Instruction Guide for Completing the CGX Assessment Template

If you are adding a new care plan, please see the Assessment Template tab

The instruction tab has some definitions that may be helpful in your Assessment request

If you are making updates to a current assessment, please attach the prior assessment along with all changes highlighted.

Any additional information that you need to explain, please add to this worksheet, or to the assessment template. Thank you.

Acuity Scoring applicable? - please indicate if you want scoring to apply to this assessment

Carry Over - allows for responses from a previously taken assessment to to carry over to the new one

Allow Referral - screens if member is eligble or ineligible for another program

Date to be effective - Target date that you would like to see the assessment in the Production environment of CGX 2.0

Name of Assessment - Title of Assessment

if Header Image is required, please attach - if you want an image for the header of the assessment, please include with the Assessment request

Department Owner - Department that owns the 'assessment' (See lines 69-71 below for a complete list of available departments)

Other departments: Other departments utilizing this Assessment/Survey: (See lines 69-71 below for a complete list of available departments)

Question/Text - document the question/text you want the user to see or answer

If you want a different font or color, or bold/underlined, etc, please document the question in that format you want

Question Type - identify the type of 'question/text' you are asking for

Answer Options - document ALL the possible answers you want to have for the question. Define also is any response will require a TextBox option and define what title you want for the TextBox (Example; an "Other" response would yeild a TextBox that might be titled, "Explain:", "Comments:", etc.

Branching Condition - document if ANY branching is required. If a certain response will lead to conditional questions, please define which respons(es) will lead to conditional questions. Keep in mind; for example, a "Yes" response may lead to one line of conditional quesitons, and a "No" response may lead to an entirely different line of conditional questions. Also, document any question and response that will link out to other assessments.

Mandatory - indicate if the question is to be marked as mandatory

Element - indicate type of element you are requesting

Recommendations for Care Plan - based on specific question and answers, will recommend care plans

Associated Keywords (for ICS use only) - do not put anything in this box

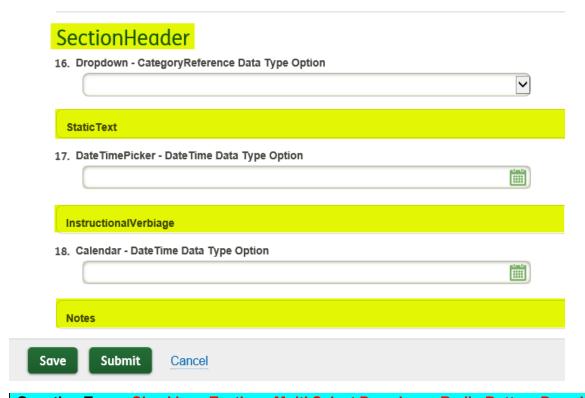
Element Id # (for ICS use only) - do not put anything in this box

Exhaust To (Inbound/Outbound): HIT, ATLAS, Rosalind, etc.

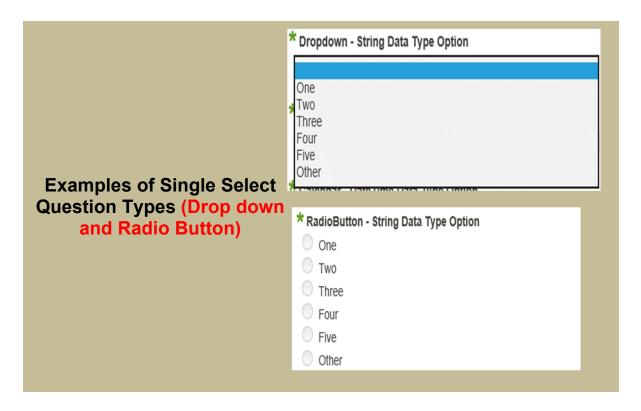
Generic Control Type:

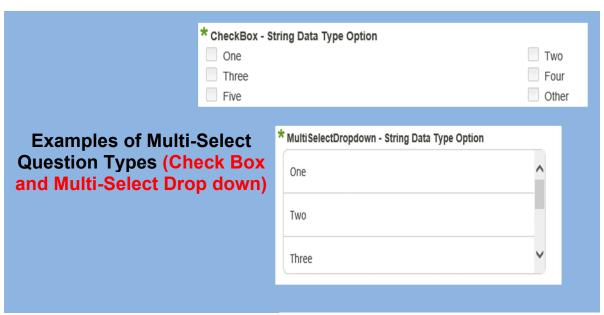
Section Header - Appears in bigger font to help distinguish one section from another. Future Quick Jump enhancement will key on this.

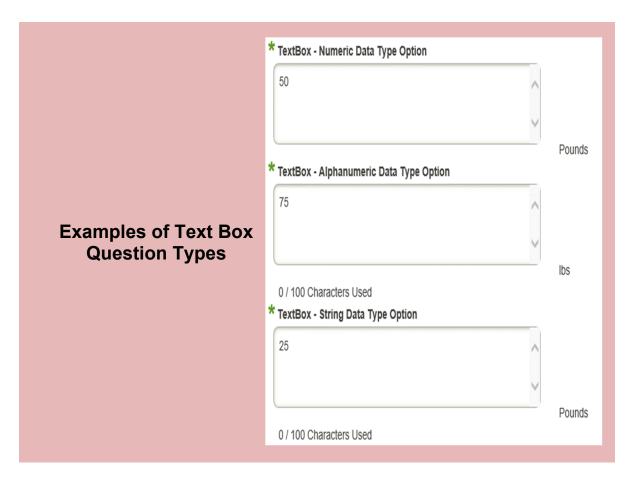
Static Text, Instructional Verbiage, and Notes - all three behave the same in CGX 2.0 (see



