

# MEMBER SUMMARY

<b>NAME:</b>	DOE, JOAN	<b>HUMANA ID:</b> H12345678	<b>PARTICIPATING PROGRAMS:</b>
<b>DOB:</b>	01/01/1930	<b>MEDICAL:</b> MEDICARE RISK- 03/01/2017	SILVERSNEAKERS
<b>CITY/STATE:</b>	LOUISVILLE/KY	<b>MED PCP/PROVIDER:</b> HIGHLAND HGTS/KY	DIABETES
<b>PHONE:</b>	502-555-1111	<b>DENTAL:</b> PPO- 03/01/2017	CORONARY ARTERY DISEASE
		<b>VISION:</b> EYE- 03/01/2017	HUMANA CHRONIC CARE

## PATIENT QUALITY

STAR MEASURE	COMPLIANT	COMPLIANCE DATE	HEDIS SCREENING PERIOD
Glaucoma Screening in Older Adults (GSO)	N		Jan 1, 2016-Dec 31, 2019
Controlling Blood Pressure (CBP)	Member Specific		Jan 1, 2016-Dec 31, 2019
Colorectal Cancer Screening	Y	05/19/2019	Jan 1, 2016-Dec 31, 2019

If you have documentation that shows the member being compliant, please fax the medical record to Humana at 1-866-475-1202.

## CARE ALERT

	COMPLIANT	ALERT DATE
Diabetic member should have Annual Dilated Eye Exam (retinal) before the end of the year	N	05/10/2019
Records indicate missing refills for antidiabetic over past 6 mos. Please review adherence	N	04/24/2019
When you have persistent asthma, it is important to take your Symbicort 160 mcg/4.5 mcg/actuation HFA aerosol inhaler, NDC code 00186037020	N	02/02/2019

## PATIENT ADMISSION/READMISSION AND ER VISITS

PERIOD REPORTED: 365 DAYS

FACILITY	ADMIT TYPE	PRIMARY DIAGNOSIS	ADMIT DATE	DISCHARGE DATE
321 MED CTR RIVERSIDE	READMISSION	Diagnosis Description Not Available - 27669	03/12/2019	03/13/2019
321 MED CTR RIVERSIDE	READMISSION	Other chest pain - 78659	03/08/2019	03/13/2019
321 MED CTR RIVERSIDE	ADMISSION	Other chest pain - 78659	03/02/2019	03/13/2019
321 MED CTR RIVERSIDE	ER	Contusion of unspecified part of lower limb - 9245	03/02/2019	03/13/2019
321 MED CTR RIVERSIDE	ER	Unspecified chest pain - 78650	03/02/2019	03/13/2019
321 MED CTR RIVERSIDE	ADMISSION	Coronary atherosclerosis of native coronary artery - 41401	03/02/2019	03/13/2019
321 MED CTR RIVERSIDE	READMISSION	Unspecified pyelonephritis - 59080	03/02/2019	03/13/2019
321 MED CTR RIVERSIDE	READMISSION	Unspecified septicemia - 0389	03/02/2019	03/13/2019

## CLINICAL INFERENCE

During the patient's next office visit, please assess the patient for the condition(s) listed below. If in your clinical judgment you agree the patient has the condition, please document the diagnosis in the chart and corresponding claim.

### # CLINICAL INFERENCE AND CLINICAL SUPPORTING INFORMATION

- 1 Ischemic Stroke  Agree  Disagree  Resolved

  - 05/20/2019\*Doogie Houser CRNA\*CPT 70544 Magnetic resonance angiography, head, without contrast material(s)
  - 05/20/2019\*Travis Stork MD\*ICD9DIAG 435 9 Transient Cerebral Ischemia Not Otherwise Specified
  - 05/21/2019\*Marcus Welby MD\*ICD9DIAG 438 89 Late Effect of Cerebrovascular Disease Not Elsewhere Classified

Comments: \_\_\_\_\_
- 2 Congestive Heart Failure/Cardiomyopathy  Agree  Disagree  Resolved

