UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, <u>EX REL.</u>
ROBERT A. CUTLER
 	
            Plaintiff,
 	
      v.
 	
CIGNA CORP., CIGNA HOLDINGS, INC.,
CONNECTICUT GENERAL CORP.,
HEALTHSPRING, INC., NEW QUEST LLC,
HEALTHSPRING LIFE & HEALTH
INSURANCE COMPANY, INC.,
GULF QUEST LP and HOME PHYSICIANS
MANAGEMENT LLC
 	
            Defendants.
	Civil Action No.:
	
	COMPLAINT FOR VIOLATION
	OF FALSE CLAIMS ACT,
	31 U.S.C. § 3729 <u>ET SEQ.</u>
	
	FILED IN CAMERA AND
	UNDER SEAL PURSUANT TO
	31 U.S.C. § 3730(b)(2)
	
	JURY TRIAL DEMANDED

For its complaint, the United States of America *ex. rel.* Robert A. Cutler (the "United States"), alleges as follows:

NATURE OF THE ACTION

1.   This is an action to recover damages and civil penalties on behalf of the United States under the Federal False Claims Act, 31 U.S.C. §§ 3729-33, against Cigna Corp. ("Cigna"), Cigna Holdings, Inc. ("Cigna Holdings"), Connecticut General Corp. ("CGC"), HealthSpring, Inc. ("HealthSpring Parent"), New Quest LLC ("New Quest"), HealthSpring Life & Health Insurance Company, Inc. ("HLHI"), Gulf Quest LP ("Gulf Quest"), and Home Physicians Management, LLC ("Alegis"). These entities are collectively referred to hereinafter as "Defendants" or "Cigna-HealthSpring."

2.   This action is being brought as a result of false and fraudulent risk adjustment claims that were submitted to The Centers for Medicare & Medicaid Services ("CMS") by Cigna-HealthSpring between 2012 and 2017 using improper diagnostic codes under the International Classification of Diseases, Clinical Modification system ("ICD Codes"). These ICD Codes referred to health conditions of Medicare beneficiaries that (1) did not exist, (2) were not recorded in any medical records and (3) were not based on clinically reliable information. Cigna-HealthSpring intentionally mispresented these health conditions as part of a widespread scheme to coax CMS into paying a higher monthly capitated rate on behalf of Medicare beneficiaries enrolled in Cigna-HealthSpring's Medicare Advantage plans (the "MA Plans"). CMS, unaware that these claims were false and fraudulent and relying on the faulty ICD codes, overpaid Cigna-HealthSpring by more than $1.4 billion.

PARTIES

3.   Defendant Cigna is a Delaware corporation with its principal place of business located at 900 Cottage Grove Rd., Bloomfield, Connecticut. Cigna through its subsidiaries is one of the largest health services organizations in the United States. Based on its 2016 Annual Report filed with the U.S. Securities and Exchange Commission, in 2016 Cigna earned approximately $39.7 billion in total revenue and it had approximately $56.4 billion in assets at December 31, 2016.

4.   Defendant Cigna Holdings is a Delaware corporation and wholly-owned subsidiary of Cigna with its principal place of business located at 900 Cottage Grove Rd., Bloomfield, Connecticut. On information and belief Cigna Holdings is a holding company that through its direct and indirect wholly-owned subsidiaries owns and controls all of Cigna's assets in the United States.

5.   Defendant CGC is a Connecticut corporation and wholly-owned subsidiary of Cigna Holdings with its principal place of business located at 900 Cottage Grove Rd., Bloomfield, Connecticut. On information and belief, CGC is a holding company of numerous direct and indirect wholly-owned subsidiaries that engage in a range of insurance and insurance-related businesses within the United States.

6.   Defendant HealthSpring Parent is a Delaware corporation and wholly-owned subsidiary of CGC with its principal place of business located at 9009 Carothers Pkwy, Building B, Suite 501, Franklin, Tennessee 37067. On information and belief, HealthSpring Parent is the parent company of all of the entities that collectively comprise the business known as "HealthSpring." The HealthSpring business has been a part of the CGC ownership structure since 2012 when it was acquired by CGC for $3.8 billion.

7.   Defendant New Quest is a Texas corporation and wholly-owned subsidiary of HealthSpring Parent with its principal place of business located at 44 Vantage Way, Suite 300, Nashville, Tennessee. On information and belief New Quest is the owner and manager of several direct and indirect wholly-owned subsidiaries that operate Medicare Advantage plans ("MA Plans") and health maintenance organizations within the United States, and engage in other insurance-related businesses. The Medicare Advantage plans operated by New Quest's subsidiaries provide health insurance to more than 300,000 Medicare beneficiaries nationwide.

8.   Defendant HLHI is a Texas corporation and wholly-owned subsidiary of New Quest with its principal place of business located at 2900 North Loop W, Suite 1300, Houston Texas. HealthSpring Insurance operates the MA Plans which provide health insurance coverage to Medicare beneficiaries in 13 states nationwide.

9.   Defendant Alegis is an Illinois limited liability company and wholly-owned subsidiary of New Quest with its principal place of business located at 1340 South Damen Avenue, Suite 210, Chicago, Illinois. Alegis provides healthcare services to Medicare beneficiaries enrolled in the MA Plans, including chronic care management services and health assessments.

10.   Defendant Gulf Quest is a Texas limited partnership and subsidiary of New Quest with its principal place of business located at 2900 North Loop W, Suite 1300, Houston, Texas. On information and belief Gulf Quest provides management services to HLHI.

11.   Relator is a United States citizen residing in the State of Connecticut and an officer of Texas Health Management LLC ("THM"), a Texas limited liability company. THM was a service provider of Cigna-HealthSpring between 2012 and 2017. Relator's knowledge of the matters giving rise to this action stem from his position as an officer and beneficial owner of equity in THM.

12.   The United States, on whose behalf Relator brings this action, is the real party in interest with respect to the claims asserted herein. The United States through its agency CMS has ongoing contracts with Cigna-HealthSpring as a Medicare Advantage Organization that participates in the Medicare and Medicaid programs.

JURISDICTION AND VENUE

13.   This Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. § 1331 and 31 U.S.C. § 3732, the latter of which specifically confers jurisdiction on this Court for actions brought pursuant to 31 U.S.C §§ 3729 and 3730.

14.   There have been no public disclosures of the allegations or transactions contained herein that bar jurisdiction under 31 U.S.C § 3730(e).

15.   This Court has personal jurisdiction over Defendants pursuant to 31 U.S.C §

3732(a) because that section authorizes nationwide service of process and because Defendants

have at least minimum contacts with the United States, and can be found in, reside, or transact or

have transacted, business in the Southern District of New York.

16.   Venue exists in the United States District Court for the Southern District of New

York pursuant to 31 U.S.C §§ 3732(a) and 3730(b)(1) because all of the Defendants have at least

minimum contacts with the United States, and one or more of the Defendants can be found in,

reside, or transact or have transacted business in the Southern District of New York. Among

other things, (1) Cigna-HealthSpring maintains the following offices within the Southern District

of New York: (A) 50 Main Street, 9th Floor, White Plains, New York, (B) 140 E. 45th Street,

New York, New York and (C) 14 Wall Street, New York, New York, (2) Cigna-HealthSpring

markets and sells health insurance products within Westchester and New York counties within

the State of New York, including Medicare plans such as the Cigna-HealthSpring Rx Secure

Plan and the Cigna-HealthSpring Rx Secure-Extra Plan, (3) Cigna-HealthSpring network

providers operate businesses within Westchester and New York Counties within the State of

New York, (4) Cigna-HealthSpring is an approved provider of Medicare Advantage plans to

New York City former employee retirees and these plans are advertised on the New York City

government web site and (5) Cigna-HealthSpring is a publicly-traded company whose common

stock is traded on the New York Stock Exchange.

BACKGROUND

The Medicare Advantage Program

17.   CMS administers a program known as "Medicare," which provides health

insurance coverage to several types of individuals, including those who are (1) at least 65 years

of age, (2) under age 65 with certain disabilities and (3) of any age with End-Stage Renal Disease.

18.   The benefits afforded by the Medicare program are divided into four segments: (1) Medicare Part A, which covers certain medically necessary services, such as inpatient hospital stays, care in skilled nursing facilities, hospice care and certain home health care, (2) Medicare Part B, which covers certain preventative care, such as outpatient care, medical supplies and services necessary to treat or prevent a medical condition, clinical research and ambulance services, (3) Medicare Part C, which covers benefits for beneficiaries enrolled in private health insurance plans, including all of the benefits of Medicare Parts A and B, and (4) Medicare Part D, which covers prescription drug costs.

19.   Eligible individuals can participate in the Medicare program by enrolling in traditional Medicare, which is managed directly by the federal government, or in a MA Plan established under Medicare Part C which is managed by a private health insurer ("MA Organization"). Medicare Advantage plans are required to offer the same benefits to Medicare beneficiaries enrolled in the plan ("Plan Members") as they would be entitled to receive under traditional Medicare.

20.   Traditional Medicare and Medicare Advantage plans are both subsidized with funding from the federal government but they pay the beneficiary's healthcare costs in different ways. Under traditional Medicare, CMS pays healthcare providers for the services they render on a fee-for-service basis. The fees are determined by rates set forth in a set of fee schedules that CMS updates on an annual basis. Providers submit a claim to CMS for each service they render and CMS pays the provider based on the applicable rate.

21.   Under Medicare Advantage, CMS does not pay healthcare costs directly but rather pays the MA Organization a flat "capitated rate" each month and the MA Organization in turn pays the providers for the services they render. MA Organizations are not required to follow the fee-for-service model and generally speaking may structure their payment arrangements with providers as they see fit.

22.   The capitated rate that CMS pays to a MA Organization is an amount determined on a per-beneficiary per-month basis using a "risk adjustment" model which weighs the relative financial risks of each beneficiary enrolled in the MA Plan based on his or her health status. This model was designed by CMS in recognition of the fact that the health status of Medicare beneficiaries vary significantly. See Section 2.1 of *Evaluation of the CMS-HCC Risk Adjustment Model Final Report*, dated March 2011, prepared by RTI International for CMS. CMS reasoned that unless monthly payments were adjusted to take into account the financial risks entailed by enrolling beneficiaries with the most serious and costly health conditions, MA Organizations would seek to enroll only those beneficiaries who were in good health and were likely to incur minimal healthcare costs. Id. The risk adjustment model attempts to compensate MA Organizations for these variations in financial risk.

23.   To calculate the per-beneficiary per-month amount under the risk adjustment model, CMS first assigns a "risk score" to each Plan Member based on that Plan Member's relative health status. CMS obtains information concerning each Plan Member's health status from several sources, most important among them being the MA Organization itself, which reports to CMS health data concerning the Plan Members. The data is required to be reported in the form of ICD Codes that describe the relevant health conditions. The MA Organization

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obtains this data from the Plan Members' healthcare providers who are required to report to the MA Organization diagnoses they render during a patient encounter.

24.   CMS organizes the ICD Codes data into separate groups of clinically related health conditions ("HCCs") that have similar cost implications. HCCs are each assigned a numerical value. The more serious and costly that a particular HCC is to monitor and treat, the higher the value that will be assigned to that health condition. Chronic health conditions such as diabetes are assigned higher values while generic health conditions are assigned low values or no values at all.

25.   These values are added together to arrive at an overall risk score for the Plan Member. This number represents the Plan Member's financial risk to the MA Plan relative to a hypothetical "average" beneficiary within the plan (the "Average Beneficiary"). For the Average Beneficiary, the overall risk score is 1.0 and CMS assigns a per-beneficiary per-month base rate each year that would correspond to this risk score (the "Base Rate").

26.   If a Plan Member has a risk score that is higher or lower than the Average Beneficiary risk score of 1.0, then the monthly amount associated with that Plan Member will be adjusted upwards or downwards proportionally. For example if a Plan Member's risk score is 1.2, the monthly amount will be 20% higher than the Base Rate. Conversely if a Plan Member's risk score is 0.80, the monthly amount will be 20% lower than the Base Rate.

27.   Adjustments are made to each beneficiary's risk score annually based on the ICD codes submitted to CMS by the MA Organizations.   These adjustments are prospective in the sense that ICD codes for patient encounters in a given year is used to predict the costs and adjust the monthly payment for the following year.

The 360 Program

28.   In 2012 Cigna-HealthSpring initiated a program known as the "360 Program." This program was designed to engage primary care providers in the Cigna-HealthSpring network ("PCPs") to perform a type of health assessment for the Plan Members which Cigna-HealthSpring refers to as a "360."

29.   A 360 is an "enhanced" version of an annual wellness visit ("AWV"). An AWV is a Medicare benefit which entitles a beneficiary to an annual face-to-face encounter with a health professional that includes the following services:

> (1) review (and administration, if needed) of an updated health risk assessment;
>
> (2) update to the patient's medical and family history;
>
> (3) update to the list of current providers and suppliers involved in the patient's medical care;
>
> (4) Measurement of patient's weight (or waist circumference), blood pressure and other routine measurements as deemed appropriate;
>
> (5) Detection of cognitive impairment;
>
> (6) update to the patient's written screening checklist and a list of risk factors with intervention and recommendations;
>
> (7) furnish personalized health advice and a referral, as appropriate, to health education or preventative counseling services or programs; and
>
> (8) Discretionary advance care planning services that may be requested by the patient;

See 42 CFR 410.15. The 360 goes beyond the scope of the AWV in that it also includes a routine physical exam.

30.   Senior executives at Cigna-HealthSpring pitched the 360 to PCPs as a means for closing "gaps in care." They pointed out that these gaps existed because many Plan Members were not visiting their PCPs for an annual physical exam due to the fact that Medicare would not cover the cost. As a result, they claimed that serious health conditions were not being detected and that by performing the 360s PCPs would be able to diagnose and treat these health conditions and therefore improve the quality of care.

