

AmeriHealth PA Medicaid Plans Care Gap Worksheet

Important Clinical Information

Print this document and place it at the front of the member's medical record for review by a health care professional

Member:

Name: Jane Doe
ID #: 543322123
Age/DOB: 45 9/2/66
SSN (Last 4): 4529
Phone: 717 215 1122

PCP Assigned:

Name: DR Joe Smith
Address: 123 Anywhere St
Lancaster, PA 17601
Phone: 717 554 4435

****Claims Processed through end of month May 2012****

Alert Service(s) - Due Soon/Over Due/Missing – Response Required

Condition	Service Due	Last Service	Last Value	Status	Frequency	Date Done	Result	Date Referred
Critical Quality Incentive	Diabetes-LDL	5/10/10	122	Overdue	At least once a year			

At Risk/Risk Service(s) – Informational Only

Condition	Service Due	Status	Frequency
Preventive Health Screens	Annual Dental Visit 2-21 years	Risk	At least once a year

Up-to-Date Service(s) – Informational Only

Condition	Service Due	Status	Frequency
Preventive Health Screens	Cervical Cancer Screen	Up To Date	At least once every 3 years

Would you like help outreaching to this member?

Yes, please help with the following: _____

Let our staff know what specific type of outreach help we can provide for this member

The above services may be part of the Quality Enhancement Program (QEP). To update the member data, complete the columns in the "response required" section above. Sign below and fax a copy of the updated worksheet to 866-755-3186.

Physician Signature

Remember to sign and date

Date

Fax completed sheets

****Data source:** The data in the Care Gap Worksheet is derived from claims information submitted to and processed by the Health Plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.