Prevent Osteoporosis Additional Recommendations (Dual Eligibles Only) Functional Status Assess Ability to Perform Activities of Daily Living (ADLs) Pain Screening Medication Review Annual Review of All Medications and Supplements Care Coordination (Chack All That Applies) Disease Management Multiple Admits. Greater Than Three (3) Unplanned Inpatient Admits within Six (6) Months Three (3) Unplanned Inpatient Admits within Six (6) Months Inpatient LOS / Over 14 Days Paraplegia/Quadriplegia CVA Las Behavior Health Actite Case Where BH Case Readmission to BH I/P or Two (2) or More Admissions	Diabatas				
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Fall Risk					
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Monitoring Physical Activity Rheumatoid Arthritis Management Prescribed DMARD Additional Recommendations (Dual Eligibles Only) Functional Status Assess Ability to Perform Activities of Daily Living (ADLs) Pain Screening Medication Review Annual Review of All Medications and Supplements Care Coordination (Check All That Applies) Disease Management Coronary Artery Disease Case Management Multiple Admits. Greater Than Three (3) Unplanned Inpatient Admits within Six (6) Months Traumatic Brain Injury (TBI) Inpatient LOS/Over 14 Days Paraplegia/Quadriplegia CVA Interview In Medication to BH I/P or Two (2) or More Admissions		-	-		
Additional Recommendations (Dual Eligibles Only) Functional Status			-	·	
Additional Recommendations (Dual Eligibles Only) Functional Status			i maintain level of physical activity	-	
Functional Status	Tallouriation Attitude Management				
Pain Screening		Additional Recommen	ndations (Dual Eligibles Only)		
Care Coordination (Check All That Applies)	Functional Status	Assess Ability to Perfor	m Activities of Daily Living (ADLs)		
Care Coordination (Check All That Applies) Disease Management Coronary Artery Disease	Pain Screening	Screening/Pain Manag	ement Plan at Least Once Year	<u> </u>	
Disease Management Coronary Artery Disease	Medication Review	Annual Review of All M	edications and Supplements	<u> </u>	
Disease Management Coronary Artery Disease		Core Coordinatio	(0) 1 41171 1 4 1 1		
Case Management Multiple Admits. Greater Than		Care Coordination	n (Check All That Applies)		
Case Management Multiple Admits. Greater Than Medication Therapy CVA/Subarachnoid hemorrhage Diabetic with New Amputation New Amputation Second Degree Burns Complicated Wound Over 20% of Body Management Management Management Over 20% of Body Management Second Degree Burns Complicated Wound Over 20% of Body Management Second Degree Burns Complicated Wound Over 20% of Body Management Second Degree Burns Complicated Wound Over 20% of Body Management Second Degree Burns Complicated Wound Over 20% of Body Management Second Degree Burns Complicated Wound Over 20% of Body Management Second Degree Burns Complicated Wound Over 20% of Body Diabetic with Newly Social/Financial Diagnosed Renal Failure End of Life Behavior Health Two (2) or More Admissions					
□ Multiple Admits. Greater Than □ Medication Therapy □ CVA/Subarachnoid hemorrhage □ Diabetic with Three (3) Unplanned Inpatient Management with cognitive deficits New Amputation Admits within Six (6) Months □ Traumatic Brain Injury (TBI) □ Second Degree Burns □ Complicated Wound □ Inpatient LOS/Over 14 Days □ Severe Multiple Trauma (MVA) ○ Over 20% of Body Management □ Paraplegia/Quadriplegia CVA □ ALS □ Diabetic with Newly □ Social/Financial □ Transplants □ HIV/AIDS/ARC □ Diagnosed Renal Failure □ End of Life Behavior Health □ Acute Case Where BH Case □ Readmission to BH I/P or □ Two (2) or More Admissions		CHF COPD	□ Asthma	□ Diabetes Mellitus	
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Admits within Six (6) Months			•		
□ Inpatient LOS/Over 14 Days □ Severe Multiple Trauma (MVA) Over 20% of Body Management □ Paraplegia/Quadriplegia CVA □ ALS □ Diabetic with Newly □ Social/Financial □ Transplants □ HIV/AIDS/ARC Diagnosed Renal Failure □ End of Life Behavior Health □ Acute Case Where BH Case □ Readmission to BH I/P or □ Two (2) or More Admissions					
□ Paraplegia / Quadriplegia CVA □ ALS □ Diabetic with Newly □ Social/Financial □ Transplants □ HIV / AIDS / ARC □ Diagnosed Renal Failure □ End of Life Behavior Health □ Acute Case Where BH Case □ Readmission to BH I/P or □ Two (2) or More Admissions	1 1				
□ Transplants □ HIV/AIDS/ARC Diagnosed Renal Failure □ End of Life Behavior Health □ Acute Case Where BH Case □ Readmission to BH I/P or □ Two (2) or More Admissions	I		-		
Behavior Health Acute Case Where BH Case	1	HIV/AIDS/ARC			
I TWO (2) OF WIGHT AUTHORISTIC	Behavior Health				
I TWO (2) OF WIGHT AUTHORISTIC	□ Acute Case Where BH Case □	Readmission to BH I/P or	□ Two (2) or More Admissions		
	Management May Benefit	RTC within 30 days			

