Date of Birth _____ Date _____ Provider _____

Blue Cross Community MMAI (Medicare-Medicaid Plan)℠

Blue Cross Community ICP℠

Annual Health Assessment

Reason For Visit:

Illnesses

- ☐ 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 30-45)*
  - ☐ *Stage IV (GFR 15-29)*
  - ☐ *Stage V (ESRD)*
- ☐ Cirrhosis
- ☐ Coronary Artery Disease
- ☐ **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*
- ☐ Cirrhosis
- ☐ Drug/Alcohol Dependence
- ☐ DVT
- ☐ Emphysema
- ☐ Epilepsy
- ☐ **Fracture***
  - ☐ *Vertebral*
    - ☐ *Femur*
  - ☐ *Pelvic*
- ☐ Head/Spinal Injuries
- ☐ HIV
- ☐ GERD
- ☐ Hyperlipidemia
- ☐ **Hypertension***
  - ☐ *with CHF*
  - ☐ *with Kidney Disease*
- ☐ **Malignancy***
  Specify _____
- ☐ Obesity
- ☐ Old MI
- ☐ Osteoarthritis
- ☐ Osteomyelitis
- ☐ Pancreatitis
- ☐ Paralysis
- ☐ Pituitary Disease
- ☐ Pneumonia
- ☐ Pressure Ulcer
  Site _____
- ☐ PUD
- ☐ PVD
- ☐ Rheumatoid Arthritis
- ☐ Schizophrenia
- ☐ Seizures
- ☐ Sickle Cell Disease
- ☐ SLE
- ☐ Ulcerative Colitis
- ☐ _____
- ☐ _____

Surgeries

- ☐ Amputation _____
- ☐ Colostomy _____
- ☐ Tracheostomy _____
- ☐ Transplant _____

Medication Review *(Dose, Frequency, Route)*

Allergies *(Include Reaction)*

Name _____ Date of Birth _____ Date _____ Provider _____

Family History *(Check Applicable Area)*

	Mother	Father	Sibling	Grandparent		Mother	Father	Sibling	Grandparent
Deceased	☐	☐	☐	☐	Liver Disease	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	Mental Illness	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	Pancreatic Disease	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	Thyroid Disease	☐	☐	☐	☐
Breast Cancer	☐	☐	☐	☐	_____	☐	☐	☐	☐
Colon Cancer	☐	☐	☐	☐	_____	☐	☐	☐	☐
Kidney Disease	☐	☐	☐	☐	_____	☐	☐	☐	☐

Social History

Language Preference ☐ English ☐ Spanish ☐ Polish ☐ _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Occupation _____

Lives ☐ Alone ☐ Spouse ☐ Family

Advance Directive ☐ Completed ☐ Discussed

Tobacco Use ☐ Yes ☐ No

Alcohol Use ☐ Yes ☐ No

Drug Use ☐ Yes ☐ No

Exercise ☐ Yes ☐ No

Review of Systems

System	Symptoms	WNL	ABNL	Comments *(If abnormal, explain)*
General	Change in Weight, Fever, Fatigue	☐	☐	
Skin	Rashes, Itching, Hives, Easy Bruising	☐	☐	
Head	Dizziness, Headaches, Injury	☐	☐	
Eyes	Vision Change, Pain, Redness	☐	☐	
Ears	Tinnitus, Discharge, Pain	☐	☐	
Nose	Nosebleeds, Discharge, Obstruction	☐	☐	
Mouth/Throat	Bleeding Gums, Lesions, Hoarseness, Sore Throat	☐	☐	
Neck	Lumps, Goiter, Pain/Tenderness	☐	☐	
Chest	Cough, Pain, Sputum	☐	☐	
Breasts	Lumps, Discharge, Pain	☐	☐	
CV	Chest, Pain, HTN, Palpitations	☐	☐	
GI	Bowel Change, Abdominal Pain, Rectal Bleeding	☐	☐	
GU	Incontinence, Blood in Urine, Pain	☐	☐	
Vascular	Pain While Walking, Swelling, Ulcers	☐	☐	
MSK	Weakness, Joint Stiffness, Paralysis	☐	☐	
Neuro	Numbness, Dizziness, Tremors	☐	☐	