Question Type: Checkbox, Textbox, Multi Select Dropdown, Radio Button, Dropdown, Date Time Picker, or Calendar 4 Question Types 1. Single Select Question Types Allows for only one response to be selected from the available list of options. Dropdown Best for > 3 responses RadioButton Best use for 2-3 responses; good for mandatory type questions that you want your users to answer Allows for a user to select multiple options from the available 2. Multiple Select Questions list of options. Types CheckBox Best for seeing all responses at one time, but utilizes a lot of white space. Can mean more scrolling. Best for conserving white space, but only first 3 options MultiSelectDropdown viewable without scrolling. 3. TextBox Can be set up to have alpha only, numeric only, or alpha numeric characters. Character limitations can be set for TextBox options. Can allow past dates only, future dates only, or both past and 4. Date Entry future dates DateTimePicker Calendar









List of CGX 2.0 Departments: Use this list as a guide for the Owning department and Other department fields Bariatric Cancer Program Care Delivery Careplus CCR Sourced Vendor CDM Model of Care Frequency – Past Due CDM Referral Specialist Activity CDM Referral Specialist Frontline CDM Referral Specialist Queue Activity Summary CDM Referral Specialist Queue Assignment CDM Unmanaged Population Counts CGX CAC User CGX Genetic Counselor CGX Humana Behavioral Health CM CGX Humana Behavioral Health Um/CM CGX Medicaid Outreach CGX MSO CGX POD CGX PODS Bariatric CGX PODS CLD CGX PODS HPS CGX PODS Humana Beginnings CGX PODS HumanaCares CGX PODS ICS CGX PODS Internal Asthma CGX PODS Internal Cancer CGX PODS Internal Diabetes CGX PODS MHSO CGX PODS MIT CGX PODS Moms First CGX PODS NICUCM CGX PODS NICUGRAD CGX PODSNICUHB CGX PODS Pediatric Care Management CGX PODS Personal Nurse CGX PODS RMD CGX PODS Transplant CGX PODS Commercial Case Management CGX PODS Intake CLD Clinical Metrics Clinical Programs Commercial Case Management Disease Management Florida Only Medicare/Medicaid GENERAL Health Choice Florida Health Help HealthChoice HPS Humana Beginnings Humana Behavioral Health Humana Cares ICGS Intake Internal Asthma Internal Diabetes LTSS Metabolic Syndrome Moms First NA NaviHealth NICU Case Management NICU Graduate NICU Humana Beginnings Pediatric Care Management Personal Nurse Read Only Resolution Team RMD Senior Products STARS Outreach Transplant

Note: See Instruc	tions tab for date	oile regarding	category and or	tion descriptions. In	petructions Tab also provides quidance to help you shoos	the best ention for	r each element on the excel									
Title of Assessr					structions Tab also provides guidance to help you choose vner: Senior Products	a trie best option it	Date to be Effective: TBD	Acuity Sco	ring Applicable: No	Exhaust To: CD	M/MDM	-				
Assessment (This will display **Updated name	in CGX when s	electing As	sessment)	(i.e. Senior Prod	ucts, HumanaBeginnings, etc.)		(MM/DD/YYYY format)	(Yes/No)		(Inbound/Outbou	id to ATLAS, HIT, etc.)					
Assessment ID:	: MED006			List any other	departments utilizing this Assessment/Survey: M	ledicaid	Allow Referral: No	Carry Ove	: Yes	Is a Header Imag	e required: No					
Notes	Question #	Element	Element Id #	Associated	Question/Text (Text within the cell will be	Question Type	: Answer Options (List all answer options pertaining to	Mandator	Branching Condition	Branching	Recommendations	Response that	Area of Focu	Problem	Goal	Potential
CDM/MDM		Generic control	Gen_999111 Que_999000	comprehensive	conied directly into the template. Please verify This survey is intended to help identify member concerns and develop an agreed upon plan of care As you complete this survey, remember to address any decided upon problems, goals and interventior in your member care plan. What do you think is your most important health		question in one cell)	y resino	(for ICS use only)	Location	for Care Plan	Prompts Care Plan	(I.e. Health,			Intervention
except Generic Controls/Header s					concern at this time? (for example medical, behavioral, or social concerns)			Yes								
		Control	Gen_999004	header	Social Determinants of Health	SectionHeader										
		Generic Control	Gen_999050	StaticText	Many things can impact your health beyond medic conditions. I'm going to ask you some question to help determine other ways I may be able to help you overcome obstacles to your health and well-being.	ou										
			Que_072503		What is the Enrollee's housingsituation at the time of the assessment? (CM Frompt: If the enrollee is homeless or has housing insecurity, please provide the name and contact information for the Housing Coordinator as applicable)	Dropdown	Assisted Living or Semi-Independent Living Bli Inpalient Boarding Home Correctional Facility Foster Home Group Home Homeless Hospice/Paillative Care Facility Housing Insecure Long-term Care Facility Medical Inpalient Other (Text Box -> "Specify other.")		ff Homeless, que_080238							
			Que_071605		Are you having trouble meeting your monthly expenses?	Checkbox	None Does not have housing, living in car/shelter Does not have housing, living with friends/family/hotel Heat/Electric Trouble paying rent/mortgage Water Other (Textbox >> "Specify other.")	Yes								
CDM/MDM except Generic Controls/Header s		Question	Que_999029	comprehensive	Do you have trouble accessing care? For example getting an appointment to see your PCP.	CheckBox	None Access to a Pharmacy Access to a vision provider Behavioral Health care Dental care HHC access PCP appointments Specialty appointments Therapies (PT, OT, ST) Other (TextBox. >> "Specify Other.")	Yes								
CDM/MDM except Generic Controls/Header s		Question	Que_999213	comprehensive	Do you need transportation help to get to any of th following places, for example, to get to your doctor appointments or pharmacy?	e CheckBox	None Doctor appointments General needs (errands, groceries, etc.) Pharmacy Social activities Other (Textbox -> "Specify other.")	Yes	Que_999213 NotEquals None	Que_999214 if answer is anythir other than none.	g					
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999214	comprehensive	What is keeping you from getting places where you need to go?	CheckBox	Caregiver unavailability Financial issues No access to handicap transportation No available public transportation Other (Textbox -> "Specify other.")	Yes								
			Gen_1327		Over the past 12 months, how often have you beer bothered by any of the following problems?	Static Text										
			Que_072504		Ask the Enrollee if: We worried whether our food would run out before we got money to buy more.	Dropdown	Never true Sometimes true Often true									
			Que_072505		Ask the Enrollee if: The food that we bought just didn't last and we didn't have money to get more.	Dropdown	1 - Never true 2 - Sometimes true 3 - Often true									