31.   Even though Cigna-HealthSpring pitched the 360 in this manner, quality of care was not the underlying purpose of the 360 Program. The program centered on a business model devised by Cigna-HealthSpring in which the 360 would be used to find health conditions that could raise the risk scores of the Plan Members and therefore increase the monthly capitated payments that CMS paid to Cigna-HealthSpring.

The 360 Form

32.   In order to achieve the goal of raising risk scores, senior executives within Cigna-HealthSpring engineered a system of targeting Plan Members who were most likely to have with the highest potential for risk score and revenue increases. Analysts working within Cigna's affiliate Gulf Quest utilized a data-mining tool known as Predilytics to search the medical histories of all of the Plan Members and then organize the Plan Members into different priority categories. These categories were labeled "critical," "high," "moderate," "low" and "very low." Members with chronic diseases and Plan Members who had never received a 360 exam were assigned the highest priorities.

33.   Senior executives at Cigna-HealthSpring also engineered a system for performing the 360 that would capture as many diagnoses as possible. The principal contributor to the development of this system was Dr. Michael Fessenden, the Medical Director of the 360

program. Dr. Fessenden designed or improved on a check-the-box form known as a "360 Comprehensive Assessment" (the "360 Form") which providers were required to complete in order to document each 360 encounter. The 360 Form was "comprehensive" in the sense that it reflected health profile of all biological systems based on the totality of the information obtained during the AWV and physical exam portions of the 360. That is to say the 360 Form combined in a single document information that would typically be collected in the course of an AWV ("Collected Health Information"), such as a list of medications, the patient's medical history and a self-assessment of health status, as well as information that would typically be obtained in the course of performing a routine physical examine ("Clinical Data"), such as heart rate, blood pressure and observable health problems.

34.   However, in doing this the 360 Form made no distinction as to source of the information reported by the examining provider. In other words the 360 Form did not require the examining provider to state whether the information he or she was reporting derived from Collected Health Information or Clinical Data. This was important because the AWV and physical exam served different purposes. The AWV is a form of preventative health consultation that evaluates the patient based on the patient's self-assessment of his or her health status. The physical exam, on the other hand, is an assessment of health status based on a medical professional's evaluation of clinical signs and symptoms. Findings from the AWV rely on anecdotal evidence of health status, while findings from the physical exam rely on empirical data and clinical analysis.

35.   The Form required the examining provider to report the information indiscriminately and draw conclusions on current health status from the totality of this information. As a result, any diagnoses made from performing the 360s lacked accuracy because

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the type of evidence upon which the conclusions relied could have been drawn from either source. In fact there are documented instances of misdiagnoses which occurred due to examining providers reaching clinical diagnoses on the basis of anecdotal evidence, and Cigna-HealthSpring was aware that this was happening. An example of one such misdiagnosis is documented in an email exchange attached as **Exhibit A**.

36.   Even with chronic illnesses that are considered "permanent," reporting diagnoses on the basis of anecdotal evidence was improper because unless the examining provider has clinical knowledge of prior health conditions the diagnoses are still unreliable because they do not take into account the possibility that the health conditions may have been misdiagnosed or that the patient was stating the wrong diagnoses.

Performance of the 360s

37.   Cigna-HealthSpring was fully aware that 360s were unreliable when performed by providers unfamiliar with the patient's health history, and for this reason it sought to recruit PCPs to perform them. Cigna-HealthSpring offered PCPs a $150 bonus per completed exam if the PCPs would perform a certain volume of 360s each year for their patients. Those PCPs choosing to participate in the program were also paid $1,000 each time they attended a 360 training seminar held by Cigna-HealthSpring. The purpose of these training seminars was to teach PCPs how to leverage information obtained from the AWV to find high revenue diagnoses.

38.   However, despite Cigna-HealthSpring's efforts to recruit PCPs, many PCPs were unable or unwilling to perform the 360s for their patients. Nevertheless, Cigna-HealthSpring, determined to complete as many 360s as possible, attempted to complete the 360s anyway by turning to third party contract providers ("Contract Providers") who could visit the Plan

Members in their homes to perform the 360s. For the most part these Contract Providers completed 360s through the use of nurse practitioners ("NPs").

39.   Between 2012 and 2017 Cigna-HealthSpring used 6 Contract Providers nationwide to complete 360s. Alegis, being a Cigna affiliate, was the largest Contract Provider by 360 volume. THM was the second largest Contract Provider by volume, and the largest independent Contract Provider. Each year Alegis and THM accounted for approximately 60% of all of the 360s performed for the MA Plan.

40.   If and when it became clear that a PCP would not perform a 360 for a patient, Cigna-HealthSpring would add the patient's name and contact information to a "target list" that it compiled and distributed to each Contract Provider based on the market in which the Contract Provider operated. For each Plan Member name that Cigna-HealthSpring distributed, Cigna-HealthSpring also included two .txt files that jointly comprised a document known as a "health management report" ("Historical HMR"). One of these files contained a list of the Plan Member's medications and the date on which they were last reviewed. The second file included a list of diagnoses previously reported to CMS, but did not indicate the date on which these diagnoses were reported.

41.   Contract Providers would reach out to Plan Members to schedule the in-home 360s. If a Contract Provider made contact and scheduled the appointment, a NP would be sent to the Plan Member's home and would perform the 360 in accordance with specific instructions provided by Cigna-HealthSpring. The NPs were not permitted to deviate from these instructions.

42.   Most Contract Providers performed the 360, completed the 360 Form and then submitted the 360 Form directly to Cigna-HealthSpring for approval. In THM's case, once the 360 Forms were completed they were transmitted to THM's corporate office for processing. The

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360 Forms were reviewed by "coders" who analyzed the information and then interfaced with the examining NPs to understand the reported conditions and assign ICD Codes to these conditions. This interaction was necessary because in many cases the 360 Forms contained information that was inconsistent and needed correction or ambiguous and required clarification.

43.   Once coding was completed, THM summarized the ICD Codes in a report that was intended to supplement the Historical HMR (the "Supplemental HMR").   The Supplemental HMR and the 360 Form were then combined into a single electronic document (the "Comprehensive Form"), a copy of which is attached as **Exhibit B**. Upon completing the Comprehensive Form, a copy was securely transmitted to Cigna-HealthSpring and the Plan Member's PCP.

44.   On numerous occasions THM managers made clear to executives at Cigna-HealthSpring that any health conditions and related ICD Codes recorded in the Comprehensive Form were to be used only as a recommendations to the PCPs for review, and that they did not represent confirmed medical diagnoses. This was because the NPs were not physicians, they were not trained to diagnose chronic health conditions, they did not have regular encounters with the Plan Members and they were not furnished with any information regarding the health conditions of the Plan Members other than the limited information in the Historical HMR. THM did not want Cigna-HealthSpring to use any information in the 360 Forms, in particular the ICD Codes, in reporting Risk Adjustment Data to CMS unless and until the PCP approved this information and incorporated the Comprehensive Form, including the Supplemental HMR, into the Plan Member's medical records.

45.   In order to avoid misuse of the reported information, each Comprehensive Form included a cover page that instructed the PCP to review the information in the Comprehensive

Form before incorporating it into the Plan Member's medical records. The cover page also stated that "[t]he home visit is not a substitute for PCP treatment and DOES NOT replace the annual physical or HMR completed by the PCP."

46.   Cigna-HealthSpring's other Contract Providers also provided similar disclaimers on the cover page of the 360 Forms they reported. The cover page to Alegis's form for example states "[t]he visit was solely for the purpose of updating the insurance provider's information regarding the patient and their condition." A representative example of Alegis' 360 Form is attached as **Exhibit C**.

47.   In spite of these disclaimers, without confirming that the PCPs had reviewed, approved and incorporated the 360 Forms into the Plan Member's medical records, Cigna-HealthSpring reported the ICD Codes to CMS as Risk Adjustment Data representing the Codes as confirmed medical diagnoses.

The 2017 Arbitration Proceeding

48.   Cigna-HealthSpring's misreporting of ICD Codes as well as other misconduct was discovered by the Relator in 2017. In early 2017 THM and Cigna-HealthSpring became embroiled in a contract dispute which ultimately forced THM to seek emergency measures of protection in arbitration with the American Arbitration Association (the "Arbitration"). During an emergency hearing it came to light that HealthSpring had been misusing the information reported by THM and its other Contract Providers in the 360 Forms.

49.   Cigna-HealthSpring's Medical Director, Dr. Michael Fessenden, testified under oath that the ICD codes reported by THM did not need to be used because they merely repeated diagnoses described in the 360 Report. He also testified that the reason Cigna-HealthSpring furnished Contract Providers with Historical HMRs was to provide them with a "cheat sheet" to

ensure that the health conditions identified in the Historical HMR were re-validated during the 360 and/or to allow Contract Provider to find new related chronic health conditions.

50.   During the discovery phase of the Arbitration reports were disclosed in which HealthSpring evaluated the performance of each Contract Provider based on "retention rates," or the percentage of chronic health conditions that the providers were able to retain or re-validate during the 360 as compared to the conditions reported in the previous year. HealthSpring set a "goal" of re-validating 85% of all previously-identified chronic conditions by the end of each year.

51.   In addition to the retention rates, these reports set forth the Contract Provider's performance in capturing illnesses in 12 generic disease classes consisting of chronic diagnoses which are "often underdiagnosed." The Contract Provider's results were compared to "all the vendors and to a competitor." If the generic diseases were not identified by the Contract Provider at all during the exams, then Cigna-HealthSpring would flag those underdiagnosed diseases in red, and if there was more than a 3% difference than a competitor, then Cigna-HealthSpring would flag the diseases in yellow. Contract Providers were also evaluated based on the impact of the diagnoses on the Plan Members' risk scores.

52.   It was discovered that Contract Providers with the highest retention rates and risk score increases would be rewarded with additional business volume. Contract Providers with lowest retention rates would be forced to attend educational seminars in which Cigna-HealthSpring employees would provide information on how to re-validate the high value chronic conditions that the Contract Provider previously failed to identify.

CAUSE OF ACTION

VIOLATION OF 31 U.S.C. § 3729(a)(1)

53.   Relator realleges and incorporates by reference the allegations made in Paragraphs 1 through 52 of this Complaint.

54.   Under 31 U.S.C. § 3729(a)(1)(A) a person may not knowingly present, or cause to be presented, a false or fraudulent claim for payment or approval by the federal government. In order to comply with this statutory requirement, claims submitted by a MA Organization to CMS for risk adjustments to monthly payments must satisfy the requirements of 42 CFR § 422.310, including the requirement that the sources and extent of submitted data comply with CMS requirements. As a condition to receiving payments, The MA Organization is required to certify the accuracy, completeness and truthfulness of the submitted data. 42 CFR § 422.504(l).

55.   Under Section 120.1 of the Medicare Managed Care Manual ("MMCM"), with respect to physicians (including nurse practitioners), only diagnoses "rendered" as a result of a physician visit are relevant data for risk adjustment purposes. Section 40 of the MMCM further provides that all diagnostic codes submitted by a MA Organization "must be documented in the medical record and documented as a result of a face-to-face visit."

56.   Since at least as early as 2012, Cigna-HealthSpring has knowingly presented false and fraudulent claims to CMS for payment because the ICD Codes reported in connection with these claims referred to health conditions of Medicare beneficiaries that (1) did not exist, (2) were not documented in any medical records and (3) were not based on clinically reliable information.

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Health Conditions that did not Exist

57.   Some of the health conditions represented by the ICD Codes did not represent existing health conditions because they derived from 360 Forms which set forth clinical data that contradicted the diagnoses. For example in one of the 360 Forms completed by Alegis, new chronic conditions were added for the patient that included dementia and COPD even though the NP noted on the 360 Form that mental and respiratory functions were "normal." Cigna-HealthSpring knew that the information was false because it employed a team of coders and analysts that examined each and every 360 Form for accuracy and internal consistency.

58.   Cigna-HealthSpring also knew or should have known that false health conditions were being reported because it was actively encouraging Contract Providers to falsify diagnoses in 360 Forms. Cigna-HealthSpring trained providers on ways to render high value diagnoses based on anecdotal evidence collected during the AWV portion of the 360. In educational seminars led by Dr. Fessenden, attendees were taught to "paint a picture" of an adverse condition in the 360 Forms by including notes that could link any signs or symptoms from the physical exam to prior health conditions in the Historical HMR. At one seminar attended by employees of THM, Dr. Fessenden advised attendees that they could diagnose rheumatoid arthritis if they simply noted in their 360 Forms (i) pain in the wrists, proximal interphalangeal joints and metacarpophalangeal joints with morning stiffness lasting more than 1 hour and (2) systemic symptoms of fatigue and weight loss. These symptoms are common to numerous illnesses.

Health Conditions that were not Documented in any Medical Records

59.   In addition to the health conditions that did not exist, the vast majority of health conditions reported by Cigna-HealthSpring from Contract Providers were not documented in any medical records as required by Section 40 of MMCM.

60. Other than THM, none of the Contract Providers recorded any ICD Codes in the 360 Forms. Instead, Cigna-HealthSpring extrapolated the ICD Codes from the diagnosis descriptions. Cigna-HealthSpring in fact generated error reports for submitted 360 Forms in which it actually instructed providers to remove any ICD Codes from the 360 Forms and to limit any diagnoses to general descriptions of the relevant health conditions. By reporting to CMS ICD Codes that Cigna-HealthSpring, not the examining providers, had generated, Cigna-HealthSpring violated Section 40 MMCM and misrepresented to CMS that the ICD Codes had been documented in the assessment form provided by the examining provider.

