Instruction Guide for Completing the CGX Assessment Template

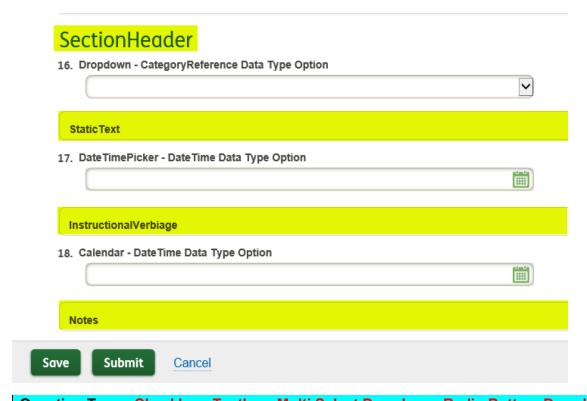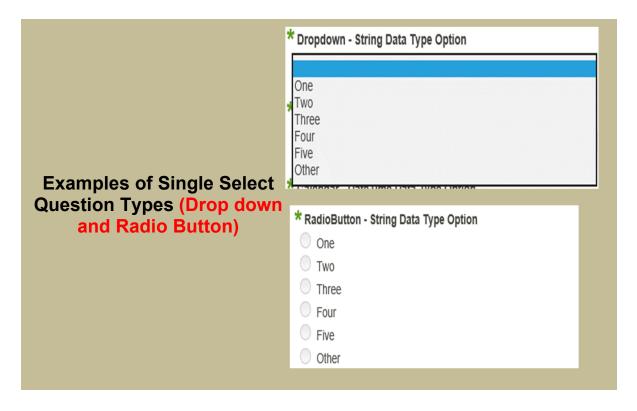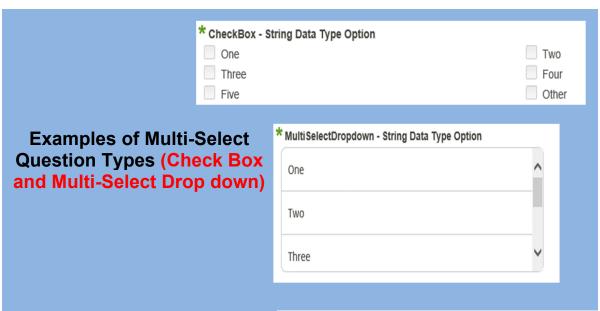| |
|---|
| If you are adding a new care plan, please see the Assessment Template tab |
| The instruction tab has some definitions that may be helpful in your Assessment request |
| If you are making updates to a current assessment, please attach the prior assessment along with all changes highlighted. |
| 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 elgible 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 Owne**r - 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.
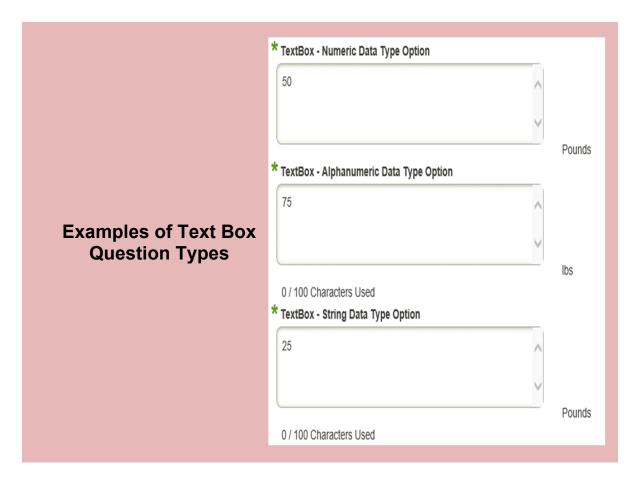
Static Text, Instructional Verbiage, and Notes - all three behave the same in CGX 2.0 (see

SectionHeader

16. Dropdown - CategoryReference Data Type Option

[dropdown field ▼]

StaticText

17. DateTimePicker - DateTime Data Type Option

[date field 🗓]

InstructionalVerbiage

18. Calendar - DateTime Data Type Option

[date field 🗓]

Notes

Save   **Submit**   Cancel

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
2. Multiple Select Questions Types	Allows for a user to select multiple options from the available list of options.
CheckBox	Best for seeing all responses at one time, but utilizes a lot of white space. Can mean more scrolling.
MultiSelectDropdown	Best for conserving white space, but only first 3 options 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.
4. Date Entry	Can allow past dates only, future dates only, or both past and future dates
DateTimePicker Calendar	

Examples of Single Select Question Types (Drop down and Radio Button)

Examples of Multi-Select Question Types (Check Box and Multi-Select Drop down)

Examples of Text Box Question Types

* TextBox - Numeric Data Type Option

50

Pounds

* TextBox - Alphanumeric Data Type Option

75

lbs

0 / 100 Characters Used

* TextBox - String Data Type Option

25

Pounds

0 / 100 Characters Used

Examples of Calendar Entry Question Types (Date Time Picker and Calendar).
Note: at the time there is no real discernable difference

* DateTimePicker - DateTime Data Type Option

7/24/2018

* Calendar - DateTime Data Type Option

7/24/2018

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
IT
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

Pregnancy												
Title of Assessment: Medicaid KY PH Comprehensive Assessment			**Department Owner:** Senior Products (i.e. Senior Products, HumanaBeginnings, etc.)			**Date to be Effective:** TBD (MM/DD/YYYY format)	**Acuity Scoring Applicable:** Yes (Yes/No)		**Exhaust To:** None listed (Inbound/Outbound to ATLAS, HIT, etc.)			
Assessment ID: MED003 (for ICS use only)			**List any other departments utilizing this Assessment/Survey:** None now - maybe in future			**Allow Referral:** No (Yes/No)	**Carry Over:** Yes (Yes/No)		**Is a Header Image required:** No (Yes or No; If Yes, please attach)			