		Que_072506		Was the Food Insecurity Score 3 or more?	Dropdown	2 = Low 3 = Medium 4-6 = High		If answer selected is medium or high open Text box - Describe efforts to address enrollee needs through community resources	NotEquals Low			
		Que_072507		How often do you / enrollee lack companionship?	Dropdown	1 - Never true 2 - Sometimes true 3 - Often true	Yes	resources.				
		Que_072508		How often do you / enrollee feel left out?	Dropdown	1 - Never true 2 - Sometimes true 3 - Often true	Yes					
		Que_072509		How often do you / enrollee feel isolated from others?	Dropdown	1 - Never true 2 - Sometimes true 3 - Often true	Yes					
		Que_072510		Care Manager Prompt: What is the Enrollee's loneliness score?	Dropdown	3 - Not Lonely 4 - 6 = Lonely 7 - 9 = Severely Lonely	Yes	NotEquals 3 = Not Lonely	Care Manager Prompt: You indicated the Enrollee scored as being lonely. Did you provide education and			
		Que_071600		Care Manager Prompt: You indicated the Enrollee scored as being lonely. Did you provide education and resources?		Yes No	Yes	If either option (Yes or No) is selected, sho associated free text Label: Describe education/resources provided or why no education/resources were provided:	resources? Displays if question "Care Manager Prompt: What is the member's loneliness score?' equals "Lonely" or "Severely Lonely"			
CDM/MDM except Generic Controls/Header	Question	Que_999021	comprehensive	How often do you feel isolated from others?	RadioButton	Never true Sometimes true Often true	Yes					
		Que_072502		Social Determinants: Describe what intervention C is taking to resolve areas of need and status of nee of each area selected:			Yes					
CDM/MDM except Generic Controls/Header s	Question	Que_999031		Care Manager prompt: Community resources discussed with member relevant to member need follows: The member relevant to member need follows: and plan for each need. (Eligibility and availability of resources).	CheckBox 	Community Mental Health Resources Community Resources Community resources reviewed, member reports no needer identified EAP Services Financial Planning Life Planning and Decision Making for the Future Local Transportation Resources Nutrition/Food Support Palliative Care Social Worker Wellness Organizations (All responses -> TextBox -> "Comments")	Yes					
	Generic	Gen_999003	header	Healthy Days	SectionHeader	, , , , , , , , , , , , , , , , , , , ,						
CDM/MDM except Generic Controls/Header s	Control Question	Que_777013		Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	Dropdown	Don't know/Not sure Member/Parent/Guardian refused 0 1 2 3 4 5 6 7 8 9 10						
	Ougation	Oue 777014	comprehensive	Now thinking about your mental health, which	Dropdown	12 Don't know/Not sure						
CDM/MDM except Generic Controls/Header s	ACCURATION !			includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?		Don't Ardwhot sale Member/Parent/Guardian refused 0 1 2 3 4 5						
	Generic Control	Gen_999005	header	Safety	SectionHeader	B.						
CDM/MDM except Generic Controls/Header s	Question	Que_999035	comprehensive	Have you had any falls within the past 6 months?	RadioButton	Yes (textbox → "Explain details such as frequency, history impact on daily activities, new or worsening; and any education or referrals provided.") No Did not respond						
	Generic Control	Gen_999043		Care Manager prompt: Update the Medication List OML, if member responses are different than what is on the list. Document dosage, route of administration and frequency in the directions field as well as prescriber, and indication. Make sure to include over-the-counter (OTCs) and meds taken only on an as-needed basis.								