61. Cigna-HealthSpring also did not ensure that the health conditions identified in the 360 Forms were documented in the Plan Members' medical records with the PCPs. As CMS previously noted:

> The purpose of risk adjustment is to measure health status that is related to plan liability. In the case of these assessments, and the identification of risk adjustment diagnoses during the assessment, it is not clear that there is plan liability associated with the provision of treatment for the conditions identified during the assessment. As a result, we are concerned that the apparent significant increase in the prevalence of these assessments by MA organizations contributes to increased risk scores and differences in coding patterns between MA and FFS. If providers are using the results of enrollee risk assessments performed at home to guide treatment, then we expect that diagnoses identified during home assessments will also be documented in medical records from the follow-up treatment visit(s) in a clinical setting.

Advance Notice of Methodological Changes for Calendar Year (CY) 2015 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2015 Call Letter, dated February 21, 2014 p. 20-21 (available at https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2015.pdf).

62. To avoid improper use of the 360 results, in their transmittal of the 360 Forms to the PCPs, Contract Providers included cover letters with disclaimers to make clear that the 360

Form is not, in and of itself, part of the medical records. In THM's case, every completed Comprehensive Form that was submitted to and reviewed and accepted by Cigna-HealthSpring included a cover page that stated that the Comprehensive Form did not constitute an annual physical exam or replace any historical health records which are completed by a PCP, and it instructed the PCP to review the information before incorporating it into the Plan Member's medical records. The cover page to Alegis' 360 Forms similarly stated that "[t]he visit was solely for the purpose of updating the insurance provider's information regarding the patient and their condition." (see Exhibit C). Cigna-HealthSpring ignored these disclaimers and submitted ICD Codes for hundreds of thousands of encounters without any confirmation that the 360 results had been properly incorporated.

63.   Cigna-HealthSpring submitted these ICD Codes knowing that it was wrong to do so. Dr. Michael Fessenden exchanged emails with HealthSpring employees in which reveal that he was aware that PCPs had not in some cases received copies of the 360 Forms, and he instructed managers to send them months after the 360s were completed so as to avoid any potential accusations of "upcoding" due to the fact that the health conditions reported to CMS did not match the health records maintained by the Plan Member's PCP.

64.   The 360 Forms also do not constitute valid medical records because they were completed by NPs who under applicable law of the state where they were licensed did not have the authority to independently render medical diagnoses. See, Texas Nursing Practice Act § 301.002(2)(stating that the term "professional nursing" does not include act of medical diagnosis). The NPs did not have the authority to render medical diagnoses without collaboration with a physician to confirm that the diagnoses were accurate. Cigna-HealthSpring did inquire as

to the level of authority granted to any of the NPs who performed 360s, nor did they ever confirm that any collaboration occurred.

Health Conditions that were not Based on Clinically Reliable Information

65.   Most if not all of the health conditions reported by Contract Providers and reflected in the ICD Codes were derived from 360 Forms that were not clinically reliable. NPs diagnosed chronic and acute health conditions without conducting any diagnostic tests or obtaining input from any specialists.

66.   Instead, NPs rendered clinical diagnoses on the basis of anecdotal evidence. This was due to the way that the 360 Form was designed. The form required that the NPs conduct a review of chronic and acute diseases but only gave them two check-the-box options in completing the review – either (1) diagnose the disease or (2) indicate that there is "no active disease." If a patient disclosed that he or she had a specific condition, then in many cases examining providers diagnosed the condition on the basis of this anecdotal evidence rather than report that there was no active disease. In some cases NPs also rendered diagnoses not based on the Plan Member's statements but rather medications found in the home. This resulted in unreliable diagnoses because none of the 360 Forms indicate the basis on which the NPs rendered their diagnoses (i.e. whether they did so on the basis of anecdotal evidence or clinical data).

67.   Cigna-HealthSpring not only knew that the information included in the 360 Forms was unreliable but in fact encouraged providers to use unreliable information such as the Historical HMRs as a guide in finding active diseases year after year. The Historical HMRs provide nothing more than a list of diagnoses previously submitted to CMS without any dates, notes or even the name of the provider who rendered the diagnoses. With regard to

prescriptions, they simply list the names of the medications, dosages and the last date on which they were reviewed. The Historical HMRs clearly are not medical records and they were prepared by Cigna-HealthSpring, not the Plan Member's PCP. They lacked reliability and should not have been relied upon to make a diagnoses.

68.   Cigna-HealthSpring also pushed providers to "recapture" as many chronic health conditions as possible by forcing Contract Providers to compete with each other to attain the highest diagnosis retention rates possible. Those with the highest rates were rewarded with additional business volume, while those with the lowest rates are punished with reduced business volume and they are required to attend educational seminars focused on techniques to increase diagnosis recapture.

69.   To further encourage competition, monthly performance reports were distributed to Contract Providers that highlighted their retention rates as compared to the other Contract Providers, as well as the percentage of diagnoses that were "lost" from the PCPs' medical charts. To keep competition robust, Cigna-HealthSpring ensured that at least two Contract Providers operated in each local market.

70.   Cigna-HealthSpring also entered into contracts with some Contract Providers that paid bonuses for achieving higher retention rates. For example one such provider was contractually entitled to receive Chronic Retention Rate Compensation payment if the provider's annual chronic retention rate were to exceed 80%.

71.   Cigna-HealthSpring also intended to recapture diagnoses by having PCPs use a tool called Lumeris to report all diagnoses so that a list of health conditions could be compiled and provided to the Contract Providers to ensure that all reported diagnoses were re-validated

year to year. Cigna-HealthSpring paid PCPs $250 to record each diagnosis in Lumeris but did not provide them any financial incentives to report any resolved health conditions.

72.   Cigna-HealthSpring's misconduct comes of no surprise.   Cigna-HealthSpring has a longstanding history of regulatory violations, and has received numerous notices of non-compliance, warning letters and corrective actions plans from CMS over the past several years. See CMS Notice of Imposition of Immediate Intermediate Sanctions, dated January 21, 2016, relating to Cigna-HealthSpring's failure to comply with 42 C.F.R. Part 422 and 42 C.F.R. 423. Most recently, on January 21, 2016 Cigna-HealthSpring was sanctioned for failing to abide by CMS compliance program requirements and was stripped of its ability to accept new enrollees in its MA Plan. Id.

73.   Through the acts described above, Defendants knowingly presented to CMS false and fraudulent claims for risk adjustments to its monthly capitated rate. CMS, unaware that these claims were false and fraudulent and relying on the certification provided by the Defendants pursuant to 42 CFR § 422.504(l), paid Defendants amounts that it would not have otherwise paid had it been aware that health conditions of the Plan Members were misrepresented.

74.   Due to Cigna-HealthSpring's conduct, the United States of America, acting through CMS, has overpaid Cigna-HealthSpring on claims deriving from over 375,000 360 encounters, overpayments that on information and belief exceed $1.4 billion in the aggregate.

PRAYER

WHEREFORE, *qui tam* plaintiff Robert A. Cutler prays for judgment against Defendants as follows:

1.   That Defendants cease and desist from violating 31 U.S.C. §§ 3279-33;

2.   That the Court enter judgment against Defendants in an amount equal to three times the amount of damages the United States has sustained as a result of Defendants' actions in violation of the Federal False Claims Act, as well as a civil penalty of $11,000 for each violation of 31 U.S.C. § 3279;

3.   That Relator be awarded the maximum amount allowed pursuant to 31 U.S.C. § 3230(d) of the Federal False Claims Act;

4.   That Relator be awarded all costs and expenses of this action; and

5.   That the United States and Relator receive all such other relief as the Court deems just and proper.

JURY DEMAND

Pursuant to Rule 38 of the Federal Rules of Civil Procedure, Relator hereby demands trial by jury.

DATED: September 19, 2017   Respectfully submitted,
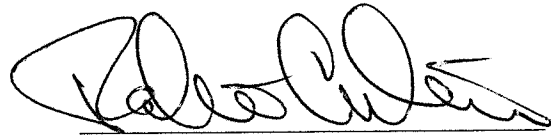
By:_____
Robert A. Cutler
Pro Hac Vice
robertcutleresq@gmail.com
Law Office of Robert A. Cutler
100 Partrick Road
Westport, CT 06880
Tel: (347) 449-0448

CERTIFICATE OF SERVICE

I hereby certify that on the 19th day of September, 2017, I forwarded the foregoing

document via certified mail to the following:

Civil Process Clerk
United States Attorney's Office
Southern District of New York
300 Quarropas Street
White Plains, NY 10601-4150

Lee J. Lofthus
Assistant Attorney General for Administration
U.S. Department of Justice
Justice Management Division
950 Pennsylvania Avenue, NW
Room 1111
Washington, D.C. 20530

Robert A. Cutler
Pro Hac Vice
robertcutleresq@gmail.com
Law Office of Robert A. Cutler
100 Partrick Road
Westport, CT 06880
Tel: (347) 449-0448

EXHIBIT A

crypted Message   https://outlook.office365.com/Encryption#E4EView.aspx?loc=en-US&.

FW: Secure FW: Change 360 Form

Wade Sloan <wsloan@hcsimplified.com>   Reply all |
Thu 8/31, 9:57 AM
Robert Cutler <rcutler@hcsimplified.com>; Joe Stroffolino <jstroffolino@hcsimplified.com>

Here is Sheri's response: Not sure if you had this yet or not

From: Wade Sloan
Sent: Friday, January 22, 2016 2:56 PM
To: Russell, Clint (clint.russell@gulfquest.net) <clint.russell@gulfquest.net>
Subject: Secure FW: Change 360 Form

Clint, did you take a look at this? Thanks

From: Wade Sloan
Sent: Thursday, January 14, 2016 11:10 AM
To: Russell, Clint (clint.russell@gulfquest.net) <clint.russell@gulfquest.net>
Subject: Secure FW: Change 360 Form

Clint, can you take a look at what our coder wrote below about why the NP diagnosed Afib?

Thanks.

From: Sheri Allred
Sent: Thursday, January 14, 2016 10:08 AM
To: Wade Sloan <wsloan@hcsimplified.com>
Cc: Joe Stroffolino <jstroffolino@hcsimplified.com>; Christopher Bloom <cbloom@hcsimplified.com>
Subject: RE: Change 360 Form

Wade,
I have made the correction to the 360. The pt takes a medication for A-Fib; Digoxin/
See info listed below.
Here is a screen shot showing I removed "A-Fib and now the section is blank but there should be
some Dx for this section since the pt does take Digoxin. Please advise;

Member Name					DOB			DOS: 07/10/2015

Vitals: *Ht (in):	*Wt (lbs):	*BMI:	Temp (F°):	BP:	HR:	RR:	Gender:
							☑ Male ☐ Female

Physical exam	Normal	Abnormal/Findings
General	☑	
HEENT	☑	
Neck	☑	Hearing: ☑ Normal ☐ Abnormal
Heart	☑	
Lungs	☑	
Breast	☐	☑ Deferred
Abdomen	☑	
Extremities	☑	
GU	☐	☑ Deferred
Musculoskeletal	☑	
Neurological	☑	
Skin	☑	
Psychiatric	☑	
Lymphatic	☑	
Hematologic	☐	☑ Deferred

Current Conditions:			Meds	Monitor	Diet	Labs	Referral
Cardiovascular:	☑ Reviewed and no active disease						
☐ History of MI Specify Date:			☐	☐	☐	☐	☐
☐ Angina Pectoris			☐	☐	☐	☐	☐
☐ CAD			☐	☐	☐	☐	☐

From: Joe Stroffolino
To: Robert Cutler; Wade Sloan
Subject: Re: Misdiagnosis
Date: Thursday, August 31, 2017 1:28:41 AM
Attachments: image001.png
             image002.png
             image004.png
             image006.png
             image007.png

Joe Stroffolino
Managing Director
HealthCare Simplified Holdings LLC
1701 Legacy Drive, Suite 2000
Frisco, TX 75034
Direct: 214-799-5700
jstroffolino@hcsimplified.com

Affiliated Companies
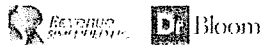
From: Wade Sloan <wsloan@hcsimplified.com>
Date: Thursday, January 14, 2016 at 10:11 AM
To: Sheri Allred <sallred@hcsimplified.com>
Cc: Joe Stroffolino <jstroffolino@hcsimplified.com>, Christopher Bloom <cbloom@hcsimplified.com>
Subject: RE: Change 360 Form

Joe, Dr Bloom, see Sheri's note below, looks like the NP diagnosed Afib because of med. See following not from the patients doc, what should we do?

Good Afternoon Wade and Joe! I wanted to pass along a little information and see if we could follow up on it so I can report back to ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ as. Please ▓▓▓▓▓▓▓▓▓▓▓▓ email to me in Yellow below and my Question to you guys in Green. Thanks!

Hey! Got a Question. ▓▓▓ with ▓▓▓▓▓▓▓▓▓ emailed me a little earlier with a concern they had on a THM 360. They say tha▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ member ID ▓▓▓▓ had a 360 completed on 07/10/15 by our in home vendor. There was a Diagnosis of Atrial Fibrillation on this exam. The physician is saying this is not an accurate Diagnosis for this member and we should have this exam corrected. How should we handle this situation? I have copied the email that was sent to me below.

Hi Clint, I spoke with ▓▓▓▓▓▓▓▓▓▓▓▓ about her 360 concern. The patient ▓▓▓▓▓▓▓ had a 360 performed in his home and when Dr. ▓▓▓▓▓▓▓, his PCP, received and reviewed the form she noticed a diagnosis marked that the patient does not have. The NP who performed the exam i▓▓▓▓▓▓▓y and on page 4 she indicated that the patient has Atrial Fibrillation. The patient does not have this condition and D▓▓▓▓ wanted to make sure that Healthspring has correct information and records on their patients so she had ▓▓▓call Healthspring to have the diagnosis removed from your records. Please send this information to Matt so that the patient's information can be corrected. I have included screen shots of the first and fourth page of the 360 below. If you would please let▓▓▓r and I know when this has been resolved we would greatly appreciate it.

