

Notes Monthly Status Report

7/1/2022 - 3/31/2023

HICKORY FOODS INC

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
WC-2016650	False	Kimberly McCalmont, RN	H88012600481	4/3/1989		

ICD9 Code 1 -	ICD9 Code 2 -	ICD9 Code 3 -
7/20/2022		

7/20/2022 WC Intake Questionnaire Results
 Active HW Case: No
 Referral From: Other
 Provide WC Request To: Member
 Caller Phone: (904) 885-7261
 Caller Email: cottlejosh10@gmail.com

Comment: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK
 ELAP TYPE: FAC MAX FULL + PROF PLUS OON

Nurse Navigator Request: PCP
 Preferred Zip Code, City and Driving Radius: 32256 15-20 miles
 Provider Preferences: No

WC Call Reason: Locate PCP Locate Primary Care Provider
 Assessed by Nurse (for Assignment) Results
 Priority of Request: P4 (24-48 hours)

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1954797	False	Dulce Sanchez	H88012600571	11/15/1959		PRECISION IMAGING CENTERS

ICD9 Code 1 - M25.561 PAIN IN RIGHT KNEE	ICD9 Code 2 -	ICD9 Code 3 -
7/14/2022		

7/14/2022 TCF Katie S with Facility PH(888)458-8746 x232 Fax(973)257-1177 with JOHN T WOESTE, phone 904 389 1010 / PRECISION IMAGING CENTERS , phone 904 996 8100, requesting notification for procedure:

OPS OUTPATIENT SURGERY for 73721 MRI ANY JT LOWER EXTREM W/O CONTRAST MAT; ; ; ; ; with dx of M25.561 PAIN IN RIGHT KNEE; ; ; ; ; on 7/26/2022 to 7/26/2022.

Patient's ph# (704) 791-6001

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Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: No

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, case approved and closed.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1872217	False	Madison Davis	H88012600643	7/20/2001		ST VINCENTS MEDICAL CENTER

ICD9 Code 1 - K20.90 ESOPHAGITIS, UNSPECIFIED WITHO	ICD9 Code 2 - R11.10 VOMITING, UNSPECIFIED	ICD9 Code 3 -
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7/6/2022 Initial screening process/TCF Nicki V./FAC Ph: 904-308-7430 UR fax: 904-308-2705 with , phone / ST VINCENTS MEDICAL CENTER, phone , 1811393143 Dapiali Changela 1 SHIRCLIFF WAY JACKSONVILLE FL 32204 Ph: (904) 308-7300 requesting notification for procedure:

OBS 23 HOUR OBSERVATION for 99218 INITIAL OBSERVATION CARE/DAY 30 MINUTES; ; ; ; with dx of K20.90 ESOPHAGITIS, UNSPECIFIED WITHO; R11.10 VOMITING, UNSPECIFIED; ; ; ; on 7/5/2022 to .

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage,

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payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (904) 434-9776

Clinical requested to be sent to intake fax: (972) 587-1407, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

7/7/2022 UR CASE ASSIGNED to Lisa G, RN for Obs 7/5; task sent in ctd.

7/7/2022 Initial clinical review/Recd case from Intake for UM Non-Urgent Concurrent Review

Per GBAS:

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

reduced benefits apply non-ppo Yes (Physician only) No X

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO NETWORK ONLY****

Stop Loss Carrier: ACCURISK SOLUTIONS LLC/NATIONWIDE (formerly INTERNATIONAL

INCLUDES: HOSPITALS (INPATIENT/OUTPATIENT), AMBULATORY SURGERY CENTERS,

DIALYSIS CLINICS, OTHER IN-PT FACILITIES (SUCH AS SKILLED NURSING FACILITIES,

REHAB FACILITIES AND INPT HOSPICE), INPATIENT/OUT-PT FACILITIES FOR MENTAL &

NERVOUS OR CHEMICAL DEP/SUBSTANCE ABUSE & OTHER FREE-STANDING FACILITIES NOT

COVERED UNDER LEVEL II PROVIDERS

!Fund Contract Period Spec Paid Over Reimb ;

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!88126	07/01/2019-06/30/2020	110000	0.00	0.00	0.00	;
!88126	07/01/2020-06/30/2021	125000	195.00	0.00	0.00	;
!88126	07/01/2021-06/30/2022	125000	401.24	0.00	0.00	

Per PHCS Website Dapiali Changela is not a Network Provider.

Unable to complete case at this time. Awaiting clinical for review. MIS has requested clinical.

FMLA not completed in GBAS as pt is dependent.

Stop Loss letter completed and sent to hws d/t cost of admit.

Case pending clinical

Pulse search not indicated at this time as pt already admitted.

7/7/2022 Lack of Information Non-Notification

Date: 07/07/2022

To: ST VINCENTS MEDICAL CENTER

Attn: MR DEPT

Fax: 904-308-2705

7/7/2022 Noted per Madison D.; OBS LOI issued

7/8/2022 Clinical RCVD and linked to CTD. Task Lisa G. to notify

7/11/2022 Rcvd addl clinical and linked to CTD. Task sent to Lisa G., RN.

7/11/2022

Per Faxed Clinical/MDO:

hpi: admit obs 7/5/22, discharged 7/7/22

Discharge Diagnoses

Food bolus on Esophagous

Consults during This Visit

GI

Procedures Performed

Upper Gi endoscopy

Findings:

Secondary ta foad {Sausage} in distal esophagus, Patient was intubated

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for respiratory protection.

Food was found in the lower third of the esophagus. Removal of food was

accomplished. Removal with cap, net, biopsy forceps, etc.

impression: Secondary to food (Sausage) in distal esophagus,

Patient

was intubated for respiratory protection.