		Question	Que_999044	comprehensive	Do you have any worries or problems with your medicines?	CheckBox	None Financial concerns	7				
CDM/MDM					medicines :		Financial concerns Forget to refill					
except Generic							Forget to take	.,				
Controls/Header							Lack of perceived need Problems/issues with medication side effects	Yes				
s							Transportation issues					
							Other (TextBox -> "Specify Other:")					
		Generic	Gen_999001	header	Caregiver & ADLs/IADLs	SectionHeader						
		Control		comprehensive	Identify ADLs member requires assistance with.	CheckBox	Bathing					
		Question	Que_555005	comprehensive	identity ADES member requires assistance with.	CHECKBOX	Carrying Heavy objects (like a sack of potatoes)					
							Cooking					
							Dressing Eating					
							Grooming					
							Heavy Cleaning (Windows, scrubbing floor)					
CDM/MDM							Light Cleaning Managing Incontinence					
except Generic							Managing Money (Tracking expenses and paying bills)	Yes				
Controls/Header s							Medication Administration					
							Member reports they are independent with all ADLs Mobility					
							Shopping					
							Stooping/Crouching/Kneeling					
							Toileting Transfers (chair, bed)					
							Walking					
							Other (Textbox -> "Specify Other:")					
		Question	Que_999003	comprehensive	When you need help, who helps you?	CheckBox	Family Member Friend					
CDM/MDM							Friend Paid Help	ļ				
except Generic Controls/Header							Self	Yes				
s							Spouse No help needed					
							Other (Textbox -> "Specify Other:"					
		Generic Control	Gen_999016	header	ER/IP Utilization	SectionHeader						
		Question	Que_999183	comprehensive	If you have been to the emergency room or urgent	Checkbox	24 Hour Nurse Line/BH Crisis Line referred					
					care in the past 3 months, what caused you to go?		After office hours, non-holiday/weekend During office hours and didn't call physician office					
							During office hours and physician unable to accommodate					
CDM/MDM							member					
except Generic							Emergent care needed Holiday/weekend hours	Yes				
Controls/Header							Member doesn't have a physician or PCP					
							No visits within past 3 months					
							Physician referred Urgent care needed					
							Other (TextBox -> "Specify other:")					
		Generic	Gen_999013	header	Health Systems Review	SectionHeader						
		Control Generic	Gen_8383	health history	Would you mind sharing with me medical conditions	«CtatioTout						
		Control	Geii_6363	rieaitii fiistory	that you have been treated for in the past as well as	S						
					those conditions that you are currently being treated for?	d .						
					ior?							
		Concelle	Con 9004	hoolth kists	Care Manager Prompt: CheckBox any systems for	CtotioTc:+						
1		Generic Control	Gen_8384	nealth history	Care Manager Prompt: CheckBox any systems for which member has a history of conditions and	StaticText						
		0	0 000000		complete branching related question belov	Observe	Oraficante		Darking and a second			
1		Question	Que_999087	comprenensive	Health systems review	CheckBox	Cardiovascular Respiratory		Positive response to any category opens up See "Design (CTX to further questions for each category. Only) tab for			
1							Endocrine		conditional			
1							Musculoskeletal		branching for			
1							Gastrointestinal Neurological		Health System Review			
CDM/MDM							Renal					
except Generic Controls/Header							Blood/Hematological Infectious Disease	Yes				
S S						1	Skin/Integumentary					
1							Reproductive					
1							Eyes, Ears, Nose, Throat Cancer					
1							Rare Diseases					
1							Behavioral Health					
		Question	Que_999088	comprehensive	Cardiovascular condition details	CheckBox	A-Fib		Que_999087 Equals Cardiovascular Que_999088			
1							Congenital or Acquired Heart Disease Congestive Heart Failure		Que_999089			
1	Conditional						Coronary Artery Disease					
CDM/MDM	Question						High cholesterol	Yes				
1							Hypertension Myocardial Infarction (MI)					
1							Stroke					
CDM/MDM		Question	Que 999089	comprehensive	Cardiac condition status	RadioButton	Other (TextBox -> "Specify Other:" Current					
							I ·			 -	The second secon	
except Generic	Conditional						Past	Yes				
	Conditional Question						Past	Yes				