Notes	Question #	Element Type: 1) Question	Element Id # (for ICS use only)	NCQA Requirement?	Associated Keywords	Question/Text (Text within the cell will be copied directly into)	Question Type: Dropdown, Radio Button , Checkbox, Multi-Select Dropdown, Textbox,	Answer Options (List all answer options pertaining to question in one cell)	Mandatory Yes/No	Branching Condition (for ICS use only)	Branching Location	Recommendations for Care Plan	Response that Prompts Care Plan	Area of Focus (i.e. Health,	Problem	Goal	Potential Intervention
CDM/MDM	1	Question	Que_999000	Yes	comprehensive	What do you think is your most important health concern at this time?	TextBox		Yes								
Generic Controls do not exhaust		Generic Control	Gen_008381		sad	Authentication	SectionHeader										
Update to Verbiage; Generic Controls do not exhaust		Generic Control	Gen_8382		comprehensive	Care Manager Prompt: Complete authentication in Communication Record and then proceed to Comprehensive Survey.	StaticText										
Generic Controls do not exhaust		Generic Control	Gen_999000		header	Demographics	SectionHeader										
CDM/MDM	2	Question	Que_999001	Yes	comprehensive	Do you have any religious and/or cultural beliefs that may influence your healthcare decisions? For example, are there any foods or medications you avoid? (If preferences identified, describe in comments)	CheckBox	Member reports no religious or cultural beliefs that may influence healthcare decisions Diet Medication Religious/cultural Blood products Comments (Textbox -> "Specify comments:")	Yes								
CDM/MDM	3	Question	Que_999002	Yes	comprehensive	Care Manager prompt. Member Preferences and/or Alternate information created or updated?	RadioButton	Yes No									
CDM/MDM	4	Question	Que_999220	Yes	language	What is your preferred language for verbal communication?	CheckBox	English American Sign Language Arabic Armenian Chinese French French Creole German Greek Gujarati Hebrew Hindi Himong Hmong Italian Japanese Korean Persian Polish Portuguese Russian Spanish Tagalog Urdu Vietnamese Yiddish Member Declined to State Other (TextBox -> "Specify other language:")									
CDM/MDM	5	Question	Que_999221	Yes	language	What is your preferred language for written communication?	CheckBox	English American Sign Language Arabic Armenian Chinese French French Creole German Greek Gujarati Hebrew Hindi Himong Hmong Italian Japanese Korean Persian Polish Portuguese Russian Spanish Tagalog Urdu Vietnamese Yiddish Member Declined to State Other (TextBox -> "Specify other language:")									
CDM/MDM	6	Question	Que_999222	Yes	barriers	Do you have any barriers or challenges to vision or hearing? Select appropriate dropdown and describe in comments.	CheckBox	Member reports no vision or hearing deficits Vision Hearing Comments (TextBox -> "Specify barriers or challenges:")									
Generic Controls do not exhaust		Generic Control	Gen_999001		header	Caregiver & ADLs/IADLs	SectionHeader										
CDM/MDM; update response list	7	Question	Que_999003	Yes	comprehensive	When you need help, who helps you?	CheckBox	Self Spouse Family Member Friend Paid Help No help needed Other (Textbox -> "Specify Other:")	Yes								

CDM/MDM	8	Question	Que_999005	Yes	comprehensive	Identify ADLs member requires assistance with.	CheckBox	Member reports they are independent with all ADLs Mobility Transfers (chair, bed) Eating Medication Administration Walking Dressing Grooming Bathing Toileting Managing Incontinence Shopping Cooking Stooping/Crouching/Kneeling Carrying Heavy objects (like a sack of potatoes) Light Cleaning Heavy Cleaning (Windows, scrubbing floor) Managing Money (Tracking expenses and paying bills) Other (Textbox -> "Specify Other:")			
CDM/MDM	9	Question	Que_999230	Yes	comprehensive	Care Manager prompt: If any of the 6 ADLs are identified as a need, describe status and plan in detail for each. (Bathing, dressing, toileting, transferring, feeding, and continence).	TextBox				
CDM/MDM	10	Question	Que_999231	Yes		Care Manager Summary: Document current caregiver status and assistance provided. If caregiver assistance is not adequate, provide additional details.	TextBox				
Generic Controls do not exhaust		Generic Control	Gen_13026		Advanced Directives	Advanced Directives	SectionHeader				
CDM/MDM	11	Question	Que_999009	Yes	comprehensive	What legal documents do you have in place to capture your health care wishes, like healthcare power of attorney? In comments box, elaborate on status of legal documents.	CheckBox	None PHI on File Living Will Healthcare POA Financial POA Do Not Resuscitate (DNR) Organ/Tissue Donation Comments (Textbox -> "Specify Comments")	Que_999009 Equals None	Que_999010	
CDM/MDM	Conditional Question	Question	Que_999010	Yes	comprehensive	Care Manager prompt: Describe the appropriate education offered to the member/caregiver.	CheckBox	State Approved Advanced Directives 5 Wishes Member/Caregiver Refused Other (Textbox -> "Specify Other:")			
Generic Controls do not exhaust		Generic Control	Gen_999002		header	Member Perception of Health	SectionHeader				
Generic Controls do not exhaust		Generic Control	Gen_999003		header	Healthy Days	SectionHeader				
CDM/MDM	12	Question	Que_777013		comprehensive	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 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28			

Notes	#	Type	ID	Req	Category	Question	Control	Responses	Flag	Condition	Target
CDM/MDM	13	Question	Que_777014		comprehensive	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	Dropdown	Don't know/Not sure, Member/Parent/Guardian refused, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28			
Generic Controls do not exhaust		Generic Control	Gen_999004		header	Social Determinants of Health	SectionHeader				
Generic Controls do not exhaust		Generic Control	Gen_999050	Yes	static text	Many things can impact your health beyond medical conditions. I'm going to ask you some questions to help determine other ways I may be able to help you overcome obstacles to your health and well-being.	StaticText				
Added scoring acuity to question responses CDM/MDM	14	Question	Que_999019	Yes	comprehensive	How often do you feel that you lack companionship?	RadioButton	Hardly - 1 (1 point), Some of the time - 2 (2 point), Often - 3 (3 point)			
Added scoring acuity to question responses CDM/MDM	15	Question	Que_999020	Yes	comprehensive	How often do you feel left out?	RadioButton	Hardly - 1 (1 point), Some of the time - 2 (2 point), Often - 3 (3 point)			
Added scoring acuity to question responses CDM/MDM	16	Question	Que_999021	Yes	comprehensive	How often do you feel isolated from others?	RadioButton	Hardly - 1 (1 point), Some of the time - 2 (2 point), Often - 3 (3 point)			
Users can look at Acuity Scoring in upper right below member banner for total score CDM/MDM	17	Question	Que_999022	Yes	comprehensive	Care Manager Prompt: What is the member's loneliness score? 3: Not lonely, 4-6: Lonely, 7-9: Severely Lonely	RadioButton	Not lonely, Lonely, Severely Lonely		Que_999022 Equals Lonely OR Que_999022 Equals Severely Lonely	Que_999023
CDM/MDM; update with TextBox	Conditional Question	Question	Que_999023	Yes	comprehensive	Care Manager Prompt: You indicated the member scored as being lonely. Did you provide education and resources?	RadioButton	N/A (not lonely), Yes (Textbox -> "Specify details:"), No			
CDM/MDM	18	Question	Que_999024	Yes	comprehensive	I am going to read two statements to you, and I am going to ask you to tell me how you would rate each statement: Within the past 12 months, we worried whether our food would run out before we got money to buy more. Was that Often true, Sometimes true, or Never true for you?	RadioButton	Often true, Sometimes true, Never true	Yes		
CDM/MDM	19	Question	Que_999025	Yes	comprehensive	Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that Often true, Sometimes true or Never true for you?	RadioButton	Often true, Sometimes true, Never true	Yes		
CDM/MDM	20	Question	Que_999213	yes	comprehensive	What transportation help do you need with getting places, for example, to get to your doctor appointments or pharmacy?	CheckBox	None, Doctor appointments, Pharmacy, General needs (errands, groceries, etc.), Social activities, Other (Textbox -> "Specify other:")	Yes	Que_999213 NotEquals None	Que_999214
CDM/MDM	Conditional Question	Question	Que_999214	yes	comprehensive	What is keeping you from getting places where you need to go?	CheckBox	Caregiver unavailability, No available public transportation, Financial issues, No access to handicap transportation, Other (Textbox -> "Specify other:")	Yes		