From: Sheri Allred
Sent: Thursday, January 14, 2016 10:08 AM
To: Wade Sloan <wsloan@hcsimplified.com>
Cc: Joe Stroffolino <jstroffolino@hcsimplified.com>; Christopher Bloom <cbloom@hcsimplified.com>
Subject: RE: Change 360 Form

Wade,
I have made the correction to the 360. The pt takes a medication for A-Fib; Digoxin/
See info listed below.
Here is a screen shot showing I removed "A-Fib and now the section is blank but there should be some Dx for this section since the pt does take Digoxin. Please advise;

Member Name: ▓▓▓▓					DOB: ▓▓▓▓			DOS: 07/10/2015

Vitals: *Ht (in):	*Wt (lbs):	*BMI:	Temp (F°):	BP:	HR:	RR:	Gender: ☑ Male ☐ Female

Physical exam	Normal	Abnormal/Findings
General	☑	
HEENT	☑	Hearing: ☑ Normal ☐ Abnormal
Neck	☑	
Heart	☑	
Lungs	☑	
Breast	☐	☑ Deferred
Abdomen	☑	
Extremities	☑	
GU	☐	☑ Deferred
Musculoskeletal	☑	
Neurological	☑	
Skin	☑	
Psychiatric	☑	
Lymphatic	☑	
Hematologic	☐	☑ Deferred

Current Conditions:

Cardiovascular: ☑ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ History of MI Specify Date:	☐	☐	☐	☐	☐
☐ Angina Pectoris	☐	☐	☐	☐	☐
☐ CAD	☐	☐	☐	☐	☐
☐ Cardiomyopathy ☐ Primary ☐ Secondary ☐ Ischemic	☐	☐	☐	☐	☐
☐ Congestive Heart Failure: ☐ Diastolic ☐ Systolic ☐ Combined Systolic/Diastolic	☐	☐	☐	☐	☐
☐ *Hyperlipidemia	☐	☐	☐	☐	☐
☐ Carotid artery stenosis	☐	☐	☐	☐	☐
☐ Atrial Fibrillation	☐	☐	☐	☐	☐
☐ Sick Sinus Syndrome ☐ w/ Pacemaker ☐ w/o Pacemaker	☐	☐	☐	☐	☐
☐ Tachycardia Type (specify):	☐	☐	☐	☐	☐
☐ *Hypertension ☐ Benign ☐ Unspecified Date of diagnosis:	☐	☐	☐	☐	☐
☐ Hypertensive Heart Disease with Heart Failure ☐ Hypertensive Heart Disease without Failure	☐	☐	☐	☐	☐
☐ Hypertensive Renal Disease	☐	☐	☐	☐	☐
☐ Hypertensive Heart and Renal Disease ☐ w/ Heart failure ☐ w/o Heart failure	☐	☐	☐	☐	☐
☐ Other Diagnosis (specify):	☐	☐	☐	☐	☐

Just an FYI;
The NP made a note in the ROS re; palpitations and the pt takes meds for it;

Review of systems	Negative	Positive/Findings
General	☑	
HEENT	☑	
Cardiac	☐	Palpitations - Takes med
Respiratory	☑	
GI	☐	Heartburn/reflux/indigestion - Nexium
GU	☑	
Musculoskeletal	☐	Back Pain - Low back pain; Muscle/Joint Pain - Right knee
Neurological	☐	Numbness Face/Hands - Bil hands; Vertigo/Dizziness - Takes meclizine
Skin	☑	
Psychiatric	☐	Sleeping problems - Sleep apnea
Endocrine	☑	
Hematological	☑	

Medications: (List all medications including OTCs with dosage and frequency or attach printed, signed and date list and check here ☐)

☐ No Current Medications

☑ Medications Reviewed

Digoxin 0.125 mg by mouth every day

Levothyroxine 25 Mcg by mouth every day

Naproxen 500 mg by mouth twice a day

Pilocarpine 1 gtt right eye every day

What is digoxin?

Digoxin is derived from the leaves of a digitalis plant. Digoxin helps make the heart beat stronger and with a more regular rhythm.

Digoxin is used to treat heart failure.

Digoxin is also used to treat atrial fibrillation, a heart rhythm disorder of the atria (the upper chambers of the heart that allow blood to flow into the heart).

Sheri Allred, C.P.C., C.M.A.

Medical Coding Operations Manager
HealthCare Simplified Group
1701 Legacy Drive, Suite 2000
Frisco, TX 75034
Main: 214-494-8340 ext: 104
Direct: 214-494-8344
Fax: 214-494-8348

sallred@hcsimplified.com

Affiliated Companies

HealthCare Simplified   _TexasHealth_

Revenue Simplified   _Bloom_
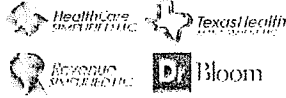
From: Wade Sloan
Sent: Thursday, January 14, 2016 8:55 AM
To: Sheri Allred
Subject: RE: Change 360 Form

No rush, thanks

From: Sheri Allred
Sent: Thursday, January 14, 2016 8:54 AM
To: Wade Sloan <wsloan@hcsimplified.com>
Subject: Re: Change 360 Form

I will remove it as soon as I get to the office.
S

Sent from my iPhone

On Jan 14, 2016, at 8:34 AM, Wade Sloan <wsloan@hcsimplified.com> wrote:
Sheri, will you please remove this diagnosis and send on to Romana so we can resend the 360? Thanks:

Good Afternoon Wade and Joel I wanted to pass along a little information and see if we could follow up on it so I can report back to ███████████████████ Texas. Please see ████████████████' email to me in Yellow below and my Question to you guys in Green. Thanks!

Hey! Got a Question ████ with ████████████████ emailed me a little earlier with a concern they had on a THM 360. They say that ████████████████████████ member ID ████████████ had a 360 completed on 07/10/15 by our in home vendor. There was a Diagnosis of Atrial Fibrillation on this exam. The physician is saying this is not an accurate Diagnosis for this member and we should have this exam corrected. How should we handle this situation? I have copied the email that was sent to me below.

Hi Clint, I spoke with ██████████████████ about her 360 concern. The patient ██████████ had a 360 performed in his home and when ████████████ his PCP, received and reviewed the form she noticed a diagnosis marked that the patient does not have. The NP who performed the exam is ██████████ and on page 4 she indicated that the patient has Atrial Fibrillation. The patient does not have this condition and ████████ wanted to make sure that Healthspring has correct information and records on their patients so she had ████ call Healthspring to have the diagnosis removed from your records. Please send this information to Matt so that the patient's information can be corrected. I have included screen shots of the first and fourth page of the 360 below. If you would please let ████ and I know when this has been resolved we would greatly appreciate it.

Thank you for all your help.

Thanks!
Clint Russell
Network Operations Representative
Cigna-HealthSpring
Clint.Russell@HealthSpring.com
More from Medicare, More from Life.
105 Decker Court, Suite 1000
Irving, TX 75062
Phone: (903) 714-6248
Fax: 1-866-764-8350
http://www.healthspring.com

Wade Sloan
VP Technology & Logistics
HealthCare Simplified Group
1701 Legacy Drive #2000
Frisco, TX 75034
214.494.8342 Office
817.689.6927 Cell

EXHIBIT B

Cigna
HealthSpring

360 Comprehensive Physical Exam

The 360 Exam is a comprehensive exam designed to focus on preventative health care for our HealthSpring members. The exam is conducted by Bravo Health trained Nurse Practitioners (NPs) in the member's home.

The comprehensive exam includes:
- Review of Systems
- Medication review
- Fall risk screening
- Depression screening
- Foot exam

The home visit is not a substitute for PCP treatment and DOES NOT replace the annual physical or HMR completed by the PCP. The member is encouraged to see his/her PCP for all labs and recommended treatment following a 360 exam and the Nurse Practitioners may assist the member in scheduling follow-up visits with the PCP.

** Upon Receipt **
(Office Staff)

Please confirm the following:

1. Confirm you are the correct PCP
2. Verify the member has a follow-up appointment with PCP

Once reviewed, the exam should be filed into the medical record. If the PCP/Office Staff have any questions regarding the 360 Comprehensive Exam, please feel free to call Bravo Health at 832-553-3300 ext. 3094.

January 2014

360 Comprehensive Assessment 2016

[PLACE BARCODE HERE]

Member First Name	▓▓▓▓▓
Last Name	▓▓▓▓▓
Member ID	7 8 0 9 1 5 4 8 3
Rendering Provider	▓▓▓▓▓
Member's PCP	

DOB (MM/DD/YYYY): ▓ / ▓ / ▓

DOS (MM/DD/YYYY): 0 9 / 2 8 / 2 0 1 6

NPI: 1 4 6 7 8 5 9 4 7 0

Location ☐ Private Residence ☑ PCP Practice ☐ Facility   **Source** ☑ Patient ☐ Other (name & relationship): _____

Reason for Exam Comprehensive Exam

*Please note: All HEDIS Stars metrics are asterisked for your convenience

Past Medical History (list only resolved conditions): ☐ Reviewed and No Past Medical History

☐ CVA with no residual effect

☐ History of Cancer (specify):

bilateral cataracts, chicken pox, traumatic fracture to right ankle 2013, menorrhagia, dental caries

Surgical history: ☐ Reviewed and No Surgeries

colonoscopy, bilateral cataract extraction, partial hysterectomy, dental extraction

Medications: (List all medications including OTCs with dosage and frequency or attach printed, signed and date list and check here ☐)

☐ No Current Medications

☑ Medications Reviewed

Aspirin 81 mg by mouth every day

Clonidine 0.1 mg by mouth three times a day

Esomeprazole 40 mg by mouth every day

Hydrocodone/APAP 7.5/325 mg by mouth every 6 hours as needed

Lisinopril/HCTZ 20/25 mg by mouth every day

Losartan/ HCTZ 100/25 mg by mouth every day

Montelukast 10 mg by mouth every day

Symbicort 2 Puffs Inhalation as needed

Tizanidine 4 mg by mouth every evening

Tradjenta 5 mg by mouth every day

Allergies: ☑ No known drug allergies

Family History:

	Father	Mother	Children	Siblings	Grandparents		Father	Mother	Children	Siblings	Grandparents
HTN	☐	☑	☐	☐	☑	Dementia	☐	☐	☐	☐	☐
Heart Disease	☐	☑	☐	☐	☑	Depression	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	Cancer	☑	☐	☐	☐	☐
Diabetes	☐	☐	☐	☑	☐	Family Member/Type: Father - stomach;					
High Lipids	☐	☐	☐	☑	☐		☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐

Habits: Tobacco Use: ☑ Yes ☐ No

☐ E-Cigarettes   ☐ Current Smoker, PPD _____

☐ Current Chew/Dip Use   ☑ Previous Smoker, Year Quit 1996

Alcohol Use:

☐ Yes Drinks per day: _____

☑ No

Alcohol usage a concern for you or others?

☐ Yes ☑ No

Social History:

Marital Status:
☐ Single ☐ Divorced
☐ Married ☑ Widowed

Lives:
☐ Alone ☑ Family ☐ Institutional
☐ Spouse ☐ Other _____

High Risk for Sexually Acquired Diseases Including HIV:
☐ Yes ☑ No

Social/Financial Concerns:
☐ Yes
☑ No

Illicit Drug Use:
☐ Yes
☑ No

Current Physical Activity as compared to last year:	Ambulatory Status:	Difficulty with bathing or grooming?	Difficulty with eating or meal preparation?	Vision:	Hearing:	Speech:
☐ More ☐ Same ☑ Less	☐ Independent ☑ Cane ☐ Wheelchair ☐ Walker ☐ Bedbound	☐ Yes ☑ No	☐ Yes ☑ No	☐ Normal ☑ Require glasses/contacts for routine vision	☑ Normal ☐ Hearing Issues/ Hearing aids	☑ Normal ☐ Impaired

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Member Name: ~~████████~~	DOB: ~~████~~	DOS: 09/28/2016

*Fall Risk Screening (mark all that apply)

- [ ] Unable to perform exam b/c of _____
- [x] Diagnoses (3 or more coexisting)
- [ ] Prior history of falls within 3 months
- [ ] Incontinence
- [x] Visual impairment
- [x] Impaired functional mobility
- [ ] Environmental hazards
- [x] Polypharmacy
- [x] Pain affecting level of function
- [ ] Cognitive impairment

TOTAL number of boxes marked: 5

- [x] Fall Risk (4 or more reported)

Depression Screening (18+ y/o)

- [ ] Screening not performed because the patient is unable to communicate/answer.

Have you felt depressed or down-and-out over the past 2 months? [ ] Yes [x] No

Have you had a loss of interest in things that normally bring you pleasure? [ ] Yes [x] No

Have you felt fatigued or had a loss of energy recently? [x] Yes [ ] No

If two or more "yes" then complete and document results from either a:

- [ ] PHQ 9 form [ ] Standard screening tool [ ] Clinical interview

Attach Standard Screening Tool or Clinical Interview to assessment if completed.

