

## 2016 MEDICARE PATIENT CHECKLIST

The following is a list of required 2016 ACO Quality for patients seen in 2016. Please utilize the following checklist to ensure this Medicare Patient has received all required screenings/met all care requirements.

Patient Name \_\_\_\_\_ Date of Birth 10-11-16 Date of Appointment \_\_\_\_\_

- The patient has been screened for fall risk and has had the Screening for Future Fall Risk administered if indicated by the patient answer(s) on the Annual Patient Checklist (if fallen more than 2x in last year, must have fall risk assessment) **1100F and 3288F screen & one or less falls, no injury; 1101F and 0518F screen & more than one fall/injuries**
- The medical record includes documentation of current medications including prescriptions, herbs, supplements and vitamins (may utilize patient allergy/medication sheet)
- Women 50-74 have had a **screening mammogram** in the last 27 months.  
Exception: \_\_\_ bilateral mastectomy \_\_\_ two unilateral mastectomies
- Patients 50-74 have had a current **Colorectal Cancer Screen**  
(Colonoscopy 2007-2016 OR Flex Sig 2012-2016 OR FOBT 2016)
- \_\_\_ If seen between 10/1/2015 - 3/31/2016, pt. has received Influenza Vacc. or documentation of being received elsewhere or declination of flu; still document if not in chart after this time period.
- \_\_\_ Patient <sup>refuses</sup> has received a Pneumovax Vaccine \_\_\_ or Prevnar Vaccine \_\_\_ once since the age of 65
- Patient has had their BMI \_\_\_ Calculated and a Follow Up Plan Documented (if age 65 and up and BMI is not  $\geq 23$  and  $< 30$ ) BMI 23-29 **G8420**; BMI  $\geq 30$  w/fu plan **G8417**; BMI  $< 23$  w/fu plan **G4818** or BMI abnormal no f/u **G8419**
- Patient has been **Screened for Tobacco use and Cessation** Intervention Documented (if user)
- Patient has been **Screened for High Blood Pressure and Follow Up Plan Documented** (if  $\geq 140$  or  $\geq 90$ ) Exception: dx of HTN
- Patient has been **Screened for Clinical Depression G8510 and Follow Up Documented** if positive  $> 5$  score for f/u documentation, this is positive (**G8431**). Patients Diagnosed with Major Depression or Dysthymia (new and existing dx) or with an initial PHQ-9 score of  $> 5$  demonstrates remission (PHQ-9 score  $< 5$ ) within 12 months, if newly diagnosed a tx plan must be provided.

N/A Patients with **Diabetes**  
 \_\_\_ most recent **HbA1c** documented lab value is  $< 9\%$  AND  
 \_\_\_ has had a **Diabetic Eye Exam** (retinal eye scan in last 12 mos) **2022F** if done in current year and document in chart; **3072 F** if patient had exam in previous 24 mos in chart and negative

N/A Patients diagnosed with **HTN** Jan 1, 2015 - June 30, 2016 have controlled blood pressure ( $< 140$  AND  $< 90$ )

N/A Patients discharged from an Inpatient setting for **MI, CABG, or PCI** in 2014 or diagnosed with **IVD** in 2016 are prescribed **Aspirin or other anti-thrombotic (ASA or another antithrombotic used or Rx G8598; or ADA or another antithrombotic not used or Rx; reason not given G8599)** (Xarelto; pradaxa, Coumadin do NOT qualify as antithrombotic for this measure)

N/A Patients diagnosed with **CHF and LVEF Dx: Yes \_\_\_ No \_\_\_** (must have documentation of LVEF  $< 40$ ) (LVEF  $\geq 40\%$  **G8395**; LVEF  $< 40\%$  in OP **G8923**; LVEF  $< 40\%$  from hosp discharge **3021F**) are prescribed a **beta-blocker** (if **3021F** chosen: beta Rx **G8450**; Beta not rx for medical reason: **G8451**; beta Rx already or taking **4008F**)

N/A (Y or N) Patient diagnosed with **CAD** and also have **Diabetes OR LVEF** (must have documentation of LVEF  $< 40$ ) are prescribed an **ACE or ARB**. (**4010 F** if yes)

N/A **Statin Therapy: LDL level is: 115** on a statin therapy yes (**G9664**) \_\_\_ or no   
 \_\_\_ Pts diagnosed with **ASCVD** Yes \_\_\_ (**G9662**) or No \_\_\_  
 \_\_\_ Fasting **LDL-C** level  $> 190$  mg/dL & patient  $> 21$  years or diabetics (40-75 yr) (LDL less than 100mg **3048F**; LDL 100-129 mg **3049 F**; LDL  $\geq 130$  **3050F**)