  - 02/19/2019\*Marcus Welby MD\*CPT 99233 Subsequent hospital care, per day, for the evaluation and management of a patient which requires at least 2 of these 3 key components. A detailed interval history. A detailed examination. Medical decision making of high complexity. Counseling and/or coor.
  - 07/17/2019\*SRI LATHA GANNAVARAM MD\*CPT 93306 Echocardiography, transthoracic, real-time with image documentation (20). Includes M-mode recording when performed complete with spectral Doppler echocardiography, and with color flow Doppler echocardiography
  - 07/17/2019\*ICD9DIAG 424 0 Mitral Valve Disordered, 07/21/2014 ICD9DIAG 518 83 Chronic Respiratory Failure

Comments: \_\_\_\_\_
- 3 V44 3 Colostomy Status  Agree  Disagree  Resolved

  - 02/24/2019\*RAJIB CHOUDHURY MD\*ICD9PROC 46.11 Temporary Colostomy.
  - 03/14/2019\*Travis Stork MD\*carvedilol 25 mg tablet

Comments: \_\_\_\_\_

Sign sheet and fax with your progress note to 1-888-299-5913. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Humana Member Summary Disclaimer:** The information contained in the member summary is not a medical report, nor is it intended to be a complete record of a patient's health information. Certain information may have been intentionally suppressed due to its sensitivity (psychiatric, substance abuse, HIV/AIDS, sexually transmitted diseases and abortion-related data) or for other reasons, and the health record may contain errors. Physicians must use their professional judgment to verify this information and should not exclusively rely on this information to treat their patients. Diagnosis information is powered by Humana's clinical rules engine.

HEALTH CONDITION HISTORY		CMS-ACCEPTED CONDITION FOR EACH TIME PERIOD			
HCC	(patient encounter date of service)	Jan – Jun '18	Jul – Dec '18	Jan – Jun '19	Jul – Dec '19
VASCULAR DISEASE - 108			✓	✓	✓
CHRONIC OBSTRUCTIVE PULMONARY DISEASE - 111		✓			✓
DIALYSIS STATUS - 134					✓
CHRONIC KIDNEY DISEASE, STAGE 5 - 136		✓		✓	
NEPHRITIS - 141					✓
CHRONIC ULCER OF SKIN, EXCEPT PRESSURE - 161				✓	✓
TRAUMATIC AMPUTATIONS AND COMPLICATIONS - 173			✓	✓	
DIABETES WITH CHRONIC COMPLICATIONS - 18					✓
AMPUTATION STATUS, LOWER LIMB/AMPUTATION COMPLICATIONS - 189				✓	
DIABETES WITHOUT COMPLICATION - 19		✓	✓	✓	
SEPTICEMIA, SEPSIS, SYSTEMIC INFLAMMATORY RESPONSE SYNDROME/SHOCK - 2			✓		

Data displayed only represents CMS Accepted conditions for the prior two years and not all conditions reflected in other Humana physician tools. Additional information is available but could not be displayed.

DIAGNOSIS (PERIOD REPORTED 365 DAYS)	TYPE	SERVICE DATE	PHYSICIAN
Diabetes mellitus without Mention of Complication-Type II, not Stated as uncontrolled - 250.00	Chronic	04/07/2019	Jane Doe
Benign Hypertension - 401.1	Chronic	03/28/2019	Jane Doe
Other Chronic Pain - 338.29	Chronic	03/27/2019	Jane Doe
Hypertension Not Otherwise Specified - 401.9	Chronic	03/27/2019	Jane Doe
Brachial Neuritis or Radiculitis Not Otherwise Specified - 723.4	Chronic	03/24/2019	Jane Doe
Lumbago - 724.2	Chronic	02/26/2019	Jane Doe

Additional information is available but could not be displayed.