CDM/MDM	21	Question	Que_999215	yes	comprehensive	What trouble do you have paying for your monthly expenses such as rent, heating, or electric bills?	CheckBox	None Trouble paying rent/mortgage Does not have housing, living with friends/family/hotel Does not have housing, living in car/shelter Heat/Electric Water Other (Textbox -> "Specify other:")	Yes									
CDM/MDM	22	Question	Que_999029	yes	comprehensive	What kinds of care do you have problems accessing? For example, getting an appointment to see your PCP.	CheckBox	None PCP appointments Specialty appointments Access to a vision provider HHC access Dental care Behavioral Health care Therapies (PT, OT, ST) Access to a Pharmacy Other (TextBox -> "Specify Other:")	Yes									
CDM/MDM	23	Question	Que_999030	yes	comprehensive	There are many things that can cause stress to you or your family or impact your health. Do you have any concerns with:	CheckBox	None Falling easily based on Health Navigational barriers in the home (multi-level) Home layout or Physical hazards in the home (clutter, electrical wiring) Feeling safe in your home Crime in your neighborhood Discrimination Divorce/custody/guardianship Eviction/Housing issues with landlord Immigration Bankruptcy Tax Issues Other (Text box -> "Specify other")										
CDM/MDM	24	Question	Que_999031	Yes	comprehensive	Care Manager prompt: Community resources discussed with member relevant to member needs. If community resource need is identified, elaborate on status and plan for each need. (Eligibility and availability of resources).	CheckBox	Community resources reviewed, member reports no needs identified Life Planning and Decision Making for the Future EAP/Wellness Services Financial Planning Nutrition/Food Support Palliative Care Local Transportation Resources Community Mental Health Resources Community Resources Wellness Organizations Social Worker (All responses -> TextBox -> "Comments:"	Yes									
Generic Controls do not exhaust		Generic Control	Gen_999005		header	Safety	SectionHeader											
CDM/MDM	25	Question	Que_999035		comprehensive	Have you had any falls within the past 6 months	RadioButton	Yes No Did not respond										
Generic Controls do not exhaust		Generic Control	Gen_999006		header	DME/HHC	SectionHeader											
CDM/MDM	26	Question	Que_999037		comprehensive	What kinds of medical equipment do you have in the home?	CheckBox	None Wheelchair Oxygen Walker Commode Bedside Commode Shower Chair Glucometer Nebulizer Mask for Sleep Apnea Cane Elevated Toilet Seat Grab Bars Hospital Bed Blood Pressure Monitor Hoyer Lift Chair Lift Recliner Emergency Response Device Other (TextBox -> "Specify Other:")	Yes	Que_999037 NotEquals None		Que_999038						
CDM/MDM	Conditional Question	Question	Que_999038		comprehensive	What challenges do you have with your equipment?	RadioButton	None Knowledge deficit Unable to obtain Delivery issues Not using - not working Not using - issues with space or renter rules Not using - prefers not to use No longer needs Other (TextBox -> "Specify Other:")	Yes									
CDM/MDM	27	Question	Que_999039		comprehensive	Has your doctor ordered any home health services?	RadioButton	Yes No Did not respond		Que_999039 Equals Yes		Que_999040						
CDM/MDM	Conditional Question	Question	Que_999040		comprehensive	Have you had any difficulty scheduling home health services?	RadioButton	Yes No Did not respond										
CDM/MDM; update with TextBox	28	Question	Que_199200		comprehensive	Care Manager Prompt: Were any issues with current services identified and addressed?	RadioButton	No - Current services and DME are adequate. No further action required No - Gaps identified but member declines assistance Yes - Gaps closed (Textbox -> "Specify details:") Yes - Gaps not closed or ongoing follow up to close gaps (Textbox -> "Specify details:")										
Generic Controls do not exhaust		Generic Control	Gen_999007		header	Health & Well-being/Healthy Behaviors	SectionHeader											

Generic Controls do not exhaust		Generic Control	Gen_13024		medication	Medications	SectionHeader								
Generic Controls do not exhaust		Generic Control	Gen_999042		comprehensive	I am going to review your list of medications we have in our system, and we will make updates as needed.	StaticText								
Generic Controls do not exhaust		Generic Control	Gen_999043	Yes	comprehensive	Care Manager prompt: Update the Medication List in the proper system for your team, 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.	StaticText								
CDM/MDM	29	Question	Que_999044		comprehensive	Do you have any worries about or problems with your medicines?	CheckBox	None Financial concerns Transportation issues Forgot to refill Lack of perceived need Problems/issues with medication side effects Other (TextBox -> "Specify Other:")							
Generic Controls do not exhaust		Generic Control	Gen_999008		header	Providers and Appointments	SectionHeader								
CDM/MDM; update response list	30	Question	Que_999046		comprehensive	(For CGX Users only) Our system is showing that _____ is your primary provider. Is this correct? Or, Our system does not show that you have a primary provider.	RadioButton	Yes No (Textbox -> "Specify details and actions taken:") Does not have a provider (Textbox -> "Specify details and actions taken:") Did not respond N/A (only select for Duals members)	Yes	Que_999046 Equals Yes	Que_999047				
CDM/MDM	Conditional Question	Question	Que_999047		comprehensive	How often do you see your provider?	TextBox		Yes						
CDM/MDM	31	Question	Que_999048		comprehensive	Do you have a follow up appointment with your provider?	RadioButton	Yes No Does not have a provider Did not respond N/A (only select for Duals members)	Yes	Que_999048 Equals Yes	Que_999049				
CDM/MDM	Conditional Question	Question	Que_999049		comprehensive	Type and date of appointment	TextBox		Yes						
CDM/MDM	32	Question	Que_999050		comprehensive	Do you see any specialist doctors (other than your primary provider)?	RadioButton	Yes No Did not respond N/A (only select for Duals members)	Yes	Que_999050 Equals Yes	Que_999051				
CDM/MDM	Conditional Question	Question	Que_999051		comprehensive	What are their names, and what are they treating you for?	TextBox		Yes						
Generic Controls do not exhaust		Generic Control	Gen_999018		comprehensive	Care Manager prompt: Advise member to contact customer service to update provider information if appropriate or provide guidance on finding a physician.	InstructionalVerbiage								
Generic Controls do not exhaust		Generic Control	Gen_111152		hedis	Tobacco Use	SectionHeader								
CDM/MDM	33	Question	Que_999053		comprehensive	Do you smoke or use tobacco products?	RadioButton	Yes No Did not respond	Yes	Que_999053 Equals Yes	Que_17049 Que_17050 Que_999056				
CDM/MDM	Conditional Question	Question	Que_17049		comprehensive	What kind of tobacco do you use?	CheckBox	Pipes Cigars Cigarettes Electronic Cigarettes Smokeless Tobacco							
CDM/MDM	Conditional Question	Question	Que_17050		comprehensive	How often do you use tobacco products?	Dropdown	Daily Often Seldom							
CDM/MDM; update with TextBox	Conditional Question	Question	Que_999056		comprehensive	Care Manager prompt: Has smoking cessation education been given to member?	RadioButton	Yes (Textbox -> "Specify details:") No							
Generic Controls do not exhaust		Generic Control	Gen_01533		nutrition	Nutrition	SectionHeader								
CDM/MDM	34	Question	Que_999057		comprehensive	Has your doctor told you that you need to be on a special diet?	CheckBox	Regular diet/none Cardiac diet Low sodium diet Fluid restricted diet Low fat diet Diabetic diet High calorie/high protein diet Renal without potassium Renal with potassium Sleeve gastrectomy diet Roux-en-y gastric bypass diet Other (TextBox -> "Specify Other:")	Yes						
CDM/MDM	35	Question	Que_999058		comprehensive	What difficulties do you have following your diet?	CheckBox	None Financial/fixed income Lack of knowledge Cultural Emotional/psychological/eating disorder Inability to read Lack of time Multiple chronic conditions Other (TextBox -> "Specify Other:")	Yes						
CDM/MDM; New Question	36	Question	Que_999218		comprehensive	Describe education and/or resources provided:	TextBox								