lame			Date of Birth		Date	Provider
				Assessmen	t /Pla	
	Diagnoses	(Include Manifestations	/Complications)			Medication, Diagnostics, Referrals and Education
1.						
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Annual Health Assessment (AHA)

Overview

The purpose of the Annual Health Assessment (AHA) is to support care coordination, promote early identification, accurately document illness burden, and improve quality outcomes for Blue Cross Community MMAI and Blue Cross Community ICP members. The AHA can be completed during an office encounter or home visit by a licensed provider. The suggested timeframe for completion is within 90 days of enrollment and annually thereafter. Upon completion, the original AHA should be retained in the member's medical record. A signed copy of the form should be forwarded to the health plan, via fax, to (918) 551-2297. A claim for the encounter should be submitted. Additional reimbursement, if applicable, for each completed assessment will be paid according to the terms of the contract.

Care Coordination

Care Coordination is the foundation of care delivery for Blue Cross Community MMAI and Blue Cross Community ICP members. Blue Cross Blue Shield of Illinois has a suite of medical and behavior health programs to support care coordination. Case management needs may be identified during the AHA. If referral for disease management, case management or behavior health is indicated, please specify reason.

Early Identification

Medicare Preventive Services should be offered to all Blue Cross Community MMAI and Blue Cross Community ICP members and are included in the AHA. Some of the services are part of the Blue Cross Blue Shield of Illinois Quality Improvement Program and will be paid consistent with the terms of your contract. Medicare does not specify tools that must be utilized for screening. Blue Cross Blue Shield of Illinois publishes and disseminates evidence-derived Preventive Care Guidelines based on recommendations of recognized sources. The Guidelines are designed to improve physician/practitioner awareness of (and compliance with) effective clinical preventative care, to improve patient education and to increase the percentage of members who receive recommended clinical preventive care services. For Blue Cross Community MMAI and Blue Cross Community ICP members, all positive screenings should be noted in the assessment and plan with documented intervention. Interventions may include but are not limited to selfmanagement strategies, diagnostic testing, pharmacological management, referral to specialist, comprehensive assessment, and/or referral to case management.

Risk Adjustment

The AHA provides the opportunity to document all diagnoses for Blue Cross Community MMAI and Blue Cross Community ICP members.

Data validation is the process of verifying that diagnosis codes submitted for payment are supported by medical record documentation. Included below are some specific guidelines to follow to promote compliance with CMS data validation:

Medical record documentation must be legible and

occur as a result of a face-to-face encounter (between a patient and physician/provider).

- Physician's signature and credentials must be included on each patient encounter.
- Electronic Signature requires authentication by the responsible provider.
- Patient's name must appear on every page of the medical record and all entries/encounters must be dated.
- Code all documented conditions that coexist at the time of the visit that require or affect treatment or management. When conditions are related, link together in the documentation (i.e., Diabetes with retinopathy).

Quality

HEDIS, CAHPS and HOS are key performance indicators and contribute to the CMS Star Rating. The Annual Health Assessment (AHA) provides an opportunity to address select preventive and chronic disease measures to improve member outcomes and health plan performance.