PHARMACY		PERIOD REPORTED: 365 DAYS				
MEDICATION						
LAST FILL	DRUG NAME AND INFORMATION	QTY	DAYS SUPPLIED	TIMES FILLED	SOURCE IDENTITY	MANAGING PRESCRIBER
01/19/2019	Prevalite 4.000GM - Packet	30.00	30	1	Self-Reported or Claims	DANIEL ARNOLD
01/09/2019	Amoxicillin 500.000MG - Capsule	30.00	10	1	Self-Reported or Claims	DANIEL ARNOLD
01/09/2019	Fluconazole 150.000MG - Tablet	2.00	2	1	Self-Reported or Claims	DANIEL ARNOLD
01/06/2019	Metaxalone	90.00	30	1	Self-Reported or Claims	LAWRENCE PETERS
12/11/2018	Methocarbamol 750.000MG - Tablet	90.00	30	4	Self-Reported or Claims	LAWRENCE PETERS
11/30/2018	Symbicort 0.000 - AEROSOL	10.00	30	2	Self-Reported or Claims	DANIEL ARNOLD
08/22/2018	Albuterol sulfate 0.083%	375.000	30	1	Self-Reported or Claims	KAVITAJYOTULA

VACCINATION		
ADMINISTERED DATE	VACCINATION NAME	EXPIRATION DATE
09/05/2018	HepA (Havrix, Vaqta)	
09/05/2018	RZV(Shingrix)	
09/05/2018	DTaP (Daptacel, Infanrix)	
09/05/2018	IIV (Afluria, Fluad, Flublok, Flucelvax, FluLaval, Fluarix, Fluvirin, Fluzone)	11/29/2018

ALLERGIES			
DATE OF FIRST SYMPTOM	ALLERGY NAME	ACTIVE	REACTIONS
08/20/2018	Allergic Rhinitis	Y	Hives

Lab results on next page →

**ALLERGIES**

06/20/2017                      Dermatitis    N

**LAB RESULTS**

PERIOD REPORTED: 365 DAYS

DATE	LOINC INFORMATION	LOINC CODE	LAB RESULT	LAB VALUE	NORMAL RANGE	ORDERING PHYSICIAN
10/23/2018	Creatinine	2160-0	0.8	Y	0.0	BLAKE, LESLIE A. MD
10/23/2018	Glucose	2345-7	158	Y	0.0	BLAKE, LESLIE A. MD
10/23/2018	Triglyceride	2571-8	71	Y	0.0	BLAKE, LESLIE A. MD
10/23/2018	Estimated average glucose	27353-2	246	Y	0.0	BLAKE, LESLIE A. MD
10/23/2018	Potassium	2823-3	4.6	Y	0.0	BLAKE, LESLIE A. MD
10/23/2018	Protein	2885-2	7.6	Y	0.0	BLAKE, LESLIE A. MD
10/23/2018	Glomerular filtration rate/1.73 sq M.predicted. non black	48642-3	10.2	Y	0.0	BLAKE, LESLIE A. MD

Additional information is available, but could not be displayed.

**ORAL HEALTH HISTORY**

PERIOD REPORTED: 365 DAYS

DATE	DENTAL INFORMATION	DENTAL CODE	CONDITION	PROVIDER
03/02/2018	GINGIVAL FLAP PROCEDURE	D4240	PERIODONTAL DISEASE	SMITH, TOM MD
03/02/2018	PERIODONTAL SCALING AND ROOT PLANNING	D4341	PERIODONTAL DISEASE	SMITH, TOM MD
01/02/2018	ORAL EXAM	D0000		SMITH, TOM MD

\*if no claims- state - Records indicate the member has not been to the dentist in the last 12 months - please encourage a dental check-up

**OCULAR HEALTH HISTORY**

PERIOD REPORTED: 365 DAYS

DATE	VISION INFORMATION	VISION CODE	CONDITION	PROVIDER
03/02/2018	Diab d/t undrl cond w hyprosm w/o nonket hyprgly-hyproS	E0800	Diabetic Retinopathy	DOE, JOHN MD
03/02/2018	Preglaucoma, unspecified, right eye	H40001	Glaucoma	DOE, JOHN MD
03/02/2018	Ocular Exam	Z0000		DOE, JOHN MD

\*if no claims - state - Records indicate the member has not had an eye exam in the last 12 months - please encourage a comprehensive eye exam