Generic Controls do not exhaust		Generic Control	Gen_690001		dental	Dental	SectionHeader				
CDM/MDM	37	Question	Que_999060		comprehensive	Have you been to the dentist in the last 6 months?	RadioButton	Yes No Did not respond			
CDM/MDM	38	Question	Que_999061		comprehensive	What problems or concerns with your mouth, teeth or ability to swallow do you have or have had?	TextBox				
Generic Controls do not exhaust		Generic Control	Gen_151007		sleep	Sleep	SectionHeader				
CDM/MDM	39	Question	Que_999063		comprehensive	How often do you have trouble sleeping?	Dropdown	Not at all Several days More than half the days Nearly everyday	Que_999063 NotEquals Not at all	Que_999064 Que_999065 Que_999066 Que_999067 Que_999068	
CDM/MDM	Conditional Question	Question	Que_999064		comprehensive	What are the main issues that cause you to have trouble sleeping?	CheckBox	None Chronic insomnia Pain Anxiety GI distress Environmental factors (noise) Medication side effect Nocturnal urination Other (TextBox -> "Specify Other:")			
CDM/MDM	Conditional Question	Question	Que_999065		comprehensive	Has your snoring ever bothered other people or has anyone noticed that you gasp or stop breathing during sleep?	RadioButton	Yes No Did not respond			
CDM/MDM	Conditional Question	Question	Que_999066		comprehensive	Do you often feel excessively tired during the day, even after a full night of sleep?	RadioButton	Yes No Did not respond			
CDM/MDM	Conditional Question	Question	Que_999067		comprehensive	Have you ever been tested for sleep apnea?	RadioButton	Yes No Did not respond			
CDM/MDM; update with TextBox	Conditional Question	Question	Que_999068		comprehensive	Care Manager prompt: Did you provide educational materials on sleeping tips, sleep apnea, or sleep studies?	RadioButton	Yes (TextBox -> "Specify Details:)" No			
Generic Controls do not exhaust		Generic Control	Gen_999009		header	Pain/Opioids	SectionHeader				
CDM/MDM	40	Question	Que_999069			Do you experience any pain?	RadioButton	Yes No Member Unsure Did not respond	Que_999069 Equals Yes	Que_999070 Que_999071 Que_999072 Que_999073 Que_09030 Que_999075 Que_999076 Que_999077	Yes
CDM/MDM	Conditional Question	Question	Que_999070		comprehensive	Where is your pain located?	TextBox				Yes
CDM/MDM	Conditional Question	Question	Que_999071		comprehensive	How would you describe the pain?	CheckBox	Dull Sharp Stabbing Tingling Throbbing Burning Other (TextBox -> "Specify Other:") MR- N/A, denies pain- keep this additional answer option or remove? Recommend remove.			Yes
CDM/MDM	Conditional Question	Question	Que_999072		comprehensive	How often are you having pain?	Dropdown	Daily but not constantly Less often than daily All the time With activity or movement MR- CGX has an additional answer option of "N/A, denies pain", however this question only populates if we ask Que_Que_999069 "Do you expreience any pain?" and user chooses "Yes". I recommend we remove additional option.			Yes
CDM/MDM	Conditional Question	Question	Que_999073		comprehensive	Is this new or worsening pain?	Dropdown	New Worsening Not new, no worsening MR- CGX has an additional answer option of "N/A, denies pain", however this question only populates if we ask Que_999069 "Do you expreience any pain?" and user chooses "Yes". I recommend we remove additional option.			Yes
CDM/MDM	Conditional Question	Question	Que_09030		comprehensive	Describe your pain level on scale of 1 (no pain) to 10 (severe pain)	Dropdown	1 2 3 4 5 6 7 8 9 10 Unable to rate on numeric scale MR- CGX has an additional answer option of "N/A, denies pain", however this question only populates if we ask Que_Que_999069 "Do you expreience any pain?" and user chooses "Yes". I recommend we remove additional option.			Yes
CDM/MDM	Conditional Question	Question	Que_999075		comprehensive	How does your pain effect your ability to do the things you normally do?	TextBox				Yes