COMMON Continue Conti		Ougot										
CDMADDA CONSISTAN CONTRIBUTE CONTRIBUTE		Quest	tion Que_9990	comprehensive	Respiratory condition details	CheckBox	Asthma Chronic Bronchitis		Que_999087 Equals Respiratory			
COMACINA CONTROL CONTR							COPD			122_20000		
CCAMADOM Conditional Control Pearl Control Con	Questic						Pneumonia	Yes				
COMAIGN Recognification Control Feature Contro		ouon										
COMMADN Control National Command	1											
COMMOM Conditional Control Con		Quest	tion Que_9990	34 comprehensive	Respiratory condition status	RadioButton	Current Current					
COMMON Conditional							Past	Yes				
COMMON Consideration Considera			O 0000	NO	Endersian and distance desired	Obsertinger	Thomasid		Our 000007 Faurely Forders	0 000000		
Committee Control Process Conditional Conditional Control Process Conditional Conditional Conditional Conditional Control Process Conditional Cond	1		tion Que_9990	38 comprenensive	Endocrine condition details	Спесквох	Diabetes		Que_999087 Equals Endocrine	Que_999098 Que_999099		
COMMON Accept Countries Co								Yes				
Past Ves Past Past Ves Past Past Ves Past Past Ves Past Pa							Curio (Toxibox - Operary curior.)					
Common Superior Super		Quest	tion Que_9990	99 comprehensive	Endocrine condition status	RadioButton						
CDMM/DM coccel Generic Conditional Controls/Header Controls/He							Past	Yes				
CDMMOM except Generic Controls/Header 5 COMMOM except Generic Controls/Header 5 COMMOM except Generic Controls/Header 5 COMMOM except Generic Controls/Header Controls/Head	s		O 0004	N	Maranda da la	Obsertinger	Dealt-makkens		Our 000007 Faurely Margard advelopted	0 000400		
COMMOM controls/Header s Common Controls/Header Controls/Header Controls/Header Controls/Header Controls/Header Controls/Header Controls/Header S Common Controls/Header Controls/Header S Common Controls/Header Controls/Header S Common Controls/Header Controls/Header S Common Controls/Header Controls/Header Controls/Header Controls/Header Controls/Header S Controls/Header Cont	1	Quest	lion Que_9991	comprenensive	Musculoskeletal condition details	Checkbox	Cervical stenosis		Que_999067 Equals Musculoskeletal	Que_999103 Que_999104		
Controls/Header Controls/H							Fibromyalgia					
CDM/MDM except Generic Controls/Header S	except Generic Condition						Joint Replacement	Yes				
Returnation at the control of the co							Osteoarthritis (Degenerative Joint Disease) Osteoporosis					
CDM/MDM except Generic Conditional Controls/Header Conditional Conditional Controls/Header Conditional Controls/Header Conditional Conditional Controls/Header Conditional Conditional Controls/Header	1						Rheumatoid arthritis					
Controls/Header COM/MDM Except Ceneric Controls/Header		Quest	tion Que_9991	04 comprehensive	Musculoskeletal condition status	RadioButton	Current					
S Question Que_999109 comprehensive Gastrointestinal condition details CheckBox Appendicitis Chronic constitutions Chronic Constitutions Gastrointestinal Conditions Conditional Controls/Header S Que_999087 Equals Gastrointestinal Que_999109 Que_99910 Que_999109 Que_99910 Que_999109 Que_99910 Que_999110 Q		itional stion					Past	Yes				
CDM/MDM except Generic Conditional Conditional Conditional Controls/Header Guestion Controls/Header Guestion Controls/Header Guestion Controls/Header Guestion Controls/Header Guestion Controls/Header Guestion Conditional C	S					01 10						
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ComMoMe except Generic Conditional except Generic Conditional Controls/Header	1											
Controls Head Control Head Head Control Head	CDM/MDM						Gastritis					
Filatal hernia Fila								Yes				
CDMMDM controllers Question Secret Question Que_999113 Comprehensive Meurological condition details CheckBox Alzheimer's disease Autism Que_999087 Equals Neurological Que_999114 Gue_999114 Gue_999115 Gue_999115 Gue_999116 Gue_999116 Gue_999116 Gue_999116 Gue_999117 Gue_999118 Gue_99911		SHOTI					Hiatal hernia					
CDM/MDM controls/Reader Supplied Suppli	1						Ulcerative Colitis					
CDM/MDM except Generic Conditional Controls/Header Controls/Header S Question S Que_999110 comprehensive Gastrointestinal condition status RadioButton Current Past Yes Que_999087 Equals Neurological Condition Record Controls/Header Question S Que_999113 comprehensive Neurological condition details CheckBox Alzheimer's disease Autsm Que_999087 Equals Neurological Que_999114 Record Controls/Header Que_999114 Record Controls/Header Que_999113 Comprehensive S Que_999114 Record Controls/Header Que_999113 Comprehensive S Que_999114 Record Controls/Header Que_999115 Controls/Header Que_999115 Comprehensive S Que_999116 Record Controls/Header Que_999116 Record Controls/Header Que_999116 Record Controls/Header Que_999116 Record Controls/Header Que_999118 Controls/Header Que_9	1						Other (TextBox -> "Specify Other")					
except Generic Conditional Controls/Header Question S Que_999113 comprehensive Neurological condition details CheckBox Alzheimer's disease Autsm Que_999087 Equals Neurological Que_999114 Que_999114 Plant Injury	CDM/MDM	Quest	tion Que 9991	IO comprehensive	Gastrointestinal condition status	RadioButton						
s Question Que_999113 comprehensive Neurological condition details CheckBox Alzheimer's disease Autism Que_999087 Equals Neurological Que_999114 Que_999114 Para Para Para Para Para Para Para Par		itional						Yes				
Autism Brain Injury	Controls/Header Questio											
Brain Injury Brain Injury	1	Quest	tion Que_9991	13 comprehensive	Neurological condition details	CheckBox			Que_999087 Equals Neurological	Que_999113		
	1						Brain Injury			440_000114		
CDM/MDM Neuropathy Paralysis	CDM/MDM											
except Generic Conditional Controls/Header Question Parkinson's disease Seizures Yes	except Generic Condition						Parkinson's disease	Yes				
s Shingles	s						Shingles					
Stroke Transient Ischemic Attack (TIA)	1						Stroke Transient Ischemic Attack (TIA)					
Other (TextBox -> "Specify other.")	1						Other (TextBox -> "Specify other:")					
CDM/MDM Question Que_999114 comprehensive Neurological condition status RadioButton Current		Quest	tion Que_9991	14 comprehensive	Neurological condition status	RadioButton						
except Generic Conditional Controls/Header Question Past Yes							Past	Yes				
s Question Que_999117 comprehensive Renal condition details CheckBox Chronic Kidney Disease Que_999087 Equals Renal Que_999017 Que_999117	s	Oued	tion Que 9001	17 comprehensive	Renal condition details	CheckBoy	Chronic Kidney Disease		Que 999087 Equals Renal	Que 999117		
Dialysis Que_999118	CDM/MDM	Quest	Que_3391	Somplemensive	Torial condition ubialis	OHECKBOX	Dialysis		Quo_000007 Equals (Volidi	Que_999118		
End Stage Renal Disease Controls/Header Question Yes	except Generic Condition	itional					End Stage Renal Disease Incontinence	Yes				
Kidney stones		SHOTI					Kidney stones					
Urinary Tract Infection (UTI) Other (TextBox > "Specify other."							Other (TextBox -> "Specify other:"					
except Generic Conditional Past	CDMANDM	itional	tion Que_9991	18 comprehensive	Renai condition status	RadioButton	Past	Van				
Controls/Header Question	CDM/MDM except Generic Condition							162				
S Question Que_999121 comprehensive Hematological condition details CheckBox Anemia Que_99907 Equals BloodHematological Que_999121	except Generic Condition			21 comprehensive	Hematological condition details	CheckBox			Que_999087 Equals Blood/Hematological	al Que_999121		
except Generic Conditional Clothing discorder Clothing discorder	except Generic Controls/Header Questio s CDM/MDM		tion Que_9991	Complementative			II :lotting disorder	1		IOue 999122		
Inrombocytopenia	except Generic Controls/Header S CDM/MDM except Generic Condition Condition	itional	tion Que_9991	Completionalve			Sickle Cell Anemia	Yes		Quo_000122		
	except Generic Controls/Header S CDM/MDM except Generic Controls/Header Questio	itional	tion Que_9991	Comprehensive			Sickle Cell Anemia Thrombocytopenia	Yes		Qu0_000122		
CDM/MDM Question Que 999122 comprehensive Hematological condition status RadioButton Current	except Generic Controls/Header S CDM/MDM except Generic Controls/Header S CDM/MDM	itional stion			Hematological condition status	RadioButton	Sickle Cell Anemia Thrombocytopenia Other (TextBox -> "Specify other:" Current	Yes		G00_555 122		
CDM/MDM except Generic Conditional Controls/Header Question used to Controls/Header Question vs. Contro	except Generic Controls/Header S CDM/MDM except Generic Controls/Header s CDM/MDM except Generic Controls/Header CDM/MDM except Generic CDM/MDM except Generic Condition	itional stion Quest			Hematological condition status	RadioButton	Sickle Cell Anemia Thrombocytopenia Other (TextBox -> "Specify other:" Current			400_000 122		