~ Food in the lower third of the esophagus. Removal was

successful, [4]

Hospital Course

Patient presented with persistent vomiting secondary to food (Sausage)

in distal esophagus

-CT abdomen showing small hiatal hernia and lower esophageal wall thickening possibly esophagitis

~EGD : Secondary to food (Sausage) in distal esophagus, Patient was intubated for respiratory protection. Food in the lower third of the

esophagus. Removal was successful.

-Did not tolerate diet immediately after procedure but improved next days.

Secondary diagnosis

Down syndrome

Dx: esophageal obstruction Plan: admit obs - ugi

Meets Esophageal Disease ORG: M-550 (ISC)MCG 26th Edition Guidelines for initial date of obs admission on 7/5/22 with continued current admission to 7/7/22 for total of 2 obs days. faxed Nicki V./FAC Ph: 904-308-7430 UR fax: 904-308-2705 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223 with UM name/number/fax given.

tasked sl inbox d/t cost of admit

Case pending sl verification

7/13/2022 Per verbal staffing w/LCM Nurse designee reviewed and there will be no LCM needs at this time unless status changes

(20; M) IP OBS 7/5-7/7/22 w/ food bolus/obstruction- egd, intubated; down syndrome

7/14/2022 Noted per Vanessa G.: Per verbal staffing w/LCM Nurse designee reviewed and there will

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be no LCM needs at this time unless status changes
Case closed.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0237178	False	Crystal Michielli	H88012600761	11/26/1959		HCA FL ORANGE PARK HOSP

ICD9 Code 1 - I63.9 CEREBRAL INFARCTION, UNSPECIFI	ICD9 Code 2 -	ICD9 Code 3 -
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1/23/2023 Initial screening process/TCF Randall A. w/ fac PH 833-84-2987 FX 904-639-2089 with / HCA FL ORANGE PARK HOSP, phone (833) 840-2987, 1093140592 - JESSICA FONSECA EL-BAHRI D.O. 5870 N HIATUS RD SUITE 200 TAMARACK FL 33321 PH 904-548-3627 FX 904-639-2089 requesting notification for procedure:

INP INPATIENT ADMISSION for 99218 INITIAL OBSERVATION CARE/DAY 30 MINUTES; ; ; ; with dx of I63.9 CEREBRAL INFARCTION, UNSPECIFI; ; ; ; ; on 1/21/2023 to 1/21/2023.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: \$125,000 - 24/12

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph#

Clinical requested to be sent to intake fax: (972) 972-8091, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

1/24/2023 No clinical received. Issued a LOI. Task sent to UTILIZATION INBOX.

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- 1/24/2023 UR CASE ASSIGNED to Latisha B, RN for Obs 1/21; task sent in ctd.
- 1/24/2023 CLINICAL received/linked to case. Task sent to Latisha B.
- 1/24/2023 Initial clinical review/Recd case from Intake for UM Non-Urgent Retrospective Review

Per GBAS:

Fund	Contract Period	Spec	Paid	Over	Reimb
88126	07/01/2020-06/30/2021	125000	273.49	0.00	0.00
88126	07/01/2021-06/30/2022	125000	1248.15	0.00	0.00
88126	07/01/2022-06/30/2023	125000	632.85	0.00	0.00

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO

NETWORK ONLY****

-INPATIENT SERVICES: \$475 per confinement copay-ded-70%

Per PHCS Website Jessica El-Bahri is not a Network Provider. However, per GBAS no IP PPO Network.

Per Faxed Clinical/MDO:

Admit Date: 1/21/23

Discharge Date: 1/23/23

HPI: Ms. Burroughs is a 63 yo F with a PMH of HIN, Hypothyroidism who presents with left sided numbness and tingling. She says that the symptoms first began Tuesday shortly after he grandson ran away from home. The numbness is most prominent in her left arm but includes her left lower extremity and left side of her face. The symptoms have been constant since Tuesday. She denies any cardiac history or any prior strokes/TIAs. She was at her normal state of health just prior to symptom onset. She does not check her BP at home. He grandson ran away from home prior to symptom onset. He has since returned home but her symptoms have not resolved. She denies any falls, chest pain, SOB, confusion, motor weakness, headache, vision changes, abdominal pain. She denies any DM, tobacco use, or alcohol use. She denies any blood thinners but does take a daily baby aspirin.

PMH - HTH, Hypothyroidism

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Assessment:

Stroke rule out vs conversion disorder

-Symptoms began Tuesday, after her grandson ran away from home, have not resolved since.

-Out of window for permission HTN or TNK. BP on arrival 180/67.

-CT Brain 1/21 - 8 mm hypodensity left subinsular region could represent artifact or chronic lesion, and is contralateral to an expected abnormality given the clinical setting. Follow-up noncontrast MRI may be beneficial for further evaluation to exclude an acute infarct, if relevant

-CTA HN 1/21 - No large vessel occlusion, moderate or severe arterial stenosis, or significant vascular findings present

No nonvascular findings of clinical significance

HTN

-Patient does not check her BP at home

-Home meds: Amlodipine 5mg qd

Hypothyroidism

-Home meds: Levothyroxine 125 mcg qd

Microcytosis

-Hgb 12.2

-Iron low, TIBC normal

-Ferritin pending

-Starting PO iron

Hospitalist Discharge Summary

Discharge diagnosis:

TIA

Discharge to: Home/Self Care

Additional Discharge Routines: PCP Follow-Up, Consultant Follow-Up

Diet: Resume Home Diet/Feeds, Cardiac

Follow-up Appointments

PCP follow-up:

PCP:

Blissenbach, Elyssa MD

Phone: (904)387-4050

PCP follow up timeframe: In 2 days

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Pande,Ravi U MD
Specialty: Neurology
Phone: (904)272-9981
Consult follow up timeframe: In 1-2 weeks
Special instructions:
CALL FOR FOLLOW UP APPOINTMENT

Meets Stroke: Ischemic ORG: M-83 (ISC) MCG 26th Edition Guidelines for initial date of inpatient admission on 1/21/23 with continued current admission to 1/23/23 for total of 2 days. Faxed UR Department/fac 904-639-2089 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223.