Notes	Num	Type	ID		Category	Question	Control	Responses	Req	Condition	Target
CDM/MDM	Conditional Question	Question	Que_999076		comprehensive	Do you have a treatment plan? What is your treatment plan?	CheckBox	Non-narcotic pain medication Narcotic pain medication Transcutaneous electrical nerve stimulation (TENS) Nerve block/trigger point injection Implantable device Rehabilitation Cognitive therapy (relaxation training, biofeedback, etc.) Physical Therapy Working with Pain Management Provider Medication Assisted Therapy (MAT) Yoga Other (TextBox -> "Specify Other:")	Yes		
CDM/MDM	Conditional Question	Question	Que_999077		comprehensive	Care Manager prompt: What follow-up actions do you need to take based on the pain assessment?	CheckBox	N/A Call physician Use medication as prescribed Other medical treatment as prescribed For chest pain, IM coach, keep member on line and consider 911 Consultation Member chooses not to address pain Pain severity doesn't warrant intervention at this time Other (TextBox -> "Specify Other:")	Yes		
CDM/MDM	41	Question	Que_999078		comprehensive	Care Manager prompt: Does the member have an Opioid Predictive Model Alert?	RadioButton	Yes No		Que_999078 Equals Yes	Que_999079
CDM/MDM	Conditional Question	Question	Que_999079		comprehensive	Often people with diagnoses similar to yours find they need to use pain medications more than prescribed, or other types of drugs, just to do daily activities. Do you find this is also the case for you?	RadioButton	Yes No Did not respond	Yes	Que_999079 Equals Yes	Que_999080
CDM/MDM	Conditional Question	Question	Que_999080		comprehensive	How many times in the past year have you used a drug or prescription medication for non-medical reasons, to treat something it was not prescribed for, or that was not prescribed for you?	RadioButton	Greater than once One time Not at all	Yes	Que_999080 Equals Greater than once	Que_999081
CDM/MDM	Conditional Question	Question	Que_999081		comprehensive	At Humana, we have specialists that can work with you on care related to pain medication use. They may be able to help identify resources to support you in managing your pain, and using your medication safely and in the best way possible. Would you be open to talking with one of our care managers?	RadioButton	Yes No Did not respond	Yes	Que_999081 Equals Yes	Que_999082 Que_999200
CDM/MDM; update conditional branching	Conditional Question	Question	Que_999082		comprehensive	Care Manager prompt: Based on member response, is a referral for further behavioral health support warranted?	RadioButton	Yes No	Yes	Que_999082 Equals Yes	Que_999219
CDM/MDM; New Question	Conditional Question	Question	Que_999219		comprehensive	Please describe what action was taken to gain behavioral support for the member.	TextBox				
CDM/MDM; update response list	Conditional Question	Question	Que_999200		comprehensive	Please describe what action was taken to gain behavioral support for the member.	CheckBox	SCM - Refer for BH consult Other (TextBox -> "Specify Other:")	Yes		
Generic Controls do not exhaust		Generic Control	Gen_999012		header	Health History/ Utilization	SectionHeader				
Generic Controls do not exhaust		Generic Control	Gen_999013		header	Health Systems Review	SectionHeader				
CDM/MDM; update response list	42	Question	Que_999083		comprehensive	We are going to discuss health conditions you might have. As we get started, what is your blood pressure?	CheckBox	Does not know Does not know but provider says is normal Does not know but provider says it is high Member knows blood pressure (TextBox -> "Current Blood Pressure:") N/A			
CDM/MDM; update response list	43	Question	Que_999084		comprehensive	Care Manager prompt: If member B/P is elevated, what is the current treatment plan?	CheckBox	No current or past history of HTN Currently treated and well-managed Currently treated but not well-managed N/A			
CDM/MDM	44	Question	Que_999086		comprehensive	What major surgeries have you had?	TextBox		Yes		
Generic Controls do not exhaust		Generic Control	Gen_8383	Yes	health history	Would you mind sharing with me medical conditions that you have been treated for in the past as well as those conditions that you are currently being treated for?	StaticText				
Generic Controls do not exhaust		Generic Control	Gen_8384		health history	Care Manager Prompt: CheckBox any systems for which member has a history of conditions and complete branching related question below.	StaticText				

CDM/MDM	45	Question	Que_999087	Yes	comprehensive	Health systems review	CheckBox	Cardiovascular Respiratory Endocrine Musculoskeletal Gastrointestinal Neurological Renal Blood/Hematological Infectious Disease Skin/Integumentary Reproductive Eyes, Ears, Nose, Throat Cancer Rare Diseases Behavioral Health Denies any conditions	Yes	Positive response to any category opens up to further questions for each category.	See "Design (CTX Only) tab for conditional branching for Health System Review
CDM/MDM; update conditional branching	Conditional Question	Question	Que_999088	Yes	comprehensive	Cardiovascular condition details	CheckBox	Hypertension High cholesterol Congestive Heart Failure Coronary Artery Disease Myocardial Infarction (MI) A-Fib Stroke Other (TextBox -> "Specify Other:")	Yes	Que_999087 Contains Cardiovascular Que_999088 Equals Congestive Heart Failure Que_999088 Equals Coronary Artery Disease	Que_999088 Que_999089 Que_999104 Que_999104
CDM/MDM	Conditional Question	Question	Que_999089	Yes	comprehensive	Cardiac condition status	RadioButton	Current Past	Yes		
CDM/MDM; update conditional branching	Conditional Question	Question	Que_999093	Yes	comprehensive	Respiratory condition details	CheckBox	COPD Asthma Chronic Bronchitis Emphysema Sleep Apnea Respiratory Failure Pneumonia Other Other (TextBox -> "Specify other") None	Yes	Que_999087 Contains Respiratory Que_999093 Contains COPD	Que_999093 Que_999094 Que_999105
CDM/MDM	Conditional Question	Question	Que_999094	Yes	comprehensive	Respiratory condition status	RadioButton	Current Past	Yes		
CDM/MDM; update conditional branching	Conditional Question	Question	Que_999098	Yes	comprehensive	Endocrine condition details	CheckBox	Thyroid Diabetes Member Unsure Other (TextBox -> "Specify other:")	Yes	Que_999087 Contains Endocrine Que_999098 Contains Diabetes	Que_999098 Que_999099 Que_999106
CDM/MDM	Conditional Question	Question	Que_999099	Yes	comprehensive	Endocrine condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999103	Yes	comprehensive	Musculoskeletal condition details	CheckBox	Osteoarthritis (Degenerative Joint Disease) Rheumatoid arthritis Cervical stenosis Osteoporosis Fibromyalgia Back problems Joint Replacement Gout Other (TextBox -> "Specify other")	Yes	Que_999087 Equals Musculoskeletal	Que_999103 Que_999104
CDM/MDM	Conditional Question	Question	Que_999104	Yes	comprehensive	Musculoskeletal condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999109	Yes	comprehensive	Gastrointestinal condition details	CheckBox	Appendicitis Ulcerative Colitis Crohn's Diverticulitis Gastritis GERD GI bleed Hiatal hernia Irritable Bowel Syndrome Chronic constipation/diarrhea Ulcers Other (TextBox -> "Specify Other:")	Yes	Que_999087 Equals Gastrointestinal	Que_999109 Que_999110
CDM/MDM	Conditional Question	Question	Que_999110	Yes	comprehensive	Gastrointestinal condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999113	Yes	comprehensive	Neurological condition details	CheckBox	Alzheimer's disease Stroke Neuropathy Seizures Transient Ischemic Attack (TIA) Brain Injury Autism Paralysis Parkinsons Shingles Other (TextBox -> "Specify other:")	Yes	Que_999087 Contains Neurological	Que_999113 Que_999114
CDM/MDM	Conditional Question	Question	Que_999114	Yes	comprehensive	Neurological condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999117	Yes	comprehensive	Renal condition details	CheckBox	Dialysis End Stage Renal Disease Chronic Kidney Disease Urinary Tract Infection (UTI) Incontinence Kidney stones Other (TextBox -> "Specify other:")	Yes	Que_999087 Contains Renal	Que_999117 Que_999118
CDM/MDM	Conditional Question	Question	Que_999118	Yes	comprehensive	Renal condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999121	Yes	comprehensive	Hematological condition details	CheckBox	Anemia Thrombocytopenia Clotting disorder Sickle Cell Anemia Other (TextBox -> "Specify other:")	Yes	Que_999087 Contains Blood/Hematological	Que_999121 Que_999122
CDM/MDM	Conditional Question	Question	Que_999122	Yes	comprehensive	Hematological condition status	RadioButton	Current Past	Yes		