		Question	Que_999125	comprehensive	Infectious Disease condition details	CheckBox	C Diff		Que_999087 Equals Infectious Disease	Que_999125			
001111011							Hepatitis			Que_999126			
CDM/MDM except Generic							HIV/AIDS						
	Conditional						Meningitis	Yes					
Controls/Header s	Question						MRSA						
5							Septicemia Tuberculosis						
							Other Infectious Disease(TextBox -> "Specify other:"						
CDM/MDM		Question	Que 999126	comprehensive	Infectious Disease condition status	RadioButton	Current						
except Generic	Conditional						Past	Yes					
Controls/Header	Question							res					
s													
		Question	Que_999129	comprehensive	Skin condition details	CheckBox	Burns		Que_999087 Equals Skin/Integumentary	Que_999129			
CDM/MDM							Cellulitis			Que_999130			
except Generic	Conditional						Decubiti Eczema	Yes					
Controls/Header	Question						Non-surgical wound	163					
s							Psoriasis						
							Other Skin (TextBox -> "Specify other:"						
CDM/MDM		Question	Que_999130	comprehensive	Skin condition status	RadioButton	Current						
except Generic	Conditional						Past	Yes					
Controls/Header	Question							100					
s		O	0 000400		Reproductive condition details	CheckBox	E-ldt-t-		Over 000007 Ferrels Describer	0 000400			
		Question	Que_999133	comprehensive	Reproductive condition details	Спесквох	Enlarged prostate Erectile dysfunction		Que_999087 Equals Reproductive	Que_999133 Que_999134			
CDM/MDM						1	Inquinal hernia			Quo_555154			
except Generic	Conditional		1	1		1	Polycystic ovaries	V					
Controls/Header	Question		1	1		1	Pregnancy	Yes					
s						1	STDs						
						1	Uterine bleeding						
		_	L	ļ			Other (TextBox -> "Specify other:"						
CDM/MDM	0	Question	Que_999134	comprehensive	Reproductive condition status	RadioButton	Current						
except Generic	Conditional Question					1	Past	Yes					
Controls/Header	Question		1	1		1		1					
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							Chronic sinusitis						
							Diabetic retinopathy						
							Dysphasia						
CDM/MDM							Glasses/Contacts						
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Controls/Header	Question						Hearing aids						
s							Hearing disorder						
							Macular degeneration						
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Section								Anxiety Binglar Disorder			Que_999152			
Carteston Cart		Conditional												
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			Generic	Gen_999009	header	Pain/Opioids	SectionHeader							
SAME PARTICIPATION OF THE PART				Oue 999069	comprehensive	Do you experience any pain?	Drondown	Vec		Branching - do not nonulate remaining				
Market M	CDM/MDM		Question	Que_555005	Comprehensive	Do you expendice any pain:	Diopuowii			questions if No/Did Not Respond is				
Contract Name								Member Unsure		answered				
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March Marc	s													
March Marc														
Contract			Question	Que_999070	comprehensive	Tell me about your pain? (location, type, frequency	, TextBox							
Control Market Park	Controls/Header					mistory, impact on daily activities, new or worsening	d)		Yes					
Control Market Park	s						L							
COMMENT ASSESSMENT CONTROL Plants of the Con			Question	Que_999076	comprehensive	Do you have a treatment plan? If so, what is your	CheckBox							
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COMMAND CONTROLLER Outside Control Out						you need to take based on the pain assessment?								
Member chooses not address pain. CEMADAN COMMON Decision Septiment of the septiment of th	CDM/MDM							For chest pain, keep enrollee online and follow 911 process						
CEMANDM CONTROL OF A STATE OF A S								Member chooses not to address pain						
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Generic Control Mirrors Medicaid Question BH Comprehensive Survey Que_072482 Que_072483 Que_072483 Que_072483 Would you like help quitting smoking or do you need/Dropdown more assistance staying tobacco free? No No Que_072483 Would you like help quitting smoking or do you need/Dropdown more assistance staying tobacco free? No No Question Que_072483 Would you like help quitting smoking or do you need/Dropdown more assistance staying tobacco free? No No Survey Que_072483 Would you like help quitting smoking or do you need/Dropdown more assistance staying tobacco free? No No No Surve Que_072483 Would you like help quitting smoking or do you need/Dropdown more assistance staying tobacco free? No No No Surve Que_orea for the formula for the f														
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Not Sure resources provided	1	Questi00	1	Que_U/2483		more assistance staying tobacco free?	TOPUOWN			Equals Not Sure	Prompt: Select			
to enrollee.						,g					resources provide	d		
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	Question		Que_072484		Care Manager Prompt: Select resources provided to enrollee.	Mulitiselect Dropdown	Enrollee declines referrals at this time Referral to Humana Wellness/Healthy Behaviors Referral to Other Provider Referral to Support Group Referral to Tobacco Quitline						
	Question		Que_072486		Do you ever drink or use recreational drugs?	Radio Button	(All responses -> Text Box -> "Specify details:" Yes No		Equals Yes	Is this a child/adolescent or			
	Question		Que_072487	-	Is this a child/adolescent or adult?	Radio Button	Child/ Adolescent		Equals Child/ Adolescent	adult? CRAFFT			
	Question		Que_0/240/		is this a childradolescent of addit:	readio Button	Adult		Equals Adult	CAGE-AID			
	Generic Control		Gen_1325		CRAFFT Part A	Section Header							
					Care Manager Prompt: This section is for adolescent enrollees only								
	Question		Que_072489		Drink any alcohol (more than a few sips)? Do not count sips of alcohol taken during family or religiou events.	Radio Button s	Yes No		Equals Yes OR Equals Yes OR Equals Yes	CRAFFT Part B			
	Question		Que_072490		Smoke any marijuana or hashish?	Radio Button	Yes No		Equals Yes OR Equals Yes OR	CRAFFT Part B			
	Question		Que 072491		Use anything else to get high? ("anything else"	Radio Button	Yes		Equals Yes OR	CRAFFT Part B			
	Question		Que_0/2491		includes illegal drugs, over the counter and prescription drugs, and things that you sniff or	Radio Button	Yes No		Equals Yes OR Equals Yes OR Equals Yes	CRAFFI Part B			
	Generic		Gen 1326		"huff") CRAFFT Part B	Section Header							
	Control		_										
	Question		Que_072492		Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been	Radio Button	Yes No						
	Question		Que_072493		using alcohol or drugs? Do you ever use alcohol or drugs to relax, feel bett	Radio Button	Yes						
-	Question	1	Que_072494		about yourself, or fit in: Do you ever use alcohol or drugs while you are by	Radio Button	No Yes						
	Question		Que_072495		yourself, or alone': Do you ever forget things you did while using alcoh		No Yes						
	Question		Que_072496		or drugs? Do your family or friends ever tell you that you	Radio Button	No Yes						
					should cut down on your drinking or drug use		No						
	Question		Que_072497		Have you ever gotten into trouble while you were using alcohol or drugs?	Radio Button	Yes No						
	Question		Que_072498 will need new		Care Manager Prompt: Each answer of Yes in Par B of the CRAFFT questions equals 1 point.	tCheckBox	None Consult with Behavioral Health SME						
			Element ID as		-If the Enrollee answered Yes to 3 or less question	s	Discuss engagement in SUD program						
			qustion has changed		this is categorized as Substance AbuseIf the Enrollee answered Yes to 4 or more		Member already engaged with BH Provider Referral to BH Provider						
			changed		questions, this is categorized as Substance		Referral to PCP	Yes					
					Dependence. What additional actions did you take to support the Enrollee?		Other (TextBox -> "Specify other:")						
	Generic		Gen_07174		CAGE-AID Questions	Section Header							
	Control				Case Manager Prompt: This section is for adult enrollees only								
	Question		Que_071668		Have you ever felt that you ought to cut down on your drinking or drug use?	Radio Button	Yes No						
<u> </u>	Question		Que_071669		Have people annoyed you by criticizing your drinking	Radio Button	Declines to Answei Yes						
					or drug use?		No Declines to Answer						
	Question		Que_071670		Have you ever felt bad or guilty about your drinking or drug use?	Radio Button	Yes No						
	Question	1	Que_071671	-	Have you ever had a drink or used drugs first thing	Radio Button	Declines to Answer Yes						
	Quosion		Q35_0/10/1		in the morning to steady your nerves or to get rid o	f	No						
	Question		Que_072488		a hangover: Do you ever take more than what is prescribed of	Radio Button	Declines to Answer Yes						
					your own medication or other prescription medications that are not your own		No						
		Question	Que_999171	comprehensive	Care Manager Prompt: If Enrollee answered yes to or more of the CAGE AID questions, the member	CheckBox	None Consult with Behavioral Health SME						
CDM/MDM					has scored high for potential substance use		Discuss engagement in SUD program						
except Generic Controls/Heade					disorder. What additional actions did you take to		Member already engaged with BH Provider	Yes					
Controls/Heade s	question				support the Enrollee?		Referral to BH Provider Referral to PCP						
							Other (TextBox -> "Specify other:")						
CDM/MDM		Question	Que_999173	comprehensive	Have you had thoughts in the last 30 days of	RadioButton	Yes		Que_999173 Equals Yes	Que_999174			
except Generic Controls/Heade					wanting to hurt yourself or someone else? (This includes thoughts of wanting to die or not wake up		No						
S CDM/MDM		Ouestion	Oue 900474	comprehensi	tomorrow). Care Manager Prompt: Describe member reported	TevtRov							
except Generic	Conditional	Question		comprehensive	symptoms and safety plan.	GALDUX		Yes					
Controls/Heade	er Question												
		_											

