



Primary Care Physician
123 Anywhere Place
Somewhere, US 12345

Attention: Office Manager

***Your Health Matters* Questionnaire
Physician Summary Reports for:**

<u>Patient Name</u>	<u>Member #</u>	<u>Network</u>	<u>Risk for Hospitalization</u>
Sample, Mary	12345678901	ABC Blue	MODERATE RISK

The Following Patients Declined Participation

<u>Patient Name</u>	<u>Member #</u>	<u>Network</u>	<u>Reason Declined</u>
Smith, John	22233344401	ABC Blue	Dr. already has information



Your Health Matters

PATIENT INFORMATION

Sample, Mary Member # 12345678901
 123 Number Lane Age 76
 Somewhere, US 33333
 (777) 888-9999 April 2, 2007

Primary Care Network

ABC Blue

PCP Primary Care Physician, M.D.

PHYSICIAN SUMMARY REPORT

PREVENTIVE CARE SERVICES REVIEW

<u>Service</u>	<u>Date of Last</u>	<u>Overdue?</u>	<u>Next Due Date</u>
Physical Exam	7 / 05	YES	Discuss at Office Visit
Flu Shot	7 / 05	YES	Discuss at Office Visit
Pneumonia Shot	7 / 05	No	
Rectal Exam	7 / 05	YES	Discuss at Office Visit
Cholesterol Test	7 / 05	YES	Discuss at Office Visit
Urine Test	7 / 05	YES	Discuss at Office Visit
Glaucoma Exam	Never Had	YES	Discuss at Office Visit
Mammogram	Never Had	YES	Discuss at Office Visit
Pap Smear	7 / 05	YES	Discuss at Office Visit
Thyroid Exam	7 / 05	YES	Discuss at Office Visit

PROBABILITY OF FUTURE HOSPITALIZATION (Pra Score)

Patient Rated as **Moderate Risk** for Hospitalization

Based on the *Pra Screening Instrument* - A Guide to Identifying Medicare Seniors at Risk for Hospitalization

SUMMARY OF YOUR RESPONSES

Allergies to Medications:

- Penicillin

Patient Rated Their Health As:

- Poor

Medical Conditions:

- Heart disease
- High blood pressure
- Diabetes
- Cancer

Symptoms Experienced in Past 12 Months:

- Increased effort in breathing/breathlessness
- Recurring/hard to heal skin/gum sores
- Episodes of brief unconsciousness/dizziness
- Increased effort in breathing when lying down
- Visible/abnormal curvature of upper spine

Current Use and Number of Prescription Medications:

- | | | | |
|-----------------------|-----|---------------------------------|-----|
| • Angina/chest pain | (3) | • Heart | (1) |
| • Blood thinning | (2) | • Cholesterol lowering | (1) |
| • Hormone replacement | (1) | • Other prescription medication | (3) |

Current Use of Over-the-Counter Medications:

- None Reported

Significant Family Medical History:

- None Reported

Medical Care and Episodes of Flu/Pneumonia in the Past 12 Months:

- | | | | |
|----------------------------------|-----|---------------|----------|
| • Visit to emergency room/clinic | (3) | Date of Last: | 10/10/05 |
| • Admissions to a hospital | (1) | Date of Last: | 10/10/05 |
| • Episodes of flu/pneumonia | (1) | Date of Last: | 10/10/05 |

Social Support:

- Does not live with spouse, child, parent, friend
- Makes own healthcare decisions
- Does not have own transportation
- Can not take a bus/cab
- Is not main caregiver for parent, sibling, child
- Does not have someone to provide care, if needed
- Does not have a ride to the doctor
- Unable to perform activities of daily living

Other Medical Concerns:

- None Reported

Questionnaire Completed By:

- Caregiver



Your Health Matters

April 2, 2007

Ms. Mary Sample
123 Number Lane
Somewhere, US 33333

Primary Care Network: ABC Blue
Primary Care Physician: Dr. Primary Care Physician
Hospital: Sample Regional Medical Center

Dear Ms. Sample,

Thank you for completing your ***Your Health Matters Questionnaire***. I have updated your patient record, and am happy to send you the attached report on your current health status. Where your responses indicate that you are overdue for preventive exams as recommended by sample health plan, the specific recommendation(s) is/are highlighted.

I am also providing some introductory guidelines which may prove helpful in your understanding of how the sample health plan will work best for you. Enclosed please find:

- Your ***Your Health Matters*** report
- A list of items you should bring to your first office visit
- Introductory guidelines on:
 - Primary medical care
 - Emergency medical care
 - Referrals
- My office hours
- How to schedule an appointment

Please review this information carefully, especially your ***Your Health Matters*** report. If you have not yet been in, please contact my office at 555-5555 to arrange for your "Initial Primary Care Physician Visit." I look forward to serving you, and working with you to achieve good health, prevent disease, and to carefully manage any medical conditions that arise.