Preventive screen (frequency)	Coverage	Previously tested (If yes, when?)	Scheduled for screenings (5 to 10 years)
Bone Mass Measurements (every 24 months)	Medicare patients at risk for developing Osteoporosis	7/2012	past due
Cardiovascular Screening blood tests (every 5 years):		XXXXXXXXXX	XXXXXXXXXX
- Lipid panel	All asymptomatic	9/16	yearly
- Cholesterol	Medicare patients		
- Lipoprotein	(fasting required)		
- Triglycerides			
Colorectal cancer screening	Medicare patients at 50+	XXXXXXXXXX	XXXXXXXXXX
- Screening colonoscopy (every 24 mos at high risk; every 10 years not a high risk)	Those at high risk; no minimum age	10/10	2020
- Fecal occult blood test (annually)	Covered	10/11/16	yearly
- Diagnostic colonoscopy			
Diabetes screening tests (2 screening tests per year for patient diagnosed with pre diabetes; 1 screening per year if previously tested but not diagnosed with pre-diabetes or if never tested)	Medicare patients with certain risk factors for diabetes or diagnosed with pre diabetes (pts previously diagnosed with diabetes aren't eligible for benefit)	5/16	yearly
Diabetes self-mgt training (DSMT) and medical nutrition therapy (up to 10 hours of initial training within a continuous 12 month period; subsequent years up to 2 hours of f/u training each year after initial year)	Medicare patients at risk for complications from diabetes, recently diagnosed with diabetes or previously diagnosed with diabetes (must certify DSMT need)		
Glaucoma Screening (annually for patient in one of the high risk)	Patients with diabetes, family hx of glaucoma, African Americans age 50+, or Hispanic Americans age 65+		
Prostate cancer screening (annually)	All male patients 50+	XXXXXXXXXX	XXXXXXXXXX
- Digital rectal exam			
- PSA			
Screening pap tests and pelvic exam (annually if high risk, or child bearing age with abnormal pap test w/ past 3 yrs; every 24 mos for all other women)	All female Medicare patients	10/11/16	every 1-2 yrs
Screening Mammography (annually)	All female patients 40+	9/16	every 1-2 yrs
Vaccines	All Medicare patients	XXXXXXXXXX	XXXXXXXXXX
- Pneumovax	May provide additional pneumococcal vaccinations based on risk and provided that at least 5 years have passed since previous dose		
- Prevnar	May provide additional pneumococcal vaccinations based on risk and provided that at least 5 years have passed since previous dose		
- Flu shot (once per season)	Covered		
- Hepatitis B (scheduled dosages required)	Hepatitis B, medium/high risk		
- Zostavax	Only at pharmacy		
Advance directives	Go to <a href="http://www.Arlingtonfp.com">www.Arlingtonfp.com</a> (FAQ) link		
Abdominal aortic aneurysm screen	Pts must be referred through IPPE and not have had one previously under Medicare. Limited to: Men who are 65-75 and have smoked more than 100 cigarettes in their lifetime; anyone with family hx of AAA; anyone recommended by the USPSTF	refuses	

Provider signature \_\_\_\_\_

Date: 10/11/16

Patient name \_\_\_\_\_

DOB \_\_\_\_\_

# Six Item Cognitive Impairment Test (6CIT)

The 6 Item Cognitive Impairment Test (6CIT) Kingshill Version 2000<sup>®</sup> was developed in 1983,<sup>[1]</sup> by regression analysis of the Blessed Information Memory Concentration Scale (BIMC).<sup>[2]</sup> The 6CIT is a useful dementia screening tool in Primary Care. It was used in a large European assessment tool (Easycare<sup>®</sup>) and with new computerised versions its usage is increasing.