CDM/MDM	Conditional Question	Question	Que_999125	Yes	comprehensive	Infectious Disease condition details	CheckBox	C Diff Hepatitis HIV/AIDS Meningitis MRSA Septicemia Tuberculosis Other Infectious Disease (TextBox -> "Specify other:")	Yes	Que_999087 Contains Infectious Disease	Que_999125 Que_999126
CDM/MDM	Conditional Question	Question	Que_999126	Yes	comprehensive	Infectious Disease condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999129	Yes	comprehensive	Skin condition details	CheckBox	Eczema Psoriasis Burns Cellulitis Decubiti Non-surgical wound Other Skin (TextBox -> "Specify other:")	Yes	Que_999087 Contains Skin/Integumentary	Que_999129 Que_999130
CDM/MDM	Conditional Question	Question	Que_999130	Yes	comprehensive	Skin condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999133	Yes	comprehensive	Reproductive condition details	CheckBox	Erectile dysfunction Inguinal hernia Enlarged prostate STDs Pregnancy Uterine bleeding Polycystic ovaries Other (TextBox -> "Specify other:")	Yes	Que_999087 Contains Reproductive	Que_999133 Que_999134
CDM/MDM	Conditional Question	Question	Que_999134	Yes	comprehensive	Reproductive condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999140	Yes	comprehensive	EENT condition details	CheckBox	Vision impairment Cataracts Glaucoma Glasses/Contacts Diabetic retinopathy Macular degeneration Blindness Hearing disorder Hearing aids Dysphasia Vocal hoarseness Chronic sinusitis Nasal congestion Other (TextBox -> "Specify other:")	Yes	Que_999087 Contains Eyes, Ears, Nose, Throat	Que_999140 Que_999141
CDM/MDM	Conditional Question	Question	Que_999141	Yes	comprehensive	EENT condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999144	Yes	comprehensive	Cancer condition details	CheckBox	Breast Lung Prostate Colon Non-Hodgkin's Lymphoma Multiple Myeloma Ovarian Brain Bone Liver Pancreas Skin Oral Other (TextBox -> "Specify other:")	Yes	Que_999087 Contains Cancer	Que_999144 Que_999145
CDM/MDM	Conditional Question	Question	Que_999145	Yes	comprehensive	Cancer condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999148	Yes	comprehensive	I am going to go through a list with you now. Has the doctor ever told you that you have any of these uncommon conditions? (Note to associate: these are the rare diseases.)	CheckBox	ALS Chronic inflammatory demyelinating polyneuropathy (CIDP) Cystic Fibrosis Dermatomyocitis Hemophilia - except Von Willerbrand's Multiple Sclerosis Myasthenia Gravis Parkinson's Disease Polymyositis Scleroderma Sickle Cell Disease Systemic Lupus	Yes	Que_999087 Contains Rare Diseases	Que_999148 Que_999054
CDM/MDM	Conditional Question	Question	Que_999054	Yes	comprehensive	Rare Disease condition status	RadioButton	Current Past	Yes		
CDM/MDM	Conditional Question	Question	Que_999151	Yes	comprehensive	Behavioral Health condition details	CheckBox	Major Depression Anxiety Bipolar Disorder Schizophrenia/Schizoaffective disorder Substance Use Disorder (SUD) Eating Disorder (binging, anorexia, bulemia) Suicide Attempt Other (TextBox -> "Specify other:")	Yes	Que_999087 Contains Behavioral Health	Que_999151 Que_999152
CDM/MDM	Conditional Question	Question	Que_999152	Yes	comprehensive	Behavioral Health condition status	RadioButton	Current Past	Yes		
Generic Controls do not exhaust		Generic Control	Gen_000106			Health Risk Assessment	Cognitive	SectionHeader			
CDM/MDM	46	Question	Que_999155	Yes	comprehensive	What is your date of birth?	RadioButton	Correct response Incorrect response			
CDM/MDM	47	Question	Que_999156	Yes	comprehensive	What year is this?	RadioButton	Correct response Incorrect response			
CDM/MDM	48	Question	Que_999157	yes	comprehensive	What is your zip code?	RadioButton	Correct response Incorrect response			
CDM/MDM	49	Question	Que_999158	yes	comprehensive	Who is the President of the United States?	RadioButton	Correct response Incorrect response			

CDM/MDM	50	Question	Que_999159	Yes		comprehensive	Care Manager prompt: Are any cognitive deficits noted?	Dropdown	Alert and oriented, able to listen, process information and respond appropriately. Requires prompting (cueing, repetition, reminders) when under stress or in a new situation Requires assistance and direction in specific sitations or consistently requires low stimulus environment due to distractibility Requires routine direction. Is not alert and oriented or is unable to maintain attention and recall directions more than half the time Unable to engage due to disturbances such as constant discrientation, coma, persistent vegetative state, or delirium				
Generic Controls do not exhaust		Generic Control	Gen_999014			header	Behavioral Health	SectionHeader					
Generic Controls do not exhaust		Generic Control	Gen_008065			Sr Dia	Depression Screening	SectionHeader					
Generic Controls do not exhaust		Generic Control	Gen_143101	Yes		HGB	Over the last 2 weeks, how often have you been bothered by any of the following problems?	StaticText					
CDM/MDM	51	Question	Que_09003	Yes		comprehensive	Little interest or pleasure in doing things	Dropdown	Not at all Several days More than half the days Nearly everyday	Yes	Que_09003 Equals Several days AND Que_09004 Equals Nearly everyday Que_09003 Equals Nearly everyday AND Que_09004 Equals Several days Que_09003 Equals More than half the days AND Que_09004 Equals More than half the days Que_09003 Equals More than half the days AND Que_09004 Equals Nearly everyday Que_09003 Equals Nearly everyday AND Que_09004 Equals More than half the days Que_09003 Equals Nearly everyday AND Que_09004 Equals Nearly everyday	Que_999163 Que_999163 Que_999163 Que_999163 Que_999163 Que_999163	
CDM/MDM	52	Question	Que_09004	Yes		comprehensive	Feeling down, depressed or hopeless	Dropdown	Not at all Several days More than half the days Nearly everyday	Yes			
CDM/MDM	Conditional Question	Question	Que_999163	Yes		comprehensive	Care Manager prompt: The member has scored high for depression risk. What additional actions did you take?	CheckBox	None Consult with Behavioral Health SME Refer to Social Worker Member already engaged with BH Provider Other (TextBox -> "Specify other:")				
Generic Controls do not exhaust		Generic Control	Gen_999015			header	Cage-Aid Questions	SectionHeader					
CDM/MDM	53	Question	Que_999164	Yes		comprehensive	Do you ever drink or use recreational drugs?	RadioButton	Yes No Declines to Answer	Yes	Que_999164 Equals Yes OR Que_999165 Equals Yes	Que_999166 Que_999167 Que_999168 Que_999169	
CDM/MDM	54	Question	Que_999165	Yes		comprehensive	Do you take medications that aren't prescribed to you?	RadioButton	Yes No Declines to Answer	Yes	Que_999164 Equals Yes OR Que_999165 Equals Yes Que_999165 Equals Yes OR Que_999166 Equals Yes OR Que_999167 Equals Yes OR Que_999168 Equals Yes OR Que_999169 Equals Yes	Que_999166 Que_999167 Que_999168 Que_999169 Que_999171	
CDM/MDM	Conditional Question	Question	Que_999166	Yes		comprehensive	Have you ever felt that you ought to cut down on your drinking or drug use?	RadioButton	Yes No Declines to Answer	Yes			
CDM/MDM	Conditional Question	Question	Que_999167	Yes		comprehensive	Have people annoyed you by criticizing your drinking or drug use?	RadioButton	Yes No Declines to Answer	Yes			
CDM/MDM	Conditional Question	Question	Que_999168	Yes		comprehensive	Have you ever felt bad or guilty about your drinking or drug use?	RadioButton	Yes No Declines to Answer	Yes			
CDM/MDM	Conditional Question	Question	Que_999169	Yes		comprehensive	Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	RadioButton	Yes No Declines to Answer	Yes			
CDM/MDM	Conditional Question	Question	Que_999171	Yes		comprehensive	Care Manager Prompt: The member has scored high for SUD. What additional actions did you take?	RadioButton	None Consult with Behavioral Health SME Refer to Social Worker Member already engaged with BH Provider Other (TextBox -> "Specify other:")	Yes			
CDM/MDM	55	Question	Que_999173	Yes		comprehensive	Have you had thoughts in the last 30 days of wanting to hurt yourself or someone else? (This includes thoughts of wanting to die or not wake up tomorrow).	RadioButton	Yes No	Yes	Que_999173 Equals Yes	Que_999174	
CDM/MDM	Conditional Question	Question	Que_999174	Yes		comprehensive	Care Manager Prompt: Describe member reported symptoms and safety plan.	TextBox		Yes			