Sincerely,

Primary Care Physician, M.D.

Your “ABC” Care Network

You have selected the “**ABC Blue**” Care Network for the provision of your total health care. Your team of healthcare providers includes: me as your Primary Care Physician, an excellent group of specialty physicians which you may see upon my referral, and **Sample Regional Medical Center** as your hospital. We will work together to provide you top quality medical and preventive care.

Your Primary Medical Care

As your PRIMARY CARE PHYSICIAN, (PCP), I provide “primary care”, a service which includes all basic medical care. Examples are:

- Periodic general health checkups
- General medical care for health problems of all kinds
- Office gynecologic care (including annual pelvic and Pap examinations)
- Referral to specialists, after evaluation and when indicated

Emergency Care

When the office is closed, a physician is always on call for me if I am not available. If you should require immediate medical services after hours, please call my office. The doctor on call will be contacted and will advise you of the best course of action. ***In the event of a life threatening condition, please go to the emergency room, and request that the emergency room staff contact me as soon as possible upon your arrival.***

Referrals

I understand that many patients have, in the past, seen specialty physicians as a regular source of primary medical care (i.e., gynecology, allergy, cardiology, etc.) Please remember, in order to make your health plan work best at minimal out of pocket cost to you, I must provide all routine medical care and referrals to all specialty care that you receive. I encourage you to discuss these matters with me, so that all your health care needs will be met.

Your First Office Visit

When coming in for your first office visit, please bring a list of all of your current medications, your living will and/or health care surrogate if you have them.

Symptoms Experienced in Past 12 Months:

- Increased effort in breathing/breathlessness
- Recurring/hard to heal skin/gum sores
- Episodes of brief unconsciousness/dizziness
- Increased effort in breathing when lying down
- Visible/abnormal curvature of upper spine

Current Use and Number of Prescription Medications:

- Angina/chest pain (3)
- Blood thinning (2)
- Hormone replacement (1)
- Heart (1)
- Cholesterol lowering (1)
- Other prescription medication (3)

Current Use of Over-the-Counter Medications:

- None Reported

Significant Family Medical History:

- None Reported

Medical Care and Episodes of Flu/Pneumonia in the Past 12 Months:

- Visit to emergency room/clinic (3) Date of Last: 10/10/05
- Admissions to a hospital (1) Date of Last: 10/10/05
- Episodes of flu/pneumonia (1) Date of Last: 10/10/05

Social Support:

- Does not live with spouse, child, parent, friend
- Makes own healthcare decisions
- Does not have own transportation
- Can not take a bus/cab
- Is not main caregiver for parent, sibling, child
- Does not have someone to provide care, if needed
- Does not have a ride to the doctor
- Unable to perform activities of daily living

Other Medical Concerns:

- None Reported

Questionnaire Completed By:

- Caregiver



Your Health Matters

Mary Sample
Medicare & More ID#
12345678901

Your ABC Care Network:

Doctor: Dr. Primary Care Physician **Phone:** 555/555-5555

Hospital: Sample Regional Medical Center
Phone: 555/333-4444

Doctor's Office Hours

Monday	9:00	to	4:00
Tuesday	9:00	to	4:00
Wednesday	9:00	to	4:00
Thursday	9:00	to	4:00
Friday	9:00	to	4:00
Saturday	Closed		
Sunday	Closed		

After Hours Phone 555/666-6666

Scheduling An Appointment

- Appointments can be scheduled during office hours by calling 555/555-5555. Please be sure to identify yourself as a *ABC Care Network* member.

Canceling An Appointment

- If you need to cancel an appointment, please call our office as soon as possible. Thank you.



Your Health Matters

April 2, 2007

Ms. Mary Sample
123 Number Lane
Somewhere, US 33333

Primary Care Network: ABC Blue
Primary Care Physician: Dr. Primary Care Physician
Hospital: Sample Regional Medical Center

Dear Ms. Sample,

Soon after you started on the sample health plan, you should have received a health information questionnaire titled ***Your Health Matters***. This questionnaire is designed to provide health information about you, directly to me. As of April 2, 2007 we had not received your questionnaire information.

Even if you have already been in for a visit, this information helps me and your health care team plan for your care and develop services which may best meet your health care needs. I encourage you to complete the ***Your Health Matters Questionnaire*** and send the information by mail to:

Your Health Matters Processing Center
PO Box 3850
Plymouth, MA 02361-9979

If you need another copy of the questionnaire and return envelope, please call customer service at 1-888-888-8888.

If you have not been in to see me or have an appointment made, I encourage you to contact my office at (555) 555-5555 to arrange your "Initial Primary Care Physician Visit" When coming in for your first office visit, please bring a list of all of your current medications, your living will and/or health care surrogate if you have them. I look forward to serving you.

Sincerely,

Primary Care Physician, M.D.