Physical Exam

Height _____ Weight _____ BMI _____ Temp _____ Pulse _____ Resp _____ BP _____

System	Description	NML	ABNL	Comments *(If abnormal, explain)*
General	Alert and Oriented x3	☐	☐	
Head	Normocephalic/Atraumatic	☐	☐	
Eyes	EOMI / PERRLA / No Papilledma	☐	☐	
ENT	TMs Intact / Nasal Mucosa Clear / Pharynx Clear	☐	☐	
Neck	No Lymphadenopathy / No Goiter / No Bruits	☐	☐	
Lungs	Clear to Auscultation	☐	☐	
Breasts	Nontender / No Mass / No Nipple Discharge	☐	☐	
CV	RRR / No Murmur / No Gallops / No Rub	☐	☐	
ABD	Soft, Nontender/Nondistended / No Mass / No Hepatosplenomegaly	☐	☐	
GU	No Penile Lesions / No Scrotal Mass No Adnexal Mass / No Cervical Lesions	☐	☐	
Rectal	No Mass	☐	☐	
EXT	No Clubbing / No Cyanosis / No Edema	☐	☐	
MSK	FROM / Nontender / No Gross Deformity	☐	☐	
Neuro	Cranial Nerves Intact / DTRs 2+	☐	☐	

Name _____ Date of Birth _____ Date _____ Provider _____

Medicare Preventive Guidelines

Name	Description	N/A	Completion Date
Abdominal Aortic Aneurysm	Ultrasound for at Risk Individuals (Men 65-75 Smokers)	☐	
Alcohol Misuse Counseling	One Misuse Screening Per Year	☐	
Bone Mass Measurements	Once Every 24 Months	☐	
Cardiovascular Screening	Lipid Profile Screening Every Fiver (5) Years	☐	
	Annual with CAD	☐	
Cardiovascular Disease (Behavior Therapy)	Annual Visit to Discuss Aspirin Therapy, Healthy Eating and Check BP	☐	
Colon Cancer Screening	High Sensitivity FOBT or Sigmoidoscopy Every Five (5) Years or Colonoscopy Every Ten (10) Years	☐	
Depression Screening	Annual by PCP	☐	
Diabetes Screening	Risks factors HTN, Hyperlipidemia, Obesity	☐	
Diabetes Self- Management Training	Requires Physician Order	☐	
EKG Screening	One-Time Screen with Initial Health Assessment	☐	
Influenza Vaccine	Annual Per CDC Recommendations	☐	
Glaucoma Tests	High Risk Individuals	☐	
Hepatitis B Vaccine	High or Medium Risk Individuals	☐	
HIV Screening	Pregnant, at Risk or Upon Request	☐	
Mammogram	Once every 12 months (age 40 and over, Baseline 35-39)	☐	
Medical Nutrition Therapy Services	Must Have Diabetes, Kidney Disease/Transplant (Last 36 Months)	☐	
Obesity Screening and Counseling	BMI 30 or Greater	☐	
Pap Smear / Pelvic Exam	Once 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	Current Smokers	☐	

Additional Recommendations *(CMS Star Ratings)*

Diabetes	LDL Annual Target Less Than 100	☐	
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	Evaluate for history of falls, mobility, or balance, if positive document treatment/intervention	☐	
Osteoporosis Management	Within Six (6) Months of Fracture, Bone Mineral Density or Prescribed Medication to Treat or Prevent Osteoporosis	☐	
Monitoring Physical Activity	Advise to start, increase or maintain level of 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	Screening/Pain Management Plan at Least Once Year	☐	
Medication Review	Annual Review of All Medications and Supplements	☐	

Care Coordination *(Check All That Applies)*

Disease Management

☐ Coronary Artery Disease ☐ CHF ☐ COPD ☐ Asthma ☐ Diabetes Mellitus

Case Management

- ☐ Multiple Admits. Greater Than Three (3) Unplanned Inpatient Admits within Six (6) Months
- ☐ Inpatient LOS / Over 14 Days
- ☐ Paraplegia / Quadriplegia CVA
- ☐ Transplants
- ☐ Medication Therapy Management
- ☐ Traumatic Brain Injury (TBI)
- ☐ Severe Multiple Trauma (MVA)
- ☐ ALS
- ☐ HIV / AIDS / ARC
- ☐ CVA/Subarachnoid hemorrhage with cognitive deficits
- ☐ Second Degree Burns Over 20% of Body
- ☐ Diabetic with Newly Diagnosed Renal Failure
- ☐ Diabetic with New Amputation
- ☐ Complicated Wound Management
- ☐ Social/Financial
- ☐ End of Life

Behavior Health

- ☐ Acute Case Where BH Case Management May Benefit
- ☐ Readmission to BH I/P or RTC within 30 days
- ☐ Two (2) or More Admissions to BH I/P or RTC in 12 Months

Name _____ Date of Birth _____ Date _____ Provider _____

Assessment /Plan

Diagnoses (Include Manifestations /Complications)	**Medication, Diagnostics, Referrals and Education**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Provider Signature _____ Date _____

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 self-management 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.