FMLA not indicated for retrospective OBS.

Stop Loss letter completed and tasked to HWS SLL inbox to be sent.

Case closed to UM.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0766608	False	Mayra Yanez	H88012600761	11/26/1959		JACKSONVILLE CENTER FOR ENDOSC

ICD9Code1 - Z12.11 ENCOUNTER FOR SCREENING FOR MA	ICD9 Code 2 - K74.60 UNSPECIFIED CIRRHOSIS OF LIVER	ICD9 Code 3 -
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3/17/2023 Initial screening process/TCF TARA W MDO PH 904 578 5473 FAX 904 296 1222 with ELYSSA A BLISSENBACH, phone (904) 387-4050 / JACKSONVILLE CENTER FOR ENDOSC, phone , requesting notification for procedure:

MNT MED-NEC for 43235 ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIA;
43238 EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY; 43239 EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; 43248 EGD INSERT GUIDE WIRE DILATOR PASSAGE ES;
43249 EGD BALLOON DILATION ESOPHAGUS <30 MM DI; with dx of Z12.11 ENCOUNTER FOR SCREENING FOR MA; K74.60 UNSPECIFIED CIRRHOSIS OF LIVER; ; ; ; ; 43250 43450 43270 45378 45380 45384 45385 45390 45398 45388 on 3/30/2023 to 3/30/2023.

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Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at the number on the back of the member's card." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph#

Clinical requested to be sent to intake fax: (972) 764-7993, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

3/17/2023 Rcvd clinical and linked to CTD. Tasked sent to utilization inbox to assign.

3/17/2023 UR CASE ASSIGNED to Rhonda C, RN for OP 3/30; task sent in ctd.

3/17/2023 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review

Per GBAS:

Fund	Contract Period	Spec	Paid	Over	Reimb
88126	07/01/2020-06/30/2021	125000	273.49	0.00	0.00
88126	07/01/2021-06/30/2022	125000	1248.15	0.00	0.00
88126	07/01/2022-06/30/2023	125000	24222.89	0.00	0.00

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

**** ELAP COST PLUS PROGRAM

-ROUTINE COLONOSCOPY: \$0 ded-100% - includes polyp removal

-OUT-PT/AMBULATORY SURGERY CENTERS: ded-70%

Per PHCS Website Elyssa Blissenbach is not a Network Provider. However, claims from

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this provider processed as INN.

Pulse search: Per Pulse, Jacksonville Center for Endoscopy - Riverside has a high Historic Acceptance Rating and n/a Quantros Quality Rating.

Per Faxed Clinical/MDO:

2/17/23

This 62 year old female presents for follow up of Cirrhosis and follow up of NASH.

EXAM

Abdomen: normal/wnl

My Assessment:

1. Cirrhosis of liver without ascites, unspecified hepatic cirrhosis type (K74.60).
2. Colon cancer screening (Z12.11).

Procedures

Colonoscopy with Anesthesia

EGD with Anesthesia

Meets Esophagogastroduodenoscopy (EGD), UGI Endoscopy ACG: A-0203 (AC), General Surgery or Procedure GRG GRG: SG-GS (ISC GRG), and Colonoscopy ACG: A-0129 (AC) MCG 27th Edition Guidelines for outpatient EGD/colonoscopy on 3/30/23. Faxed Tara/MDo 904-296-1222 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at the number on the back of the member's card. Confirmed she will notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

Case pending procedure date.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2726143	False	Saralily Aguirre	H88012600874	3/9/1959		DAVID A ALESSANDRO, MD

ICD9Code 1 - M17.11 UNILATERAL PRIMARY OSTEOARTHRI	ICD9 Code 2 -	ICD9 Code 3 -
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9/29/2022 Initial screening process/TCF Nalyn Y/ MDO PH# 781-782-1300 FAX# 781-782-1350 with DAVID A ALESSANDRO, MD, phone (781) 782-1300/ DAVID A ALESSANDRO, MD, phone (781) 782-1300, requesting notification for procedure:

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MNT MED-NEC for J7323 EUFLEXXA INJ PER DOSE; ; ; ; ; with dx of M17.11 UNILATERAL PRIMARY OSTEOARTHRI; ; ; ; ; on 9/29/2022 to .

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (978) 886-9282

Clinical requested to be sent to intake fax: (469) 445-3163, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

- 9/29/2022 Received clinical linked to CTD. Task sent to UM for nurse assignment.
- 9/29/2022 Emailed correspondence team to review for RUSH pre d/benefit review for hcpc code J7323. Email linked in CTD. Task sent to BR pending inbox on 9/29/22 for dos 9/29/22.
- 9/30/2022 This case closed/voided to UM. See BR-2736486 for review.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
BR-2736486	False	Vanessa Guerrero	H88012600874	3/9/1959		DAVID A ALESSANDRO, MD
ICD9 Code 1 - M17.11 UNILATERAL PRIMARY OSTEOARTHRI			ICD9 Code 2 -		ICD9 Code 3 -	

- 9/30/2022 Benefit review received from Becky B. /Correspondence Team for Euflexxa (J7323). Case set up and tasked to Benefit Review inbox.
- 9/30/2022 Request received from Becky B./corres for Pre-D review for:

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J7323 - Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose

Per GBAS SB/UM:

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO NETWORK ONLY****

Stop Loss Carrier: ACCURISK SOLUTIONS LLC/NATIONWIDE (formerly INTERNATIONAL

INSURANCE SERVICES (IIAS)/CABOT UNDERWRITING, LLC./

TRANSAMERICA (old GWI SERVICES/GREENWOOD/BOSTON MUTUAL)

SPECIALTY DRUGS: Contact PaydHealth - (877) 869-7772

Per GBAS: SB/MD:

-PHYSICIAN'S OFFICE: ded-100% ppo & non-ppo

INCLUDES MEDICAL (exam, treatment

Claims paid:

Fund	Contract Period	Spec	Paid	Over	Reimb
88126	07/01/2020-06/30/2021	125000	1901.28	0.00	0.00
88126	07/01/2021-06/30/2022	125000	3721.46	0.00	0.00
88126	07/01/2022-06/30/2023	125000	142.79	0.00	0.00

Per PHCS website, Dr. David Alessandro (orthopedic surgeon) is listed as in network.

Reviewed submitted records.

7/6/22 OV note

Chief Complaints

1. Primary osteoarthritis of right knee

History of Present Illness

General;

She completed a right knee Euflexxa series on 02/22/22 and her last cortisone injection was on 12/10/21. Pain has gradually returned with

increased discomfort with prolonged ambulation and ascending and descending stairs.

Past Medical History

Asthma.

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Carpal Tunnel Syndrome.
Depression/Anxiety.
Vitamin D Deficiency.

Surgical History

Right knee arthroscopy, partial medial and lateral meniscectomies, chondroplasty of patella and trochlea, debridement of medial plica
10/11/19 JJC

Bilateral Carpal tunnel release 04/19/16 Dr Paley
Tonsillectomy
TKA left

Allergies
codeine

Examination

General Appearance: Well appearing female in no acute distress. Normal gait and station.
ROM 0-115 with discomfort on hyperflexion.
On palpation, the patient is tender over the medial joint line.
On palpation, the patient is non-tender lateral joint line, inferior pole of the patella, quad tendon, MFC.
Muscle testing: full quad strength.
Specialty Tests: negative varus stress test, negative valgus stress test.
Neurovascular. intact.
McMurray: painful.
Inspection: no swelling, no effusion.
ROM full AROM

Assessments

1. Primary osteoarthritis of right knee - M17.11 (Primary)
Maryanne returns today for reevaluation of right knee osteoarthritis. Previous Euflexxa series provided good relief for several months before pain symptoms gradually returned. Patient elected for repeat cortisone injection today After informed consent and sterile preparation I did inject the right knee through the anterolateral portal, with 4 cc Marcaine and 40 mg Kenalog. Patient tolerated procedure well. Discussed continued conservative management and plan for follow-up as needed.

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Therapeutic Injections

INJ Kena/Marc

Procedure Codes

20610 DRAIN/INJECT, JOINT/BURSA MAJOR

J3301 KENALOG

S0020 MARCAINE, Units: 4.00

Per Redbook, AWP is \$1260.44 per 10 mg/ml dose.

No specialty pharm referral required; not on Paydhealth list.

Researched drugs.com.

Euflexxa is similar to the fluid that surrounds the joints in your body. This fluid acts as a lubricant and shock absorber for the joints.

Euflexxa is used to treat knee pain caused by osteoarthritis.

Euflexxa is usually given when other arthritis medications have not been effective.

The request for J7323 Euflexxa injections RT knee, meets standard of care, approve as medically necessary x 3 injections for DOS 9/29/22 to 3/31/23.

Notified Becky B./corres via email. Note placed in GBAS.

9/30/2022 Case closed to BR. No further action needed.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2593379	False	Candace Garza	H88012600892	7/4/1964		ST VINCENTS MEDICAL CENTER

ICD9 Code 1 - G90.9 DISORDER OF THE AUTONOMIC NERV	ICD9 Code 2 -	ICD9 Code 3 -
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9/16/2022 TCF LORI H AT MDO 904-450-6233 DIRECT FAX 904-281-5966 with KENNETH HENTSCHEL, phone / ASCENSION ST VINCENTS CLAY COU , phone , 1164405460 requesting notification for procedure:

MNT MED-NEC for 95921 TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARA; 93660 CARDIOVASCULAR FUNCTION EVAL W/TILT TABL; with dx of G90.9 DISORDER OF THE AUTONOMIC NERV; on 9/19/2022 to 9/19/2022.

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Patient's ph# (904) 305-2554

Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon:

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, APPROVED AND CLOSED .

9/16/2022 TCF LORI H AT MDO 904-450-6233 DIRECT FAX 904-281-5966 is calling to change dos from 9/19/22 to 9/29/22, and the FAC . CTD/NF has been updated and task has been sent to Candace G to notify

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
3260707	False	Candace Garza	H88012600892	7/4/1964		JOSEPH GENE Briera
ICD9 Code 1 - D48.5 NEOPLASMOF UNCERTAIN BEHAVIOR		ICD9 Code 2 -		ICD9 Code 3 -		

11/22/2022 Initial screening process/TCF ANGELINA K AT MDO 407-216-7062 DIRECT FAX 407-501-5722 with JOSEPH GENE Briera, phone / JOSEPH GENE Briera, phone , requesting notification for procedure:

OPS OUTPATIENT SURGERY for 11401 EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1; 13101 REPAIR COMPLEX TRUNK 2.6-7.5 CM; ; ; with dx of D48.5 NEOPLASMOF UNCERTAIN BEHAVIOR; ; ; ; on 12/1/2022 to 12/1/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review

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for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (904) 305-2554