		Question	Que_999175		Have you ever experienced the following? Clinicia to check all that apply to member.	riCheckBox	Believed that people were spying on you, or that someone was plotting against you, reading your thoughts, or trying to hurt you Bothered by thoughts or impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing	,					
CDM/MDM except Generic Controls/Header s							Experienced, witnessed, or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else Had a period of time when you were feeling up, hyper, so full of energy, or full of yourself that you got into trouble, or that other people thought you were not yourself (not when using drugs or alcohol) Heard things other people couldn't hear, such as voices, or						
							seen visions or things when you were awake that other people couldn't see						
CDM/MDM except Generic Controls/Header s		Question	Que_999176	comprehensive	Care Manager prompt. Behavioral health risks - check all that apply.	CheckBox	Abuse of prescription drugs Financial exploitation Physical aggression Physical or emotional abuse Resistant to help Self-reglect Use of recreational drugs Wandering Other (TextBox > "Specify other.")						
CDM/MDM except Generic Controls/Header		Question	Que_999177	comprehensive	Do you have a behavioral health provider?	RadioButton	Yes No		Que_999177 Equals Yes	Que_999178 Que_999179 Que_999180			
CDM/MDM except Generic Controls/Header	Conditional Question	Question	Que_999178	comprehensive	Name of behavioral health provider	TextBox							
CDM/MDM except Generic Controls/Header	Conditional Question	Question	Que_999179	comprehensive	Date of last visit	DateTimePicker							
CDM/MDM except Generic Controls/Header	Conditional Question	Question	Que_999180	comprehensive	How is your relationship with your current BH provider?	RadioButton	Good Fair Poor Unknown		Que_999180 Equals Fair OR Que_999180 Equals Poor	Que_999181			
CDM/MDM except Generic Controls/Header	Conditional Question	Question	Que_999181	comprehensive	Care Manager prompt: Please describe issue with provider relationship and resolution needed.	TextBox	Unknown						
CDM/MDM except Generic Controls/Header		Question	Que_999182	comprehensive	Behavioral health conclusions. Elaborate on the member's current mental health, cognitive and substance abuse status and needs.	TextBox							
		Generic Control	Gen_13026	Advance Directives	Advance Directives	SectionHeader							
CDM/MDM except Generic Controls/Header s		Question	Que_999009	comprehensive	Do you have any of the following legal documents capture your health care wishes? In comments box elaborate on status of legal documents.	tCheckBox	None PHI on file Living Will Healthcare POA Financial POA Do Not Resuscitate (DNR) Organ/Tissue Donation (Associate text box to all answers> Specify Comments)	Yes	Que_999009 Equals None	Que_999010			
CDM/MDM except Generic Controls/Header s	Conditional Question		Que_999010	comprehensive	education offered to the member/caregiver	CheckBox	State Approved Advance Directives Member/Caregiver Refused Other (Textbox -> "Specify Other.")	Yes					
		Generic Control			Summary	SectionHeader							
					Based on the responses above, describe any additional details such as disease/condition education provided, gaps identified, action items, and progress made as applicable. (Consider condition management programs, Mom's First, Wellness Solutions for tobacco and weight loss, or case management as appropriate)								
CDM/MDM		Question	Que_071723	comprehensive	Verbal consent to share information with Enrollee's providers obtained, including the sharing of sensitivinformation for the purposes of care coordination. Sensitive information includes behavioral health, substance use disorder, HIV, sexual assault/traumatic events.	RadioButton v	Yes No	Yes					