Urinary Incontinence Screening

During the last 3 months - have you leaked urine (even a small amount)? [ ] Yes [x] No

If Yes, please distribute education material

Review of systems	Negative	Positive/Findings
General	[ ]	Unexplained Fatigue/Weakness - fatigue; Night Sweats/Fevers/Chills - Occasional hot flashes
HEENT	[ ]	Hayfever/Allergies/Congestion - Occasional sinus allergies; Changes in Vision - wears Rx glasses for bil myopia
Cardiac	[x]	
Respiratory	[x]	
GI	[ ]	Heartburn/reflux/indigestion - frequent reflux
GU	[ ]	Frequent Urination - day/ night
Musculoskeletal	[ ]	Back Pain - Occasional neck, low back pain; Muscle/Joint Pain - bil lower leg cramps at night
Neurological	[ ]	Headaches - occasional headaches
Skin	[x]	
Psychiatric	[ ]	Sleeping problems - occasional insomnia, unable to get full nights sleep
Endocrine	[x]	
Hematological	[x]	

*Please assess the overall pain presence in the patient's day life:

0 1 2 3 4 5 6 7 8 9 10

*Pain screening [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [x] [ ] [ ]

*Plan [x] Meds [ ] PT [ ] Other
[x] Education [x] Pain doctor [ ] N/A

Foot exam (Complete for diabetic patients)

1. Ask the patient:

- [ ] Burning, tingling or numbness in feet
- [x] Pain or cramping in calf area during exercise
- [ ] Previous foot ulcer
- [ ] None of these

2. Look at both feet:

- [ ] Infection [ ] Calluses or corns [ ] Nail disorders [x] None of these
- [ ] Ulceration [ ] Skin breaks [ ] Foot deformity
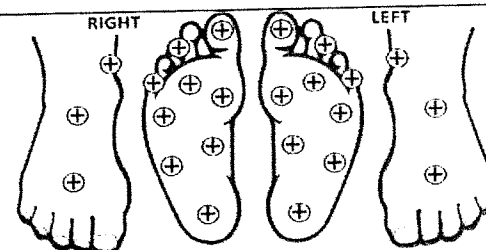
Key: + = Sensation   - = No sensation

3. Check for foot	Left			Right		
Dorsalis pedis	[x] Normal	[ ] Weak	[ ] Absent	[x] Normal	[ ] Weak	[ ] Absent
Posterior Tibial	[x] Normal	[ ] Weak	[ ] Absent	[x] Normal	[ ] Weak	[ ] Absent
4. Test for neuropathy	Left Monofilament	[x] Normal	[ ] Abnormal	Right Monofilament	[x] Normal	[ ] Abnormal

5. Presence of diabetes complications: (check all that apply)

- [x] Peripheral neuropathy [x] Peripheral vascular disease [ ] Ulcer [ ] Gangrene [ ] None of these
- [ ] Amputation (date, side & level): _____

Vitals: *Ht (in): 6 2 *Wt (lbs): 1 7 8 *BMI: 3 2 . 5 5 Temp (F°): 9 8 . 4 BP: 1 2 7 / 8 4 HR: 8 1 RR: 1 3

Gender: [ ] Male [x] Female

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Form 360 Rev 120115

Member Name: ▓▓▓▓▓▓		DOB: ▓▓▓▓	DOS: 09/28/2016

Physical exam	Normal	Abnormal/Findings
General	☐	Gait and Transfer - uses a cane
HEENT	☐	PERRLA - wears Rx glasses for bil myopia; Nose, teeth and gums - missing teeth - partial, wears upper partial Hearing: ☑ Normal ☐ Abnormal
Neck	☑	
Heart	☑	
Lungs	☑	
Breast	☐	☑ Deferred
Abdomen	☑	
Extremities	☐	Pedal Edema - bilateral
GU	☐	☑ Deferred
Musculoskeletal	☑	
Neurological	☑	
Skin	☑	
Psychiatric	☑	
Lymphatic	☑	
Hematologic	☑	☐ Deferred

Current Conditions:

Cardiovascular: ☐ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ History of MI Specify Date: _____	☐	☐	☐	☐	☐
☐ Angina Pectoris	☐	☐	☐	☐	☐
☐ CAD ☐ CAD w/ Angina Pectoris	☐	☐	☐	☐	☐
☐ Cardiomyopathy ☐ Primary ☐ Secondary ☐ Ischemic	☐	☐	☐	☐	☐
☐ Congestive Heart Failure: ☐ Diastolic ☐ Systolic ☐ Combined Systolic/Diastolic	☐	☐	☐	☐	☐
☐ *Hyperlipidemia	☐	☐	☐	☐	☐
☐ Carotid artery stenosis Side: ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Atrial Fibrillation ☐ Chronic ☐ Paroxysmal ☐ Persistent	☐	☐	☐	☐	☐
☐ Sick Sinus Syndrome ☐ w/ Pacemaker ☐ w/o Pacemaker	☐	☐	☐	☐	☐
☐ Tachycardia Type (specify): _____	☐	☐	☐	☐	☐
☑ *Hypertension Date of diagnosis: 09/28/2000	☑	☑	☑	☑	☐
☐ Hypertensive Heart Disease with Heart Failure ☐ Hypertensive Heart Disease without Failure	☐	☐	☐	☐	☐
☐ Hypertensive Renal Disease	☐	☐	☐	☐	☐
☐ Hypertensive Heart and Renal Disease ☐ w/ Heart failure ☐ w/o Heart failure	☐	☐	☐	☐	☐
☐ Peripheral Artery Disease	☐	☐	☐	☐	☐
☑ Other Diagnosis (specify): bil pedal edema	☑	☑	☐	☐	☐

Nutritional/Metabolic/Endocrine: ☐ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ Protein Calorie Malnutrition(BMI<19). If positive: ☐ MIld ☐ Moderate	☐	☐	☐	☐	☐
☑ Obesity (BMI 30-39.9) ☐ Morbid Obesity (BMI>=40)	☐	☑	☑	☐	☐
☐ Hypothyroidism ☐ Aquired (post surgical)	☐	☐	☐	☐	☐
☐ Hyperthyroidism	☐	☐	☐	☐	☐
☐ Other Diagnosis (specify): _____	☐	☐	☐	☐	☐

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Member Name: ~~[redacted]~~   DOB: ~~[redacted]~~   DOS: 09/28/2016

Diabetes Mellitus: ☐ Reviewed and no active disease	Meds.	Monitor	Diet	Labs	Referral
☑ DM: ☐ Type I ☑ Type II ☐ Insulin Dependent	☑	☑	☑	☑	☐
☐ DM w/ Secondary Kidney Complications: ☐ Chronic Kidney Disease ☐ Nephropathy	☐	☐	☐	☐	☐
☑ DM w/ Secondary Neurological Complications: ☐ Mononeuropathy ☑ Peripheral Neuropathy ☐ Gastroparesis ☐ Other: _____	☐	☑	☐	☐	☐
☐ DM w/ Secondary Ophthalmic Complications: ☐ Retinopathy: ☐ Proliferative ☐ Nonproliferative ☐ w/ Macular Edema ☐ Mild ☐ Moderate ☐ Severe ☐ Cataract ☐ Glaucoma	☐	☐	☐	☐	☐
☑ DM w/ Secondary Circulatory Complications: ☑ Peripheral Angiopathy/PVD ☐ w/ Gangrene ☑ w/o Gangrene	☐	☑	☐	☐	☐
☐ DM w/ Secondary Skin Complications: ☐ Non-Pressure Chronic Ulcer Location (specify): _____	☐	☐	☐	☐	☐
☐ DM w/ Other Secondary Complications ☐ Hypoglycemia ☐ Hyperglycemia	☐	☐	☐	☐	☐
☐ Other Secondary Diagnosis (specify): _____	☐	☐	☐	☐	☐

Respiratory: ☐ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ Chronic Bronchitis: ☐ Obstructive ☐ Simple ☐ Mucopurulent ☐ Mixed	☐	☐	☐	☐	☐
☑ COPD: ☐ w/ acute lower respiratory infection ☐ w/ oxygen dependence	☑	☑	☐	☐	☐
☐ Emphysema ☐ Unilateral ☐ Panlobular ☐ Centrilobular ☐ Other: _____	☐	☐	☐	☐	☐
☑ Asthma ☑ Chronic Obstructive ☑ Intermittent ☐ Persistent ☑ Mild ☐ Moderate ☐ Severe	☑	☑	☐	☐	☐
☐ Bronchiectasis: ☐ w/ Exacerbation ☐ w/o acute lower repiratory infection	☐	☐	☐	☐	☐
☐ Obstructive Sleep Apnea	☐	☐	☐	☐	☐
☐ Sarcoidosis ☐ Asbestosis	☐	☐	☐	☐	☐
☐ Pulmonary Fibrosis	☐	☐	☐	☐	☐
☐ Tracheostomy	☐	☐	☐	☐	☐
☑ Other Diagnosis (specify): SOB	☑	☑	☐	☐	☐

Musculoskeletal: ☐ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ *Rheumatoid Arthritis-DMARD Prescribed ☐ Yes ☐ No	☐	☐	☐	☐	☐
☐ Lupus	☐	☐	☐	☐	☐
☐ Psoriatic Arthritis	☐	☐	☐	☐	☐
☑ Osteoarthritis Location(s): generalized Side: ☐ Right ☐ Left ☑ Both	☑	☑	☐	☐	☐
☐ Osteopenia Location(s): _____ Side: ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Osteoporosis Location(s): _____ Side: ☐ Right ☐ Left Kind: ☐ Senile ☐ Post menopausal ☐ Unspecified Has the patient had a fracture in the past 12 months? ☐ Yes ☐ No If a fracture occured, where was it: _____ ☐ Right ☐ Left Last Bone Density: _____ *Bisphosphonate Prescribed ☐ Yes ☐ No Start date of bisphosphonate: _____	☐	☐	☐	☐	☐
☐ S/P Amputation Date: _____ Traumatic ☐ Yes, Location: _____ ☐ No	☐	☐	☐	☐	☐
☑ Other Diagnosis (specify): neck pain	☑	☑	☐	☐	☐

Skin/Subcutaneous: ☑ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ Ulcer: ☐ Pressure ☐ Stg I ☐ Stg II ☐ Stg III ☐ Stg IV ☐ Unstageable	☐	☐	☐	☐	☐
☐ Chronic ☐ Location (specify): _____ ☐ Right ☐ Left ☐ Both	☐	☐	☐	☐	☐
☐ Other Diagnosis (specify): _____	☐	☐	☐	☐	☐

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Member Name: ~~[redacted]~~ **DOB:** ~~[redacted]~~ **DOS:** 09/28/2016

Renal/Urinary: GFR must be completed on **ALL** patients regardless of current renal disease

Urine Microalbumin Result: _____ Date: _____ eGFR: _____ Provided GFRs need to be consistent for more than a 3 month period

	Meds	Monitor	Diet	Labs	Referral
☐ Chronic Kidney Disease(CKD) ☐ CKD Unspecified	☐	☐	☐	☐	☐
☐ Stage I (GFR>90) ☐ Stage II (GFR60-89) ☐ Stage III (GFR30-59)	☐	☐	☐	☐	☐
☐ Stage IV (GFR15-29) ☐ Stage V (GFR<15)	☐	☐	☐	☐	☐
☐ ESRD Dialysis: ☐ Yes ☐ No	☐	☐	☐	☐	☐
☐ AV Fistula: ☐ Graft ☐ Catheter	☐	☐	☐	☐	☐

Renal/Urinary: ☐ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ Urinary Incontinence (check one): ☐ Unspecified ☐ Stress ☐ Urge	☐	☐	☐	☐	☐
☐ BPH ☐ w/LUTS (specify): _____ ☐ w/o LUTS	☐	☐	☐	☐	☐
☐ Cystostomy	☐	☐	☐	☐	☐
☑ Other Diagnosis (specify): urinary frequency	☐	☑	☐	☐	☐

Gastrointestinal: ☐ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ Pancreatitis: ☐ Acute ☐ Chronic	☐	☐	☐	☐	☐
☐ Cirrhosis liver: ☐ Alcoholic ☐ Non-Alcoholic	☐	☐	☐	☐	☐
☐ End stage liver disease	☐	☐	☐	☐	☐
☐ Colostomy ☐ Ileostomy	☐	☐	☐	☐	☐
☑ GERD	☑	☑	☑	☐	☐
☐ Crohn's Disease location(s): _____	☐	☐	☐	☐	☐
☐ Ulcerative Colitis	☐	☐	☐	☐	☐
☐ IBS ☐ w/ diarrhea ☐ w/o diarrhea	☐	☐	☐	☐	☐
☐ J Tube ☐ G Tube	☐	☐	☐	☐	☐
☐ Chronic Hepatitis: Type: _____	☐	☐	☐	☐	☐
☑ Other Diagnosis (specify): diverticulosis	☐	☑	☑	☐	☐

Eye: ☐ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ Cataract ☐ Senile Side: ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Glaucoma Side: ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Macular Degeneration ☐ Exudative ☐ Nonexudative	☐	☐	☐	☐	☐
☐ Legal Blindness	☐	☐	☐	☐	☐
☑ Other Diagnosis (specify): bilateral myopia	☐	☑	☐	☐	☐

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| Member Name: ▓▓▓▓▓ | DOB: ▓▓▓▓ | | | | | DOS: 09/28/2016 |