Clinical requested to be sent to intake fax: (972) 619-2597, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon:

11/22/2022 received and linked clinical, created task for follow up

11/22/2022 UR CASE ASSIGNED to Lisa G. RN for OP DOS 12/01/22 Task sent in CTD

11/22/2022 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review

Per GBAS:

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

reduced benefits apply non-ppo Yes (Physician only) No X

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO NETWORK ONLY****

Stop Loss Carrier: ACCURISK SOLUTIONS LLC/NATIONWIDE (formerly INTERNATIONAL

INSURANCE SERVICES (IIAS)/CABOT UNDERWRITING, LLC./

!Fund	Contract Period	Spec	Paid	Over	Reimb	!
!88126	07/01/2019-06/30/2020	110000	75751.21	0.00	0.00	!
!88126	07/01/2020-06/30/2021	125000	47606.93	0.00	0.00	!
!88126	07/01/2021-06/30/2022	125000	27213.06	0.00	0.00	!
!88126	07/01/2022-06/30/2023	125000	10727.04	0.00	0.00	!

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Per PHCS Website JOSEPH GENE Briera (DERM) is a Network Provider.
Pulse search not req for in-office procedures.,

Per Faxed Clinical/MDO:

HPI: 58 YO MALE W/ MOLES ON BACK, IRRITATED BY CLOTHING, PRESENT FOR MONTHS.

A. left superior lateral midback:

Junctional dysplastic nevus, mild to moderate atypia, extending to the edge

NOTE: Immunoperoxidase analysis (melan-A, SOX-10) and level sections are performed.

B. superior lumbar spine:

Subtle lentiginous junctional melanocytic nevus

NOTE: Immunoperoxidase analysis (melan-A, SOX-10) and level sections are performed.

The findings are better evident in the immunoperoxidase analysis slides.

Dx: Plan:

11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm

13101 Repair, complex, trunk; 2.6 cm to 7.5 cm

Meets Wound and Skin Management GRG GRG: PG-WS (ISC GRG)MCG 26th Edition
Guidelines for outpatient on 12/1/22 . faxed ANGELINA K AT MDO 407-216-7062
DIRECT FAX 407-501-5722 with approval, reference # given with disclaimer : This is a
review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or
benefits. The claim coverage is determined at the time the claim is received. Should you
need benefit information, please contact our member services department at 800-827-7223.
Confirmed angelina will notify pt and fac of notification # with medical necessity approval.
Notified that we are date-specific and provided my name/direct number.

Case pending procedure

Tasked Tina to verify and obtain final path/results

12/8/2022 called Dr. Joseph Genebriera 904-605-2995 and spoke with Steve and he confirmed that
patient had procedure OP 12/01/22, fax to Dr. Joseph Genebriera 407-501-5722 to request
final path report for OP 12/01/22

12/15/2022 #2 Request for final path report

12/15/2022

Provider: JOSEPH GENE Briera

ATTN: medical records

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Fax: 407-501-5722

- 12/22/2022 After 2 attempts (12/8/22 & 12/15/22) unable to obtain results.Task sent to Lisa G
12/28/2022 Request for final path report faxed to Provider: JOSEPH GENE Briera ATTN: medical records Fax: 407-501-5722.
1/4/2023 No further clinical rec'd. Case closed.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
3425164	False	Candace Garza	H88012600892	7/4/1964		DEPT OF VETERANS AFFAIRS MED

ICD9 Code 1 - R63.4 ABNORMAL WEIGHT LOSS	ICD9 Code 2 -	ICD9 Code 3 -
--	---------------	---------------

12/8/2022 TCF BINAL P AT 407-599-8041 DIRECT FAX 407-599-8095 with MARIE NAVASERO, phone / DEPT OF VETERANS AFFAIRS MED , phone 800 308 8387, requesting notification for procedure:

MNT MED-NEC for 71250 DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/ ; ; ; ; ; with dx of R63.4 ABNORMAL WEIGHT LOSS; ; ; ; ; on 12/16/2022 to 12/16/2022.

Patient's ph# (904) 305-2554

Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/ Surgeon:

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Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, APPROVED AND CLOSED .

3/6/2023 TCF BINAL P AT 407-599-8041 DIRECT FAX 407-599-8095, CALLED TO UPDATE DOS TO 03/08/23, UPDATED CTD

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
MX-0881726	False	Jessa Miller, RN	H88012600931	3/6/1959		
ICD9 Code 1 - Z12.11 ENCOUNTER FOR SCREENING FOR MA			ICD9 Code 2 -		ICD9 Code 3 -	

3/29/2023 MX Intake Questionnaire Results

Active Med Mgmt Case: No
Source: Agreements Emailed
Provide MX Request To: Member
Caller Information: RM Kim Thomason
Relationship: Account Manager
Comment: Email from RM Kim Thomason to agreements inbox:
Will you please set up a vcc for the owner of Hickory Foods. See below.
Please issue a virtual card for William (Billy) Morris with Hickory for \$4,975. He has a preventative colonoscopy scheduled for Tuesday 4/4 at Mayo. --EM linked

Per GBAS:
ROUTINE COLONOSCOPY: \$0 ded-100% - includes polyp removal
PENALTY FOR FAILURE OF NOTIFICATION WITHIN 48 HOURS OF OUTPATIENT SURGERY (waived for routine colonoscopy in a 1 yr period)
MX Call Reason: Virtual Card
Request Type: Non-Clinical - no current symptoms
Reason for Visit: Routine Colonoscopy
Priority of Request: P2 (within 24 hours)
Dx: Z12.11 ENCOUNTER FOR SCREENING FOR MA
CPT: 45378 COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFR

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
3414803	False	Michelle Nunez	H88012600932	10/9/1959		MAYO CLINIC JACKSONVILLE
ICD9 Code 1 - K74.01 HEPATIC FIBROSIS, EARLY FIBROS		ICD9 Code 2 -		ICD9 Code 3 -		

12/7/2022 Initial screening process/TCF Madeline R/MDO Ph 904-953-6500 Fx 507-422-1042 with MARIA L YATACO, phone / MAYO CLINIC JACKSONVILLE, phone 800 845 6592, requesting notification for procedure:

MNT MED-NEC for 74183 MRI ABDOMEN W/O & W/CONTRAST MATERIAL; 76391 MAGNETIC RESONANCE ELASTOGRAPHY; 76377 3D RENDERING W/INTERP&POSTPROC DIFF WORK; ; ; with dx of K74.01 HEPATIC FIBROSIS, EARLY FIBROS; ; ; ; ; on 12/9/2022 to 12/9/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: \$125,000

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (904) 553-7616

Clinical requested to be sent to intake fax: (972) 972-8823, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

12/7/2022 Clinical Linked. Task sent to UM inbox for assignment

12/8/2022 RTC from MADELYNN/FAC asking for status and I advised caller it is pending review.

12/8/2022 **Addendum**TCF Madeline R/MDO Ph 904-953-6500 Fx 507-422-1042 with MARIA L YATACO, phone / MAYO CLINIC JACKSONVILLE , phone 800 845 6592, requesting

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notification for procedure:

MNT MED-NEC for 74183 MRI ABDOMEN W/O & W/CONTRAST MATERIAL; 76391
MAGNETIC RESONANCE ELASTOGRAPHY; 76377 3D RENDERING
W/INTERP&POSTPROC DIFF WORK; ; ; with dx of K74.01 HEPATIC FIBROSIS, EARLY
FIBROS; ; ; ; ; on 12/9/2022 to 12/9/2022.

Patient's ph# (904) 553-7616

Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

SPEC: \$125,000

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Informed if DOS change to notify HW, phone number given. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: No

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, create follow up task.

12/8/2022 TCT Patty 904-953-6500 and informed her of the approved notification. Disclaimer quoted and reference number provided

12/12/2022 TCT Patty D 904-953-6500 to verify attendance of MRI DOS 12/9/2022. Task created for Results #1 in 5 days

12/19/2022 Please Fax Results For
Date of Service 12/09/22

12/19/2022

Provider: MARIA L YATACO

ATTN: MADELINE R

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Fax: 507-422-1042

#2 RESULTS SET FOR 5 DAYS IF NO RESULTS RCVD

12/20/2022 Results received-Task sent to Kathy C. for review

12/27/2022 12/9/22: Reason for exam: Advanced fibrosis; Liver disease, chronic fibrosis
MRI abd/Liver Elastogram Impression:
1. MR Elastography findings compatible with stage 1-2 hepatic fibrosis.
2. No concerning hepatic lesion.

SL completed tasked to sl inbox for review.

Case pending sl review.

12/27/2022 Per verbal staffing with LCM Nurse designee, reviewed-UM nurse to send APS, once this is received, case will be re-reviewed

12/28/2022 Faxed APS to Madeline R/MDO, Fax: #507-422-1042.

1/9/2023 called Dr. Maria Yataco 904-953-2000 and spoke with Kayla and she looked in the patient's chart and did not see where there was an APS on file. Kayla asked that the APS be resent fax to Dr. Maria Yataco 904-956-3359 to request APS to be filled out and resent back. task to Kathy C, LVN

receipt linked to case

1/17/2023 Retask to sl inbox for review.

Case pending sl task review.

1/18/2023 Per verbal staffing with LCM Nurse designee, reviewed and case referred to DM/CDM (63; F) w/ Liver Fibrosis; hx htn, hld

1/19/2023 DM assigned. Closing to UM.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
CDM-0196218	False	Claudia Saenz	H88012600932	10/9/1959		
ICD9 Code 1 - I10 ESSENTIAL (PRIMARY) HYPERTENSI ICD9 Code 2 - E78.5 HYPERLIPIDEMIA, UNSPECIFIED ICD9 Code 3 - F10.21 ALCOHOL DEPENDENCE, IN REMISSION						

1/26/2023 Pharmacy Report generated and linked to case. Tasked to requesting staff member.

2/8/2023 Mailed Intro Letter and tasked to mail with DM Flyer/FAQ.

2/10/2023 Prepared DM mailings : DM Intro Letter with DM Flyer/FAQ

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2294926	False	Dulce Sanchez	H88012601121	4/21/1956		ELBERT MEMORIAL HOSPITAL
ICD9 Code 1 - M65.4 RADIAL STYLOID TENOSYNOVITIS [ICD9 Code 2 -		ICD9 Code 3 -	

8/17/2022 Initial screening process/TCF Lindsay T with MDO PH(706)433-3138 Fax(706)286-7855 with DAVID S RYAN, phone / ELBERT MEMORIAL HOSPITAL, phone , requesting notification for procedure:

OPS OUTPATIENT SURGERY for 25000 INCISION EXTENSOR TENDON SHEATH WRIST; ; ; ; with dx of M65.4 RADIAL STYLOID TENOSYNOVITIS [; ; ; ; ; on 9/7/2022 to 9/7/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (706) 988-2674

Clinical requested to be sent to intake fax: (972) 764-7982, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

8/18/2022 Bariatric Surgery/Surgeon: No
Faxed LOI

Lack of Information Non-Notification
Date: 08/18/2022

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To: ELBERT MEMORIAL HOSPITAL
Attn: Medical Records/Lindsay T
Fax: (706)286-7855
Patient Name: BARBARA CHURNEY
Patient DOB: 04/21/1956
Non-Notification #: 2294926
Employer: HICKORY FOODS INC
Admission Date: 9/7/2022