CDM/MDM	56	Question	Que_999176	Yes		comprehensive	Care Manager prompt: Behavioral health risks - check all that apply.	CheckBox	None Financial exploitation Physical or emotional abuse Use of recreational drugs Abuse of prescription drugs Physical aggression Resistant to help Self-neglect Unsafe alone Wandering Other (TextBox -> "Specify other:")	Yes		
CDM/MDM	57	Question	Que_999177	Yes		comprehensive	Do you have a behavioral health provider?	RadioButton	Yes No	Yes	Que_999177 Equals Yes	Que_999178 Que_999179 Que_999180
CDM/MDM	Conditional Question	Question	Que_999178	Yes		comprehensive	Name of behavioral health provider	TextBox		Yes		
CDM/MDM	Conditional Question	Question	Que_999179	Yes		comprehensive	Date of last visit	DateTimePicker		Yes		
CDM/MDM	Conditional Question	Question	Que_999180	Yes		comprehensive	How is your relationship with your current BH provider?	RadioButton	Good Fair Poor Unknown	Yes	Que_999180 Equals Fair OR Que_999180 Equals Poor	Que_999181
CDM/MDM	Conditional Question	Question	Que_999181	Yes		comprehensive	Care Manager prompt: Please describe issue with provider relationship and resolution needed.	TextBox		Yes		
CDM/MDM	58	Question	Que_999182	Yes		comprehensive	Behavioral health conclusions. Elaborate on the member's current mental health, cognitive and substance abuse status and needs.	TextBox		Yes		
Generic Controls do not exhaust		Generic Control	Gen_999016			header	ER/IP Utilization	SectionHeader				
CDM/MDM	59	Question	Que_999183	Yes		comprehensive	If you have been to the emergency room or urgent care in the past 3 months, what caused you to go?	RadioButton	No visits within past 3 months Emergent or urgent care needed Member doesn't have a physician or PCP During office hours and physician unable to accommodate member During office hours and didn't call physician office After office hours, non-holiday/weekend Holiday/weekend hours Physician referred HumanaFirst referred Other (TextBox -> "Specify other:")	Yes		
CDM/MDM	60	Question	Que_999185	Yes		comprehensive	In the past year, have you been admitted to the hospital?	RadioButton	Yes (TextBox -> "Comments:") No Did not respond	Yes		
CDM/MDM	61	Question	Que_999186	Yes		comprehensive	Do you have any planned hospital admissions?	RadioButton	Yes (TextBox -> "Comments:") No Did not respond	Yes		
CDM/MDM	62	Question	Que_999187	Yes		comprehensive	Care Manager Prompt. Has the member had unplanned readmissions?	RadioButton	Yes (TextBox -> "Comments:") No	Yes		
CDM/MDM; update with TextBox	63	Question	Que_999188	Yes		comprehensive	Care Manager prompt. Based on assessment of recent admissions, was member education needed?	RadioButton	Yes (Textbox --> "Specify details:") No	Yes		
Generic Controls do not exhaust		Generic Control	Gen_01513			Transplant	Summary	SectionHeader				
CDM/MDM; update response list	64	Question	Que_999216	Yes		comprehensive	Care Manager prompt: What eligible benefits did you discuss with member relevant to the member needs?	MultiSelectDropdown	24 Hr Nurse Advice Line BH Crisis Line Go/365 Humana Pharmacy Transfer to Customer Service for Change in PCP Transfer to Customer Service for Claims assist Transfer to Customer Service for Verification Of Benefits Telemedicine Benefits not available to meet member needs Benefits/resources are adequate Other (TextBox -> "Specify other:").	Yes		
CDM/MDM	65	Question	Que_999232			comprehensive	Care Manager prompt: Evaluate and describe current status of the member's benefits. If there is a gap in benefits, explain.	TextBox		Yes		
CDM/MDM	66	Question	Que_999233			comprehensive	Care Manager prompt: Assess the member's status for social determinants of health that are negatively impacting the member's overall health and describe plan. For example, social isolation, food insecurity, housing, finances, education, transportation, safety.	TextBox				
CDM/MDM	67	Question	Que_999191	Yes		comprehensive	Care Manager prompt: After assessing the member , what did you identify as the member's major health concerns, event, and/or diagnoses that qualify the member for care management?	TextBox		Yes		
CDM/MDM	68	Question	Que_071723			comprehensive	Verbal consent to share information with Enrollee's providers obtained, including the sharing of sensitive information for the purposes of care coordination. *Sensitive information includes behavioral health, substance use disorder, HIV, sexual assault/traumatic events.*	RadioButton	Yes No	Yes		