Active Neoplasms/Blood Disorders: ☑ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ **Colon Cancer** ☐ Colectomy Date:_____ ☐ Chemo ☐ Radiation	☐	☐	☐	☐	☐
Metastatic and if so,to what site(s)? _____	☐	☐	☐	☐	☐
☐ **Breast Cancer** Site (☐ Right ☐ Left) Date: _____ Treatment: ☐ Masectomy ☐ Chemo ☐ Radiation ☐ Hormonal therapy	☐	☐	☐	☐	☐
☐ If Ductal Carcinoma in situ ☐ Right ☐ Left	☐	☐	☐	☐	☐
Metastatic and if so,to what site(s)? _____	☐	☐	☐	☐	☐
☐ **Prostate Cancer** ☐ Prostatectomy ☐ Hormonal therapy ☐ Chemo ☐ Radiation	☐	☐	☐	☐	☐
Metastatic and if so,to what site(s)? _____	☐	☐	☐	☐	☐
☐ **Lung Cancer** ☐ Rgt ☐ Lft ☐ Upper Lobe ☐ Lower Lobe ☐ Other:_____	☐	☐	☐	☐	☐
Treatment ☐ Lobectomy ☐ Pneumonectomy ☐ Chemo ☐ Radiation	☐	☐	☐	☐	☐
Metastatic and if so,to what site(s)? _____	☐	☐	☐	☐	☐
☐ **Skin Cancer** (type and site)? _____	☐	☐	☐	☐	☐
☐ Melanoma in Situ (site): _____	☐	☐	☐	☐	☐
☐ Other Malignancies (specify): _____	☐	☐	☐	☐	☐
☐ Myelodysplastic Disease	☐	☐	☐	☐	☐
☐ Multiple Myeloma ☐ Current ☐ In Remission ☐ Relapse	☐	☐	☐	☐	☐
☐ Drug-induced Neutropenia (specify drug): _____	☐	☐	☐	☐	☐
☐ Anemia: ☐ Due to CKD ☐ Drug-induced (specify drug):____	☐	☐	☐	☐	☐
☐ Due to Chemotherapy ☐ B-12 ☐ Iron ☐ General	☐	☐	☐	☐	☐
☐ Sickle Cell ☐ Other: _____	☐	☐	☐	☐	☐
☐ HIV+ ☐ AIDS	☐	☐	☐	☐	☐
☐ Other Diagnosis (specify): _____	☐	☐	☐	☐	☐

Neurological: ☐ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ CVA w/ Sequelae	☐	☐	☐	☐	☐
Specify late effect: ☐ Cognitive ☐ Speech/Language ☐ Aphasia	☐	☐	☐	☐	☐
☐ Dysphagia ☐ Other: _____	☐	☐	☐	☐	☐
☐ Monoplegia ☐ Dominant ☐ Non-Dominant ☐ Right ☐ Left ☐ Upper Limb ☐ Lower Limb	☐	☐	☐	☐	☐
☐ Hemiplegia/Hemiparesis ☐ Dominant ☐ Non-Dominant ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Weakness ☐ Dominant ☐ Non-Dominant ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ History of Trauma	☐	☐	☐	☐	☐
☐ Hemiplegia/Hemiparesis ☐ Dominant ☐ Non-Dominant ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Monoplegia ☐ Dominant ☐ Non-Dominant ☐ Right ☐ Left ☐ Upper Limb ☐ Lower Limb	☐	☐	☐	☐	☐
☐ Quadriplegia	☐	☐	☐	☐	☐
☐ Multiple Sclerosis	☐	☐	☐	☐	☐
☐ Myasthenia gravis	☐	☐	☐	☐	☐
☐ ALS	☐	☐	☐	☐	☐
☐ Polyneuropathy from other than diabetes	☐	☐	☐	☐	☐
☐ Parkinson's Disease: ☐ w/ Dementia ☐ w/ behavioral disturbances	☐	☐	☐	☐	☐
☐ Seizures ☐ Seizure Disorder (Epilepsy)	☐	☐	☐	☐	☐
☑ Other Diagnosis (specify): headaches	☑	☑	☐	☐	☐

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Member Name: ~~[redacted]~~	DOB: ~~[redacted]~~			DOS: 09/28/2016	

Psychiatric: ☐ Reviewed and no active disease	Meds	Monitor	Diet	Labs	Referral
☐ Dementia ☐ Unspecified ☐ Vascular	☐	☐	☐	☐	☐
☐ Senile ☐ w/ Delusions ☐ w/ Depression	☐	☐	☐	☐	☐
☐ Alzheimer's: ☐ w/ Early Onset ☐ w/ Late Onset	☐	☐	☐	☐	☐
☐ w/ Dementia ☐ w/ Dementia and Behavioral Disturbances	☐	☐	☐	☐	☐
☐ Depressive Disorder ☐ Mild ☐ Major if major: ☐ Mild ☐ Moderate ☐ Severe	☐	☐	☐	☐	☐
if major: ☐ Single Episode ☐ Recurrent ▶ ☐ Full Remission ☐ Partial Remission	☐	☐	☐	☐	☐
if severe: ☐ w/ psychotic symptoms ☐ w/out psychotic symptoms	☐	☐	☐	☐	☐
☐ Anxiety	☐	☐	☐	☐	☐
☐ Bipolar ☐ Current ☐ In Remission (☐ Full ☐ Partial)	☐	☐	☐	☐	☐
☐ w/ psychotic symptoms ☐ w/out psychotic symptoms	☐	☐	☐	☐	☐
Current kind: ☐ Depressed ☐ Manic ☐ Mixed	☐	☐	☐	☐	☐
Current severity: ☐ Mild ☐ Moderate ☐ Severe	☐	☐	☐	☐	☐
☐ Schizophrenia ☐ Paranoid ☐ Simple ☐ Undifferentiated	☐	☐	☐	☐	☐
☐ Disorganized ☐ Other (specify):	☐	☐	☐	☐	☐
☐ Alcohol Use ☐ Alcohol Abuse ☐ Alcohol Dependence ☐ In Remission	☐	☐	☐	☐	☐
☐ Substance Use ☐ Sbst Abuse ☐ Dependence ☐ In Remission specify: ____	☐	☐	☐	☐	☐
☑ Other diagnosis (specify): insomnia	☐	☐	☐	☐	☑

Preventive Medicine: (Please use "D" if Patient declines, N/A, "S" for scheduled, or "A" for advised)

Osteoporosis Screening (67-85 y/o)   Date 01/28/2016   *Breast Cancer Screening (52-74 y/o, every 27 mo):   Date 09/28/2015

*Colorectal Cancer Screening (50-75 y/o):   Date 09/28/2015   Sigmoidoscopy (Every 5 years):   Date Advised

*Influenza Vaccine (65+ y/o):   Date 09/06/2016   Colonoscopy (Every 10 years):   Date 09/28/2015

Advance care planning: Date 09/28/2016   Pneumococcal Vaccine (65+ y/o):   Date 09/28/2014

Given Vaccine: ☐ Pneumouax   ☑ Prevnar

RESULT: ☑ Information given/Discussion ☐ Medical Power of Attorney ☐ Living Will ☐ Advanced Directive Planning

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Member Name: ▓▓▓▓▓▓	DOB: ▓▓▓▓▓	DOS: 09/28/2016

Long Term Medication Monitoring (Annual) ☐ Reviewed

Anticonvulsants (Phenobarbital, Carbamazapine, Phenytoin, Valproic acid):

_____

Serum Drug Concentration: Date Not applicab

Patients diagnosed with COPD:

Spirometry: Date Advised _____

Beta Agonist/AntiCholinergic Prescribed: ☑ Yes ☐ No

*Patients diagnosed with Diabetes:

*HbA1C <9:   Date 09/28/2016   Result 6.0

*Microalbuminuria: Date 09/28/2016   Result 10

*Retinal Eye Exam: Date 09/14/2016   Result _____

*Name of Eye Care Provider: ▓▓▓▓▓▓▓▓

Patients diagnosed with CAD:

Antiplatelet Therapy Prescribed:	☐ Yes	☐ No
Beta Blocker Prescribed (history of MI):	☐ Yes	☐ No
Statin prescribed:	☐ Yes	☐ No
If No, specify: _____	☐ Statin Intolerant	

Patients diagnosed with CHF:

LVF Assesment: Date   Not applicabl   Result _____

ACE or ARB Prescribed: ☐ Yes   ☐ No

Please list any new diagnoses, not already noted under current contions, which affect patient care, treatment or management.

DIAGNOSES	Meds	Monitor	Diet	Labs	Referral	Other	Describe
fatigue	☐	☑	☐	☐	☐	☐	
missing teeth, partial	☐	☑	☐	☐	☐	☑	wears an upper partial
low back pain	☑	☑	☐	☐	☐	☐	
herniated disc to neck	☐	☑	☐	☐	☐	☐	
hot flashes	☐	☑	☐	☐	☐	☐	
long term aspirin use	☐	☑	☐	☑	☐	☐	
bilateral lower leg cramps	☑	☑	☐	☐	☐	☐	
nocturia	☐	☑	☐	☐	☐	☐	
sinus allergies	☑	☑	☐	☐	☐	☐	
Herniated disc to lumbar	☐	☑	☐	☐	☐	☐	

PLAN _____

COORDINATION OF CARE (Please list any providers/specialists involved in patient's care and any supplier of equipment):

PCP- ▓▓▓▓
Eye doctor- ▓▓▓▓▓▓
Pain Specialist ▓▓▓▓
Podiatrist ▓▓▓▓▓

HMR reviewed and updated on today's visit? ☑ Yes ☐ No

BEHAVIORAL HEALTH REFERRAL: ☑ Yes ☐ No   Indication: insomnia

CASE MANAGEMENT REFERRAL: ☐ Yes ☑ No

☐ Care Coordination   ☐ Social Concerns   ☐ Patient Education   ☐ Other (specify): _____

If Yes, please specify: _____

I discussed the following with my patient:

☐ *Tobacco cessation and education	☑ *Fall risk prevention	☑ Diet Modification ☐ High Risk Medications	☐ 90 Day Rx Fill
☐ *Urinary incontinence	☑ *Physical Activity	☐ Other _____	

OTHER/COMMENTS:

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Member Name: ▓▓▓▓▓▓▓▓	DOB: ▓▓▓▓▓	DOS: 09/28/2016

EXAMINER NAME: ▓▓▓▓	Electronically signed by: ▓▓▓▓▓▓

☐ MD ☐ DO ☑ NP ☐ PA

Date: 09/28/2016 23:57

SUPERVISING
PHYSICIAN Name:
(if applicable)

SUPERVISING
PHYSICIAN SIGNATURE:
(if applicable)

☐ MD ☐ DO

Date:

Over the last 2 weeks, how ofter have you been bothered by any of the following problems?

PATIENT HEALTH QUESTIONNAIRE-9
(PHQ-9)

Use "✓" to indicate your answer	Not at all	Several days	More than half of the days	Nearly everyday
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 in some way	0	1	2	3
FOR OFFICE CODING		+	+	+
				=Total Score:

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 wth other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

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2017 HEALTH MANAGEMENT REPORT (HMR)

Patient: ▓▓▓▓

Patient DOB: ▓▓▓▓

A) List all Current/Active Conditions for this Date of Service.

B) MUST provide a brief treatment plan for all active conditions you manage and/or name and specialty of referred to provider (i.e. Rx, PT, monitoring, etc.).

Code	Description	Required: Treatment Plan for condition managed by provider OR identify referred-to physician and specialty
Z00.8	Encounter for other general examination	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z83.49	Family history of other endocrine, nutritional and metabolic diseases	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z83.3	Family history of diabetes mellitus	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z80.0	Family history of malignant neoplasm of digestive organs	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z98.818	Other dental procedure status	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z98.42	Cataract extraction status, left eye	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z98.41	Cataract extraction status, right eye	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z98.89	Other specified postprocedural states	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z87.898	Personal history of other specified conditions	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):
Z87.42	Personal history of other diseases of the female genital tract	☐ Rx | ☑ Monitor | ☐ Diet | ☐ Other: | Referral (name/specialty):

Electronically Signed By: ▓▓▓▓

Signature   DO / MD / (NP)/ PA

Date of service: 09/28/2016

Printed physician name: ▓▓▓▓

Please Print Legibly

Important - Must Ensure:

1. Patient's Name and DOB have been entered at the top of this form and are legible.

2. Review of HMR is reference in Progress Note for DOS.

3. All pages signed/dated by PHYSICIAN.

4. Original HMR placed in patient's chart.

2017 HEALTH MANAGEMENT REPORT (HMR)

Patient: ▓▓▓▓

Patient DOB: ▓▓▓▓

A) List all Current/Active Conditions for this Date of Service.

B) MUST provide a brief treatment plan for all active conditions you manage and/or name and specialty of referred to provider (i.e. Rx, PT, monitoring, etc.).

Code	Condition	Treatment plan	Referral (name/specialty)
Z87.81	Personal history of (healed) traumatic fracture	☐ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
Z86.19	Personal history of other infectious and parasitic diseases	☐ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
Z86.69	Personal history of other diseases of the nervous system and sense organs	☐ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
Z87.891	Personal history of nicotine dependence	☐ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
Z74.09	Other reduced mobility	☐ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
Z72.3	Less physical activity/ Lack of exercise	☐ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
Z91.81	History of falling	☐ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	☐ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	☐ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
I10	Essential (primary) hypertension	☑ Rx	☑ Monitor	☑ Diet	☑ Other: LABS	Referral (name/specialty):
J45.20	Mild intermittent asthma, uncomplicated	☑ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):
J44.9	Chronic obstructive pulmonary disease, unspecified	☑ Rx	☑ Monitor	☐ Diet	☐ Other:	Referral (name/specialty):

Electronically Signed By: ▓▓▓▓

Date of service: 09/28/2016

Printed physician name: ▓▓▓▓

Signature ▓▓▓▓   DO / MD / (NP)/ PA

Please Print Legibly

Important - Must Ensure:

1 Patient's Name and DOB have been entered at the top of this form and are legible.

2 Review of HMR is reference in Progress Note for DOS.

3 All pages signed/dated by PHYSICIAN.

4 Original HMR placed in patient's chart.

2017 HEALTH MANAGEMENT REPORT (HMR)

Patient: ▓ **Patient DOB:** ▓

A) List all Current/Active Conditions for this Date of Service.

B) MUST provide a brief treatment plan for all active conditions you manage and/or name and specialty of provider referred to provider (i.e. Rx, PT, monitoring, etc.).