- 8/18/2022 TCF Rosa R with Facility PH(407)363-2772, calling to check status on case. I advised case is still pending clinical . Rosa states she faxed clinical. I reached out to Debbie P to see if she had clinical per Debbie she has not received anything. Rosa states this needs to be fast tracked, I suggested we could do a verbal. Latisha was in a meeting , Olga stated to reach out to Rhonda. I dialed Rhonda and accidental transferred the call.
- 8/18/2022 Rcvd Clinical, linked to CTD. Task sent to utilization inbox for assignment.
- 8/19/2022 UR CASE ASSIGNED to Tanya S, RN for OP SX 9/7; task sent in ctd.
- 8/19/2022 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review:
OP: 9/7/22 release for deQuervains

Per GBAS:

!88126	07/01/2019-06/30/2020	110000	27.03	0.00	0.00	;
!88126	07/01/2020-06/30/2021	125000	74.62	0.00	0.00	;
!88126	07/01/2021-06/30/2022	125000	826.91	0.00	0.00	

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427
reduced benefits apply non-ppo Yes (Physician only) No X
**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO
NETWORK
ONLY****

Per PHCS Website Ryan, David S, M.D. is a Network Provider.

Pulse Search:

Per Pulse, Elbert Memorial Hospital has a high Historic Acceptance Rating and the Quantros Quality Rating is not available. No referral indicated.

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Per Faxed Clinical/MDO:

8/11/22 Office Visit:

66 yo female with left wrist pain for several months. She has had injections, PT, rest, and anti- inflammatories with minimal success. It is progressively worsening and affecting her quality of life.

Dx:

Left wrist deQuervains tenosynovitis

Plan:

Left wrist deQuervains release

Meets MCG 26th Edition Guidelines:

-Musculoskeletal Surgery or Procedure GRG: GRG: SG-MS (ISC GRG)

Approved for outpatient left wrist deQuervains release on 9/7/22.

Fax to Lindsay T w/ Dr Ryan 706-286-7855 with approval, reference # given with disclaimer:

This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received.

Should you need benefit information, please contact our member services department at 800-827-7223. Notified that we are date-specific and provided my name/direct number.

Case pending DOS.

8/19/2022 CTD issues resolved. Code screen updated for all info.

9/9/2022 Call to Lindsay T with MDO PH(706)433-3138 LVMM for a return call to confirm pt did show on 09/07/22..cs

9/13/2022 Placed call Lindsay T with MDO PH(706)433-3138 to confirm attendance. Per caller pt did have the Sx done on 09/07/2022. case closed.

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2582646	False	Debbie Perrin	H88012601131	3/23/1964		GEORGIA SKIN CANCER & AESTHETI
ICD9 Code 1 - C44.311 BASAL CELL CARCINOMA OF SKINO			ICD9 Code 2 -		ICD9 Code 3 -	

9/15/2022 Initial screening process/TCF Emily H/ ph #706-995-0031 no X/mdo/FAX #706-621-5807 with ROSS CAMPBELL, phone / GEORGIA SKIN CANCER & AESTHETI, phone 706 372 1022, requesting notification for procedure:

OPS OUTPATIENT SURGERY for 17311 MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5; 17312 MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL ST; 13151 REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2; 13152 REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7; 15260 FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20; 14060 with dx of C44.311 BASAL CELL CARCINOMA OF SKIN O; ; ; ; ; on 9/15/2022 to 9/15/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
 SPEC: \$125,000

Contact #'s confirmed and/or fax number and caller will fax clinical.
 Patient's ph# (706) 335-2649

Clinical requested to be sent to intake fax: (972) 808-3122, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

9/15/2022 FAST TRACK assigned to Telitha C, RN for OP sx 9/15 trigger; task/email sent to RN.

9/15/2022 Initial clinical review: received case for UM prospective non-urgent review:

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Per GBAS: Name ROBERT EAVES

Fund	Contract Period	Spec	Paid	Over	Reimb
!88126	07/01/2021-06/30/2022	125000	896.02	0.00	0.00
!88126	07/01/2022-06/30/2023	125000	430.44	0.00	0.00

PPO: PHCS PRACTITIONER & ANCILLARY OPTIONS: PLAN V
ONLY NETWORK

ELAP TYPE: FAC MAX FULL + PROF PLUS OON

Online provider check(s):

-Per MP/PHCS website, Campbell, Ross M, M.D. Dermatology, is a Network Provider, and the facility is per ELAP.

-Per Pulse online: N/A, SINCE PROCEDURE IS SCHEDULED TOMORROW.

ACTION: None, a My Plan referral is NOT indicated.

Per Faxed Clinical / MDO: PENDING

Request for clinical form faxed as a courtesy to Emily H. at Dr Campbells' office at fax #706-252-8032@rcfax.com. Fax number 706-252-5807 failed.

LOI to be sent later today.

CLINICAL pending, task to self to F/U

9/15/2022

Per faxed clinical:

09/07/22 Pathology report:

A. Right Nasal Ala, Biopsy by Shave Method

BASAL CELL CARCINOMA WITH SUPERFICIAL AND NODULAR PATTERNS C44.311

Per EncoderPro.com:

Code Description

13151 Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm

13152 Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm

14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less

17211 User Defined (description not available)

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17212 User Defined (description not available)

Meets MCG, 26th Edition guidelines for A-0252 AC ACG Mohs Micrographic Surgery AND FOR PG-WS GRG GRG Wound and Skin Management GRG , outpatient on 09/15/2022. A MOHS procedure on right nasal area is APPROVED for medical necessity.

The code screen has been updated and saved to case.