Element ID: (ICS Use Only)	Mandatory	Conditional
Que 999000	Yes	
Gen 008381		
Gen 8382		
Gen 999000		
Que 999001	Yes	
Que 999002		
Que 999220		
Que 999221		
Que 999222		
Gen 999001		
Que 999003	Yes	
Que 999005		
Que 999230		
Que 999231		
Gen 13026		
Que 999009		
Que 999010		Yes
Gen 999002		
Gen 999003		
Que 777013		
Que 777014		
Gen 999004		
Gen 999050		
Que 999019		
Que 999020		
Que 999021		
Que 999022		
Que 999023		Yes
Que 999024	Yes	
Que 999025	Yes	
Que 999213	Yes	
Que 999214	Yes	Yes
Que 999215	Yes	
Que 999029	Yes	
Que 999030		
Que 999031	Yes	
Gen 999005		
Que 999035		
Gen 999006		
Que 999037	Yes	
Que 999038	Yes	Yes
Que 999039		
Que 999040		Yes
Que 199200		
Gen 999007		
Gen 13024		
Gen 999042		
Gen 999043		
Que 999044		
Gen 999008		
Que 999046	Yes	

Que 999047	Yes	Yes
Que 999048	Yes	
Que 999049	Yes	Yes
Que 999050	Yes	
Que 999051	Yes	Yes
Gen 999018		
Gen 111152		
Que 999053	Yes	
Que 17049		Yes
Que 17050		Yes
Que 999056		Yes
Gen 01533		
Que 999057	Yes	
Que 999058	Yes	
Que 999218		
Gen 690001		
Que 999060		
Que 999061		
Gen 151007		
Que 999063		
Que 999064		Yes
Que 999065		Yes
Que 999066		Yes
Que 999067		Yes
Que 999068		Yes
Gen 999009		
Que 999069	Yes	
Que 999070	Yes	Yes
Que 999071	Yes	Yes
Que 999072	Yes	Yes
Que 999073	Yes	Yes
Que 09030	Yes	Yes
Que 999075	Yes	Yes
Que 999076	Yes	Yes
Que 999077	Yes	Yes
Que 999078		
Que 999079	Yes	Yes
Que 999080	Yes	Yes
Que 999081	Yes	Yes
Que 999082	Yes	Yes
Que 999219		Yes
Que 999200	Yes	Yes
Gen 999012		
Gen 999013		
Que 999083		
Que 999084		
Que 999086	Yes	
Gen 8383		
Gen 8384		
Que 999087	Yes	
Que 999088	Yes	Yes
Que 999089	Yes	Yes

Que_999093	Yes	Yes
Que_999094	Yes	Yes
Que_999098	Yes	Yes
Que_999099	Yes	Yes
Que_999103	Yes	Yes
Que_999104	Yes	Yes
Que_999109	Yes	Yes
Que_999110	Yes	Yes
Que_999113	Yes	Yes
Que_999114	Yes	Yes
Que_999117	Yes	Yes
Que_999118	Yes	Yes
Que_999121	Yes	Yes
Que_999122	Yes	Yes
Que_999125	Yes	Yes
Que_999126	Yes	Yes
Que_999129	Yes	Yes
Que_999130	Yes	Yes
Que_999133	Yes	Yes
Que_999134	Yes	Yes
Que_999140	Yes	Yes
Que_999141	Yes	Yes
Que_999144	Yes	Yes
Que_999145	Yes	Yes
Que_999148	Yes	Yes
Que_999054	Yes	Yes
Que_999151	Yes	Yes
Que_999152	Yes	Yes
Gen_000106		
Que_999155		
Que_999156		
Que_999157		
Que_999158		
Que_999159		
Gen_999014		
Gen_008065		
Gen_143101		
Que_09003	Yes	
Que_09004	Yes	
Que_999163		Yes
Gen_999015		
Que_999164	Yes	
Que_999165	Yes	
Que_999166	Yes	Yes
Que_999167	Yes	Yes
Que_999168	Yes	Yes
Que_999169	Yes	Yes
Que_999171	Yes	Yes
Que_999173	Yes	
Que_999174	Yes	Yes
Que_999176	Yes	
Que_999177	Yes	
Que_999178	Yes	Yes

Que 999179	Yes	Yes
Que 999180	Yes	Yes
Que 999181	Yes	Yes
Que 999182	Yes	
Gen 999016		
Que 999183	Yes	
Que 999185	Yes	
Que 999186	Yes	
Que 999187	Yes	
Que 999188	Yes	
Gen 01513		
Que 999216	Yes	
Que 999232	Yes	
Que 999233		
Que 999191	Yes	
Que_071723	Yes	

Branching Condition	Branching Location	PROD (1.0)	QA2 ()
Que_999009 Equals None	Que_999010		
Que_999022 Equals Lonely OR Que_999022 Equals Severely Lonely	Que_999023		
Que_999213 NotEquals None	Que_999214		
Que_999037 NotEquals None	Que_999038		
Que_999039 Equals Yes	Que_999040		
Que_999046 Equals Yes	Que_999047		
Que_999048 Equals Yes	Que_999049		
Que_999050 Equals Yes	Que_999051		
Que_999053 Equals Yes	Que_17049 Que_17050 Que_999056		
Que_999063 NotEquals Not at all	Que_999064 Que_999065 Que_999066 Que_999067 Que_999068		
Que_999069 Equals Yes	Que_999070 Que_999071 Que_999072 Que_999073 Que_09030 Que_999075 Que_999076 Que_999077		
Que_999078 Equals Yes	Que_999079		
Que_999079 Equals Yes	Que_999080		
Que_999080 Equals Greater than once	Que_999081		
Que_999081 Equals Yes	Que_999082 Que_999200		
Que_999082 Equals Yes	Que_999219		
Que_999087 Contains Cardiovascular	Que_999088		
Que_999087 Contains Respiratory	Que_999093 Que_999094		
Que_999087 Contains Endocrine	Que_999098 Que_999099		
Que_999087 Equals Musculoskeletal	Que_999103 Que_999104		
Que_999087 Equals Gastrointestinal	Que_999109 Que_999110		
Que_999087 Contains Neurological	Que_999113 Que_999114		
Que_999087 Contains Renal	Que_999117 Que_999118		
Que_999087 Contains Blood/Hematological	Que_999121 Que_999122		
Que_999087 Contains Infectious Disease	Que_999125 Que_999126		
Que_999087 Contains Skin/Integumentary	Que_999129 Que_999130		

Que_999087 Contains Reproductive	Que_999133 Que_999134		
Que_999087 Contains Eyes, Ears, Nose, Throat	Que_999140 Que_999141		
Que_999087 Contains Cancer	Que_999144 Que_999145		
Que_999087 Contains Rare Diseases	Que_999148 Que_999054		
Que_999087 Contains Behavioral Health	Que_999151 Que_999152		
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_09004 Equals Nearly everyday	Que_999163		
Que_999164 Equals Yes OR Que_999165 Equals Yes	Que_999166 Que_999167 Que_999168 Que_999169		
Que_999165 Equals Yes OR Que_999166 Equals Yes OR Que_999167 Equals Yes OR Que_999168 Equals Yes OR Que_999169 Equals Yes	Que_999171		
Que_999173 Equals Yes	Que_999174		
Que_999177 Equals Yes	Que_999178 Que_999179 Que_999180		
Que_999180 Equals Fair OR Que_999180 Equals Poor	Que_999181		