Element ID: (ICS Use Only)	Mandatory	Conditional

Propobing Condition	Propohing Location	DDOD ()	ΙΟΛΩ ()
Branching Condition	Branching Location	PROD ()	QA2 ()
Que_999087 Contains Cardiovascular	Que_999088		
	Que_999089		
Que_999087 Contains Respiratory	Que_999093		
	Que_999094		
	_		
Que_999087 Contains Endocrine	Que_999098		
	Que_999099		
	Quo_00000		
Que_999087 Equals Musculoskeletal	Que_999103		
Que_999007 Equals Musculoskeletal			
	Que_999104		
Que_999087 Equals Gastrointestinal	Que_999109		
	Que_999110		
Que_999087 Equals Neurological	Que_999113		
	Que_999114		
	_		
Que_999087 Equals Renal	Que_999117		
	Que 999118		
	Q.0.0.00		
Que 999087 Equals Blood/Hematological	Que_999121		
ado_ooooo	Que_999122		
	Que_999122		
Que_999087 Equals Infectious Disease	Que_999125		
Que_999007 Equals infectious Disease			
	Que_999126		
O	O 000400		
Que_999087 Equals Skin/Integumentary	Que_999129		
	Que_999130		
Que_999087 Equals Reproductive	Que_999133		
	Que_999134		
Que_999087 Equals Eyes, Ears, Nose, Throat	Que_999140		
	Que_999141		
	_		
Que_999087 Equals Cancer	Que_999144		
	Que_999145		
Que_999087 Equals Rare Diseases	Que 999148		
	Que_999054		
Que_999087 Equals Behavioral Health	Que_999151		
	Que_999152		
	Que_555102		
Que 999079 Equals Yes	Que 999080		
Que 999080 Equals Greater than once	Que 999081		
Que_999081 Equals Yes	Que_999082		
Out 000000 Faural V	0 000000		
Que 999082 Equals Yes	Que 999200		
Que_999164 Equals Yes OR	Que_999166		
Que_999165 Equals Yes	Que_999167		
	Que_999168		
	Que 999169		
Que_999165 Equals Yes OR	Que_999171		
Que_999166 Equals Yes OR			
Que_999167 Equals Yes OR			
Que 999168 Equals Yes OR			
Que 999169 Equals Yes			
Que 999173 Equals Yes	Que 999174		
Que_999177 Equals Yes	Que 999178		
Quo_555177			
	Que_999179		
Oue 000180 Equals Fair OP	Que 999180		
Que_999180 Equals Fair OR	Que_999181		
Que 999180 Equals Poor			

Que_09003 Equals Several days AND Que_09004 Equals Nearly everyday	Que_999163	
Que_09003 Equals Nearly everyday AND Que_09004 Equals Several days	Que_999163	
Que_09003 Equals More than half the days AND Que_09004 Equals More than half the days	Que_999163	
Que_09003 Equals More than half the days AND Que_09004 Equals Nearly everyday	Que_999163	
Que_09003 Equals Nearly everyday AND Que_09004 Equals More than half the days	Que_999163	
Que_09003 Equals Nearly everyday AND	Que_999163	
Que 999213 NotEquals None	Que 999214	
Que 999009 Equals None	Que 999010	
Que_999078 Equals Yes	Que_999079	