Code	Condition	Rx	Monitor	Diet	Other	Referral (name/specialty)
R06.02	Shortness of breath	☑	☑	☐	☐	
M15.9	Polyosteoarthritis, unspecified	☑	☑	☐	☐	
M50.20	Other cervical disc displacement, unspecified cervical region	☐	☑	☐	☐	
M54.2	Cervicalgia	☑	☑	☐	☐	
M51.26	Other intervertebral disc displacement, lumbar region	☐	☑	☐	☐	
M54.5	Low back pain	☑	☑	☐	☐	
K57.90	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding	☐	☑	☑	☐	
R60.0	Localized edema	☑	☑	☐	☐	
R25.2	Cramp and spasm	☑	☑	☐	☐	
R35.0	Frequency of micturition	☐	☑	☐	☐	
R35.1	Nocturia	☐	☑	☐	☐	
K21.9	Gastro-esophageal reflux disease without esophagitis	☑	☑	☑	☐	
R53.83	Other fatigue	☐	☑	☐	☐	

Electronically Signed By: ▓

Signature ▓ DO / MD / (NP) / PA

Date of service: 09/28/2016

Printed physician name: ▓

Please Print Legibly

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2017 HEALTH MANAGEMENT REPORT (HMR)

Patient: ▓▓▓▓

Patient DOB: ▓

A) List all Current/Active Conditions for this Date of Service.

B) MUST provide a brief treatment plan for all active conditions you manage and/or name and specialty of referred to provider (i.e. Rx, PT, monitoring, etc.).

Code	Condition	Treatment plan	Referral
G47.00	Insomnia, unspecified	□ Rx	□ Monitor	□ Diet	☑ Other: REFERRAL	Referral (name/specialty):
H52.13	Myopia, bilateral	□ Rx	☑ Monitor	□ Diet	□ Other:	Referral (name/specialty):
R51	Headache	☑ Rx	☑ Monitor	□ Diet	□ Other:	Referral (name/specialty):
J30.2	Other seasonal allergic rhinitis	☑ Rx	☑ Monitor	□ Diet	□ Other:	Referral (name/specialty):
N95.1	Menopausal and female climacteric states	□ Rx	☑ Monitor	□ Diet	□ Other:	Referral (name/specialty):
K08.409	Partial loss of teeth, unspecified cause, unspecified class	□ Rx	☑ Monitor	□ Diet	☑ Other: PATIENT WEARS AN UPPER PARTIAL	Referral (name/specialty):
E66.9	Obesity, unspecified	□ Rx	☑ Monitor	☑ Diet	□ Other:	Referral (name/specialty):
Z68.32	Body mass index (BMI) 32.0-32.9, adult	□ Rx	☑ Monitor	□ Diet	□ Other:	Referral (name/specialty):
Z79.82	Long term (current) use of aspirin	□ Rx	☑ Monitor	□ Diet	☑ Other: LABS	Referral (name/specialty):
Z97.2	Presence of dental prosthetic device (complete) (partial)	□ Rx	☑ Monitor	□ Diet	□ Other:	Referral (name/specialty):
Z97.3	Presence of spectacles and contact lenses	□ Rx	☑ Monitor	□ Diet	□ Other:	Referral (name/specialty):

Electronically Signed By: ▓▓▓▓

Signature   DO / MD / (NP) / PA

Date of service: 09/28/2016

Printed physician name: ▓▓▓▓

Please Print Legibly

Important - Must Ensure:
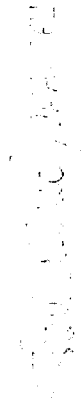
1. Patient's Name and DOB have been entered at the top of this form and are legible.
2. Review of HMR is reference in Progress Note for DOS.
3. All pages signed/dated by PHYSICIAN.
4. Original HMR placed in patient's chart.

Member Name: DOB: Member ID: 780915483   Page #: 1

DOS	Code	Description	Prog Note	H and P	Disch Sum	Cons Note	Other	Error	Notes(Include Explanation for "other" Source)
					Source				
09/28/2016	Z00.8	Encounter for other general examination	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z83.49	Family history of other endocrine, nutritional and metabolic diseases	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z83.3	Family history of diabetes mellitus	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z80.0	Family history of malignant neoplasm of digestive organs	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z98.818	Other dental procedure status	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z98.42	Cataract extraction status, left eye	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z98.41	Cataract extraction status, right eye	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z98.89	Other specified postprocedural states	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z87.898	Personal history of other specified conditions	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z87.42	Personal history of other diseases of the female genital tract	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z87.81	Personal history of (healed) traumatic fracture	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z86.19	Personal history of other infectious and parasitic diseases	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z86.69	Personal history of other diseases of the nervous system and sense organs	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
09/28/2016	Z87.891	Personal history of nicotine dependence	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt	
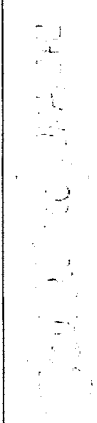
_____
Reviewer signature

09/28/2016
_____
Date

Member Name: DOB: Member ID: 780915483   Page #: 2

Date	Code	Description	Prog Note	H and /P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	Z74.09	Other reduced mobility	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	Z72.3	Less physical activity/ Lack of exercise	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	Z91.81	History of falling	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	I10	Essential (primary) hypertension	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	J45.20	Mild intermittent asthma, uncomplicated	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	J44.9	Chronic obstructive pulmonary disease, unspecified	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	R06.02	Shortness of breath	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	M15.9	Polyosteoarthritis, unspecified	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	M50.20	Other cervical disc displacement, unspecified cervical region	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	M54.2	Cervicalgia	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	M51.26	Other intervertebral disc displacement, lumbar region	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	M54.5	Low back pain	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	K57.90	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding	Prog Note	H and √P	Disch Sum	Cons Note	Other	No Sign/Dt

09/28/2016

_____
Reviewer signature   Date

Member Name: DOB: Member ID: 780915483   Page #: 3

Date	Code	Description						
09/28/2016	R60.0	Localized edema	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	R25.2	Cramp and spasm	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	R35.0	Frequency of micturition	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	R35.1	Nocturia	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	K21.9	Gastro-esophageal reflux disease without esophagitis	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	R53.83	Other fatigue	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	G47.00	Insomnia, unspecified	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	H52.13	Myopia, bilateral	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	R51	Headache	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	J30.2	Other seasonal allergic rhinitis	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	N95.1	Menopausal and female climacteric states	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	K08.409	Partial loss of teeth, unspecified cause, unspecified class	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	E66.9	Obesity, unspecified	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	Z68.32	Body mass index (BMI) 32.0-32.9, adult	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	Z79.82	Long term (current) use of aspirin	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt
09/28/2016	Z97.2	Presence of dental prosthetic device (complete) (partial)	Prog Note	H and P ✓	Disch Sum	Cons Note	Other	No Sign/Dt

_____
Reviewer signature

09/28/2016
_____
Date

Member Name:

DOB:

Member ID: 780915483

Page #: 4

09/28/2016	Z97.3	Presence of spectacles and contact lenses	Prog Note	H and P	Disch Sum	Cons Note	Other	No Sign/Dt
				✓P				

09/28/2016

Reviewer signature

Date

EXHIBIT C
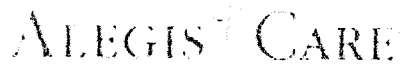
ALEGIS CARE

September 17, 2016

CHRISTOPHER A BLOOM
1151 N Buckner Blvd Ste 405
Dallas, TX 752183407

Alegis Care recently visited a patient under your care at the request of the patient's insurance provider. This visit was solely for the purpose of updating the insurance provider's information regarding the patient and their condition. Attached are the visit notes from the Alegis Care provider.

Please note that there have been no tests ordered or performed on this patient. Any testing needed based on these notes is up to your discretion as the insurers Primary Care Provider.

Should you have any questions, please contact insurers or my offices at any time.

Best regards,

Records Management
Alegis Care

ALEGIS CARE

1340 S. Damen Avenue Suite 210 Chicago IL 60608
Main 773 292 4800   Toll Free 877 663 4333   Fax 312 738 1020

Comprehensive Health Assessment

Patient:
DOB: 09/14/1924
Member ID:
Member PCP
Rendering Provider/NPI:
Gender:
Visit Date: 06/30/2016
Reason for Visit: Comprehensive 360 Exam
Location/Source.   Private Residence/self
Supervising physician:

VITAL SIGNS

Height In	Weight Lb	BMI	Temp F	BP	Pulse	Resp	Pain Score
06.00	126.00	20.34	97.5	132/76	75	14	5/10

Vital Signs Comments

PAST MEDICAL/SURGICAL HISTORY

System	Disease	Year	Management	Year
musculoskeletal	Arthritis			
musculoskeletal			Carpal tunnel release	1997
musculoskeletal			Cataract extraction	
gastrointestinal			Cholecystectomy	
women's health			D&C	
gastrointestinal			Hernia repair	
musculoskeletal			Knee replacement	
gastrointestinal	Gallbladder disease			
			tarsorraphy	
			craniotomy	
			C- section, tubal ligation	

ACTIVE MEDICATIONS

Medication	Dose	Quantity	Sig Desc	Comments	Elsewhere source
NIFEDIPINE	30 mg	0	take 1 tablet by oral route every day		
CARDURA	1 mg	0	take 1 tablet by oral route every day		
ALDACTONE	25 mg	0	take 1 tablet by oral route every day		
DIOVAN	160 mg	0	take 2 tablet by oral route every day		
ZANTAC	300 mg	0	take 1 tablet by oral route every day at bedtime		
PROAIR HFA	90 mcg	0	inhale 2 puff by inhalation route every 4 - 6 hours as needed		
ASPIR 81	81 mg	0	take 1 tablet by oral route every day		
GABAPENTIN	300 mg	0	take 2 capsule by oral route every day		
EMBREL	500 mg	0	take 2 tablet by oral route every day		
TRAMADOL HCL	50 mg	0	take 1 tablet by oral route every day as needed		
NAMENDA	5 mg	0	take 2 tablet by oral route 2 times every day		
EMLA	5 %	0			
MULTIVITAMIN		0	take 1 tablet by oral route every day		
VITAMIN D	1,000 unit	0	take 1 tablet by oral route every day		
ALLERGY RELIEF	10 mg	0	take 1 tablet by oral route every day		
NASONEX	50 mcg	0	spray 2 spray by intranasal route every day in each nostril		
ESTRACE	0.01 %	0	insert (1G) by vaginal route every week		
TRAMADOL HCL	200 mg	0	take 1 tablet by oral route every bedtime		
CIPRO	500 mg	14	take 1 tablet by oral route every 12 hours		

ALLERGIES

Ingredient	Reaction	Medication Name	Comment
PENICILLINS	Rash		

FAMILY HISTORY

Yes/No	Disease	Relation	Name	Age	Comment
N	Coronary artery disease	Father			

		Father
N	Coronary artery disease	Brother
		Brother
N	Pacemaker	Brother
N	Arthritis	Maternal grandmother

HABITS AND SOCIAL HISTORY

Currently single

Smoking status: Never smoker. Tobacco use: never.

Alcohol Use: There is no history of alcohol use. Alcohol use is not a concern for patient or others.

Caffeine Use: Patient denies caffeine use.

ACTIVITIES AND DAILY LIVING

Current physical activity has remained stable since last year.

Ambulatory status: Walker.

There is no difficulty with grooming

Patient has leaked urine in the past 3 months

No educational materials were given for urinary incontinence

There is no difficulty with eating or meal preparation.

Patient has normal vision

Patient has normal hearing

Patient has normal speech.

There is no high risk for Sexually Acquired Diseases and HIV

There is no illicit drug use

Lives with family.

FALL AND RISK ASSESSMENT

Risk score is 6 Patient is at risk

Patient has 3 or more diagnoses

Patient has history of falls in the last 3 months.

Patient is incontinent

Patient does not have visual impairment

Patient has impaired functional mobility

Patient is not exposed to environmental hazards.

There is polypharmacy.

Patient has pain that affects their level of functioning.

DEPRESSION SCREENING

Have you felt depressed or down and out over the past 2 months? No

Have you had a loss of interest in things that normally bring you pleasure? No

Have you felt fatigued or had a loss of energy recently? No

PAIN STATUS AND ASSESSMENT

Overall Presence of Pain Today
Scale 1-10
5/10

Plan to Manage Pain with
Medications

Review of Systems

System	Negative	Positive	Comments
Constitutional	Chills, fatigue and fever		
HEENT	Vision changes and vision loss. Ear drainage, hearing loss, nasal drainage and sinus pressure		
Respiratory	Chronic cough and dyspnea.		
Cardiovascular	Chest pain and edema.		
Gastrointestinal	Abdominal pain, diarrhea, heartburn, nausea and vomiting.		
Genitourinary	Urinary incontinence		
Metabolic / Endocrine	Cold intolerance and heat intolerance		
Neuro / Psychiatric	Headache, memory impairment, seizures and tremors. Anxiety, depression and insomnia.	**Extremity weakness, Nerve pain to face due to hx of shingles.**	
Dermatologic	Rash.		
Musculoskeletal	Joint pain and muscle weakness		
Hematology	Easy bleeding and easy bruising		

PHYSICAL EXAM

Exam	Findings	Details
Constitutional	.	Nourishment - thin.
Constitutional	Normal	Well developed.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	TM - Right: Normal, Left: Normal. Hearing - Right: Normal, Left: Normal
Nasopharynx	Normal	External nose - Normal. Lips/teeth/gums - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Thyroid gland - Normal
Breast	.	Breast exam deferred.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal
Cardiovascular	Normal	Inspection - JVD Absent. Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Extremities - Normal. No edema.
Vascular	Normal	Pulses - Dorsalis pedis. Normal.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. No abdominal tenderness. No hepatic enlargement. No splenic enlargement
Genitourinary	.	External genitalia - pelvic deferred.
Rectal	.	Rectal exam declined - personal reason.
Skin	Normal	Inspection - Normal
Musculoskeletal	Normal	Visual overview of all four extremities is normal
Extremity	Normal	No edema.
Neurological	.	Memory - mildly impaired remote memory. Motor - unsteady gait
Neurological	Normal	Cranial nerves - Cranial nerves I grossly intact. Cranial nerves II through XII grossly intact. Sensory - Normal. DTRs - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal judgment.