## 6CIT - Kingshill Version 2000

1. What year is it?

Correct - 0 points  
Incorrect - 4 points

2. What month is it?

Correct - 0 points  
Incorrect - 3 points

3. Give the patient an address phrase to remember with 5 components, eg John, Smith, 42, High St, Bedford

4. About what time is it (within 1 hour)

Correct - 0 points  
Incorrect - 3 points

5. Count backwards from 20-1

Correct - 0 points  
1 error - 2 points  
More than one error - 4 points

6. Say the months of the year in reverse

Correct - 0 points  
1 error - 2 points  
More than one error - 4 points

7. Repeat address phrase

Correct - 0 points  
1 error - 2 points  
2 errors - 4 points  
3 errors - 6 points  
4 errors - 8 points  
All wrong - 10 points

6CIT score =  / 28

*R/14/16*

Many thanks to Dr Patrick Brooke, General Practitioner & Research Assistant in Dementia for his help with the original article. The Kingshill Research Centre, Swindon, UK owns the copyright to The Kingshill Version 2000 of the 6CIT but allows free usage to health care professionals.

- **Number of questions** 6
- **Time taken to perform** 3-4 mins
- **Score** The 6CIT uses an inverse score and questions are weighted to produce a total out of 28. Scores of 0-7 are considered normal and 8 or more significant.
- **Advantages** The test has high sensitivity without compromising specificity even in mild dementia. It is easy to translate linguistically and culturally.
- **Disadvantages** The main disadvantage is in the scoring and weighting of the test, which is initially confusing, however computer models have simplified this greatly.

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: 10/1/2016

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns

(Healthcare professional; For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: 0

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

# Medicare Annual/Subsequent Wellness

Patient's name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Date of exam: \_\_\_\_\_

## Medical and social history

Past personal illnesses, injuries, operations Date Hospitalized? All documented in eCW.

## Current list of patient's providers and suppliers

Name /Specialty/ Reason: all documented in eCW.

## Family history (check those that apply)

- Alcoholism  Cancer  High Cholesterol  Seizures
- Anemia, Sickle Cell  Diabetes  Hypertension  Stroke
- Arthritis  Heart Disease  Obesity  Thyroid Disease
- Bleeding Disorders  Liver Disease  Kidney Disease  Tuberculosis

Allergies: documented in eCW Tobacco use/Alcohol use/Drug use: documented in eCW  
Medications, supplements, vitamins: documented in eCW

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ BP: \_\_\_\_\_ HR: \_\_\_\_\_

Visual acuity: L: \_\_\_\_\_ R: \_\_\_\_\_ Corrected? Yes \_\_\_\_\_ No \_\_\_\_\_

## Notes:

Is the patient on a special diet? Why?

Detection of cognitive impairment (see scanned 6CIT): None

## Depression screen (ask the following questions, check the response)

1. Over the last two weeks, have you felt down, depressed or hopeless? Yes No
  2. Over the last two weeks, have you felt little interest or pleasure in doing things? Yes No
- (Additional documentation on PHQ 9)

## Hearing loss screen

1. Do you have trouble hearing the television or radio when others do not? Yes No
2. Do you have to strain or struggle to hear/understand conversations? Yes No

## Function screen

1. Do you need help with preparing meals, transportation, shopping, taking your medicine, managing your finances, or other activities of daily living? Yes No
2. Do you live alone? Yes No

## Home safety screen

1. Does your home have throw rugs, poor lighting, or a slippery bathtub/shower? Yes No
2. Does your home LACK grab bars in bathrooms, handrails on stairs and steps? Yes No
3. Does your home LACK functioning smoke alarms? Yes No

## Risk for falls screen

1. Was the patient unsteady or take longer than 30 seconds during the timed "get up and go" test? Yes No
2. Have you fallen in the past year? Yes No If so, how many times in the last year have you fallen either at home or outside your home? \_\_\_\_\_ (if 2 or more falls, must fill out fall risk assessment form)

**Advanced care planning**

1. Patient Consent: "I consent to discuss end-of-life issues with my healthcare provider."

ABSOLUTELY NO

\_\_\_\_\_  
Patient/Guardian Signature Date

- 2. Patient already has executed an Advance Directive. Yes  No
- 3. If no, patient was given an opportunity to execute an Advance Directive today? Yes  No
- 4. Physician Statement: "This individual has the ability to prepare an Advance Directive."  
Yes  No
- 5. Physician has completed a physician order for life-sustaining treatment, or similar document of reflecting the patient's wishes for an advanced care plan. Yes  No
- 6. Physician is willing to follow the patient's wishes. Yes  No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION ITEMS:** Information in the patient's history and checking any yes response to the above screening questions should trigger further evaluation(s).

Evaluation/referral based on screening	Scheduled appointment (dates, physician, etc.)?	Notes
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Check appropriate box:

Annual: G0438 \_\_\_\_\_ Subsequent: G0439 \_\_\_\_\_