CURRENT CONDITION REVIEW

Conditions added with today's review

Description   Additional Info

Primary generalized (osteo)arthritis

Stress Incontinence

Hyperlipidemia

Essential HTN

GERD

History of CVA/TIA

Polyneuropathy other disease

Dementia in other diseases classified elsewhere
w/o behavioral

COPD w/o exacerbation

Neoplasms and blood disorders reviewed and unremarkable.

Diabetes reviewed and unremarkable

Nutrition and metabolic reviewed and unremarkable.

Ear reviewed and unremarkable

Eye reviewed and unremarkable

ASSESSMENT CURRENT CONDITION PLAN

███████████████████████████   .
████████████████

Meds	Monitor	Diet	Lab	Referral	Problem	Comment
Y					Allergic rinitis	
X					Vitamin D deficiency	
			X		At risk for falling	
			X		Long term use of aspirin	

PLAN

follow up with pcp for management of hypertension, hyperlipidemia, and neuropathy

PREVENTIVE MEDICINE

Patient declines Osteoporosis screening at this time

Patient declined Breast Cancer Screening at this time

Patient declines Colorectal Cancer Screening at this time.

Pneum Vaccine: 09/29/2015 Unknown

Flu Vaccine: 09/29/2015

No Advance Medical Directives.

LONG TERM MEDICATION MONITORING

Long term medication monitoring reviewed.

COPD

Beta agonist/AntiCholinergic: Yes

No In home Respiratory referral

Additional information: na.

PHARMACY REFERRAL

Referred to Cigna Home Delivery pharmacy program.

DISCUSSED WITH PATIENT

Discussed physical activity.

Discussed diet modification

REFERRALS

EMR Reviewed: No

Behavior Health Referral: No

Care Management Referral: No

Electronically Signed by:

ALEGIS CARE

1340 S. Damen Avenue Suite 210 Chicago IL 60608
Main 773.292.4800 Toll Free 877.603.4333 Fax 312.736.1600

Comprehensive Health Assessment

Patient:
DOB
Member ID: 780959958*01
Member PCP
RenderingProvider/NPI: LaTerica House FNP/NPI 1730579814
Gender: Male
Visit Date: 05/12/2016
Reason for Visit: Healthspring 360 Exam
Location/Source   Private Residence/self
Supervising physician: Devika Gupta MD

Patient seen

VITAL SIGNS

Height In	Weight Lb	BMI	Temp F	BP	Pulse	Resp	Pain Score
72.00	310.00	42.04	97.6	134/82	62	16	3/10

Vital Signs Comments

.

PAST MEDICAL/SURGICAL HISTORY

System	Disease	Year	Management	Year
cardiovascular	Myocardial infarction	2014		
cardiovascular			Angioplasty with stent	2014

ACTIVE MEDICATIONS

Medication	Dose	Quantity	Sig Desc	Comments	Elsewhere source
TIROSINT	88 mcg	0	take 1 capsule by oral route every day		
LISINOPRIL	40 mg	0	take 1 tablet by oral route every day		
METFORMIN HCl	1,000 mg	0	take 1 tablet by oral route 2		

DOS:

			times every day with morning and evening meals
MIRALAX	17 gram	0	take 1 packet by oral route every day mixed with 8 oz water, juice, soda, coffee or tea
TRAMADOL HCL	50 mg	0	take 2 tablet by oral route every 6 hours as needed
COUMADIN	2.5 mg	0	take 1 tablet by oral route every day
METOPROLOL TARTRATE	100 mg	0	take 1 tablet by oral route 2 times every day with meals
CETIRIZINE HCL	10 mg	0	take 1 tablet by oral route every day
PROAIR RESPICLICK	90 mcg	0	inhale 2 puff by inhalation route every 4 - 6 hours as needed
AMLODIPINE BESYLATE	10 mg	0	take 1 tablet by oral route every day
ASPIR 81	81 mg	0	take 1 tablet by oral route every day
ATORVASTATIN CALCIUM	80 mg	0	take 1 tablet by oral route every day
SYMBICORT	160 mcg-4.5 mcg/actuation	0	inhale 2 puff by inhalation route 2 times every day in the morning and evening
TIKOSYN	250 mcg	0	take 1 capsule by oral route 2 times every day
FLONASE	50 mcg/actuation	0	inhale 1 spray by intranasal route every day in each nostril
ASIX	40 mg	0	take 1 tablet by oral route 2 times every day
GLIPIZIDE	10 mg	0	take 1 tablet by oral route 2 times every day before a meal
LATANOPROST	100 %	0	

Medications reviewed.

ALLERGIES
No known allergies

FAMILY HISTORY

Yes/No	Disease	Relation	Name	Age	Comment
Yes	Hypertension	Family h/o			
Yes	Hypertension	Father			

HABITS AND SOCIAL HISTORY
Currently single

Alcohol Use: There is no history of alcohol use. Alcohol use is not a concern for patient or others

Caffeine Use: Patient positive for caffeine use.

DOS: 05/12/2016

Types of caffeine: Coffee

Caffeine per day: 2 cups

ACTIVITIES AND DAILY LIVING

Current physical activity has remained stable since last year

Ambulatory status: Cane.

There is no difficulty with grooming

There has been no urine leaked in the past 3 months

No educational materials were given for urinary incontinence

Patient has normal vision.

Patient has normal hearing

Patient has normal speech

There is no high risk for Sexually Acquired Diseases and HIV.

There is no illicit drug use.

There are no social or financial concerns.

Lives with spouse

FALL AND RISK ASSESSMENT

Risk score is 4.Patient is at risk

Patient has 3 or more diagnoses

Patient does not have history of falls in the last 3 months

Patient is not incontinent.

Patient does not have visual impairment.

Patient has impaired functional mobility

Patient is not exposed to environmental hazards.

There is polypharmacy.

Patient has pain that affects their level of functioning.

Patient does not have cognitive impairment

DEPRESSION SCREENING

Have you felt depressed or down and out over the past 2 months? No

Have you had a loss of interest in things that normally bring you pleasure? Yes

Have you felt fatigued or had a loss of energy recently? No

PAIN STATUS AND ASSESSMENT

Overall Presence of Pain: Today
Scale 1-10
2/10

Plan to Manage Pain with:
Medications

DOS: 05/12/2016

Review of Systems

System	Negative	Positive	Comments
Constitutional	Chills, fatigue and fever.		
HEENT	Vision changes and vision loss. Ear drainage, hearing loss, nasal drainage and sinus pressure.		
Respiratory	Chronic cough	**Dyspnea.**	
Cardiovascular	Edema	**Chest pain.**	
Gastrointestinal	Abdominal pain, diarrhea, heartburn, nausea and vomiting.		
Genitourinary	Urinary incontinence.		
Metabolic / Endocrine	Cold intolerance and heat intolerance.		
Neuro / Psychiatric	Headache, memory impairment, seizures and tremors. Anxiety, depression and insomnia		
Dermatologic	Rash		
Musculoskeletal	Muscle weakness.	**Back pain.**	
Hematology	Easy bleeding and easy bruising		

PHYSICAL EXAM

Exam	Findings	Details
Constitutional	*	Nourishment - obese.
Constitutional	Normal	Well developed.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal, Pupil - Right: Normal, Left: Normal
Ears	Normal	TM - Right: Normal, Left: Normal, Hearing - Right: Normal, Left: Normal
Nasopharynx	Normal	External nose - Normal, Lips/teeth/gums - Normal, Oropharynx - Normal
Neck Exam	Normal	Inspection - Normal, Thyroid gland - Normal.
Breast	*	Breast exam deferred.
Respiratory	Normal	Inspection - Normal, Auscultation - Normal, Effort - Normal

| Cardiovascular | Normal | Inspection - JVD: Absent. Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1. Normal S2. Extra sounds - None. Murmurs - None. Extremities - Normal, No edema. |
Vascular	Normal	Pulses - Dorsalis pedis: Normal.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. No abdominal tenderness. No hepatic enlargement. No splenic enlargement.
Genitourinary	*	External genitalia - pelvic deferred.
Rectal	*	Rectal exam declined - personal reason.
Skin	Normal	Inspection - Normal.
Musculoskeletal	*	Lumbar spine - Range of motion: mild pain w/ motion.
Extremity	Normal	No edema.
Neurological	Normal	Memory - Normal. Cranial nerves - Cranial nerves I grossly intact. Cranial nerves II through XII grossly intact. Sensory - Normal. DTRs - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal judgment.

DIABETIC FOOT EXAM

Review with Patient

Does patient experience burning, tingling or numbness in feet: No

Does patient have pain or cramping in the calf area area with exercise: No

Has the patient had a previous foot ulcer: No

RIGHT   **LEFT**
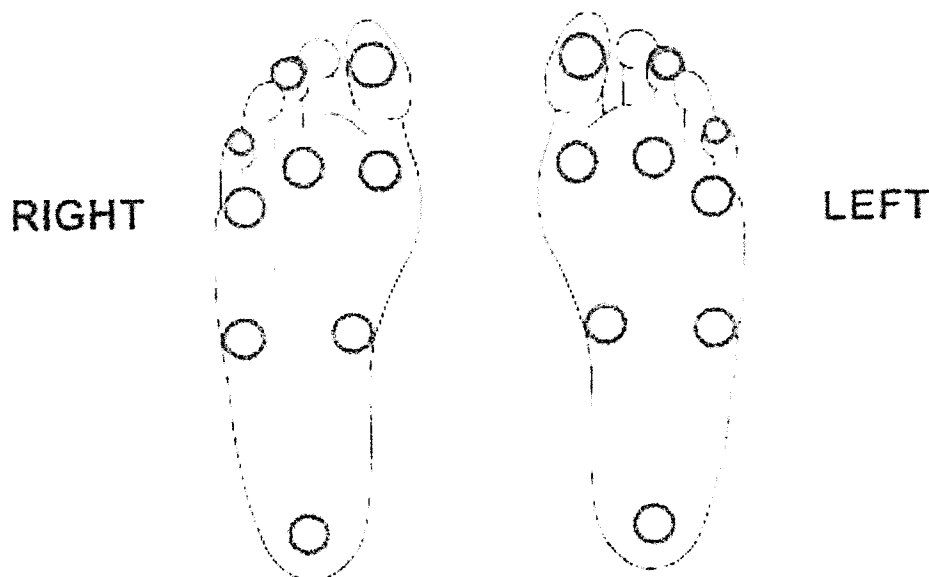
Physical Foot Exam

Infection: No

Ulceration: No

Calluses or corns: No

Skin breaks: No

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Nail disorders: No

Foot deformity: No

Presence of Foot Pulses

Dorsalis Pedis   Right: Normal Left: Normal

Posterior Tibial   Right: Weak Left: Weak

Neuropathy

Monofilament: Right: Normal Left: Normal

Vibratory test: Right: Normal Left: Normal

CURRENT CONDITION REVIEW

Conditions added with today's review

Description	Additional info
Type 2 diabetes mellitus without complications	
Obesity BMI 30-39.9	
Morbid Obesity	
Hyperlipidemia	
Essential HTN	
Glaucoma	
COPD w/o exacerbation	
CAD Native Artery	
Hypertensive Heart Disease w/o Heart Failure	
Atrial Fibrillation - Chronic	
Hypertensive Heart Disease w/Heart Failure	
Hypothyroidism	
Nicotine Addiction	
MI greater than 5 weeks ago	

Neoplasms and blood disorders reviewed and unremarkable

Gastrointestinal reviewed and unremarkable.

Neurology reviewed and unremarkable

Psychiatric reviewed and unremarkable

Renal reviewed and unremarkable.

Skin reviewed and unremarkable

ASSESSMENT CURRENT CONDITION PLAN

Meds	Monitor	Diet	Lab	Referral	Problem	Comment
x					Constipation	
	x				At risk for falling	
x					Low back pain	
x					Athscl heart disease of native coronary artery w/o ang pctrs	
x					Chronic atrial fibrillation	
x					Chronic obstructive pulmonary disease, unspecified	
x					Hyperlipidemia, unspecified	

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X		Hypertensive heart disease with heart failure
	X	Morbid (severe) obesity due to excess calories
X		Type 2 diabetes mellitus without complications
X		Unspecified glaucoma
X		Allergic rhinitis
X		Hypothyroidism
	X	Long term use of aspirin
	X	Old myocardial infarction

PLAN
follow up with pcp for managment of hypertension, diabetes, and copd.

PREVENTIVE MEDICINE
Patient declines Osteoporosis screening at this time.

Patient declined Breast Cancer Screening at this time

Advised patient of the merits and guidelines for Colorectal Cancer Screening

Patient declines Colorectal Cancer Screening at this time.

Pneum Vaccine. 11/12/2015 Unknown

Flu Vaccine 11/11/2015

No Advance Medical Directives

LONG TERM MEDICATION MONITORING
Long term medication monitoring reviewed.

CAD
Antiplatelet Therapy. Yes

Beta Blockers: Yes

Statin in use:Yes

CHF
LVF Result. rna

ACE or ARB Prescribed. Yes

Beta Blocker Prescribed. Yes

DIABETES
A1c Date: 03/16/2016 A1c Result 7%

Microalbuminuria Result rna

Eye Care Provider: unknown

PHARMACY REFERRAL
Referred to Cigna Home Delivery pharmacy program.

DOS 05/12/2016