A Notification of Approval for Medical Necessity form has been completed and faxed to ATTENTION: Debbie P./Georgia Skin Cancer, sent via encrypted FAX: #706-621-5807 @rcfax.com. The faxed notification for approval of medical necessity form contains notification #. You can contact me, Telitha C., RN at 972-744-2521, and by fax number: 972-587-1415 or GPA's general fax #972-669-8155, & the following DISCLAIMER: "This is a review for medical necessity; it is not a guarantee of eligibility, coverage, payments, or benefits. The claim coverage is determined at the time the claim is received. Should you have questions regarding coverage and eligibility can be directed to the GPA's Member Services Department at 866-206-3224, option #2."

SLL completed.

Task Tina S., MIS: (Maine) Confirm DOS and link RESULTS / PATHOLOGY report

DOS is pending

9/19/2022 Friday's fax failed, I have re-faxed auth to MDO at 706-252-8032@rcfax.com.

9/19/2022 Repeat fax failed.

Task to Tina S., MIS: Fax number/attempts are failing.... Please attempt to fax from your number. If unable, please call MDO and ask for an alternate fax or e-mail and send the attached auth. Thanks.

9/19/2022 TCT: Emily H/ ph #706-995-0031 no X/mdo/FAX #706-621-5807 to confirm fax # due to nurse receiving failed fax messages. Emily was unsure of fax# 706-252-8032 but her fax# is 706-621-5807. Advised Emily I will attempt to refax approval letter and if any issued I will call her back. Fax transmitted successfully.

Here are the results of the 4-page fax you sent from your phone number (626) 703-5925, Ext. 2611

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Name Phone Number Date and Time Result
706-621-5807@rcfax.com
+1 (706) 6215807 Monday, September 19, 2022 at 1:24 PM Sent

Your fax(es) included the following file(s), which were rendered into fax format for transmission:

File Name Result
Notification of Approval for Medical Necessity.pdf Success

9/20/2022 New fax message from Emily H./Dr. Campbell's office 706-995-0031 requesting to change DOS to 10/19/22

Code screen and F/U tasks have been updated.

DOS pending.

10/28/2022 Text amended by: Cathy Shelton on 10/28/2022 05:17:17 PM

add to note:

called Dr. Ross Campbell 706-995-0033 and spoke with operator and she stated to fax to 706-543-2050, faxed to Dr. Ross Campbell 706-543-2050 to request results with path report for Op 10/19/22

Original Text:

called Georgia Skin Cancer 706-995-0031 and spoke with Emily and she confirmed that patient had procedure OP 10/19/22, fax to Dr. Ross Campbell 706-252-8032 to request results with path report for OP 10/19/22

11/2/2022 office notes linked to case and tasked to Telitha C,RN

11/3/2022 RESULTS linked for: 10/19/2022 Office note:

[Patient is here] following up for neoplasm of uncertain behavior on the right nasal ala. He was seen on September 6, 2022, at which time Biopsy by Shave Method was performed. The pathology shows: Basal Cell Carcinoma, Mixed Superficial and Nodular Patterns on the right nasal ala. We recommended the following: Schedule: Mohs.

Mohs Surgery note:

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Location: right nasal ala
 Preop Diagnosis: Mixed Superficial and Nodular Basal Cell Carcinoma Postop Diagnosis:
 Mixed Superficial and Nodular Basal Cell Carcinoma
 Number of Stages: 1
 Pre-op Size: 0.6 cm
 Anesthesia: local infiltration-1% lidocaine with epinephrine (3 cc)
 Estimated Blood Loss: minimal
 Complications: none
 Final Defect Size: 1 cm x 0.8. cm
 Depth of Final Defect: adipose tissue
 Free margins

 The code screen has been updated.

The SLL was completed on 09/15/22.

Case closed, no further MM dept. needs.

Case is closed to the MM dept.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0206611	False	Mayra Yanez	H88012601152	1/8/1971		ATHENSCLARKE COUNTY ENDO

ICD9Code 1 - K21.9GASTRO-ESOPHAGEALREFLUXDISEA	ICD9 Code 2 -	ICD9 Code 3 -
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1/20/2023 TCF MARIA N MD O PH 404 935 6485 FAX 678 666 5571 with KELLY GROW, phone / ATHENS CLARKE COUNTY ENDO , phone , requesting notification for procedure:

MNT MED-NEC for 43235 ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIA; ; ; ; with dx of K21.9 GASTRO-ESOPHAGEAL REFLUX DISEA; ; ; ; ; on 2/1/2023 to 2/1/2023.

Patient's ph#

Reviewed "Claimants Notes All", no active LCM.
 PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
 SPEC: 125K

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Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Instructed caller to complete notification by faxing clinical to intake fax: (972) 764-7993.

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: No

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, create follow up task.

2/2/2023 TCT MARIA N MD O PH 404 935 6485 FAX 678 666 5571 to confirm patient had OP sx on 2/1/2023. LVMM name, reason for call, notification # and HW # provided for a return call. . Task created for #1 request for results in 5 days .

2/8/2023 Request for EGD/PATH REPORT

02/08/2023

Provider: KELLY GROW

ATTN: MR DEPT/ NURSE DEPT

Fax: 678 666 5571

2/15/2023 #2 Request for EGD/PATH REPORT

02/15/2023

Provider: KELLY GROW

ATTN: MR DEPT/ NURSE DEPT

Fax: 678 666 5571

2/22/2023 After two attempts unable to obtain results. Task sent to Rebecca J. To notify

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2/22/2023 Faxed Maria N./MDO/678-666-5571 final request for results.

2/27/2023 Unable to obtain results, case closed to UM.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2777909	False	Madison Davis	H88012601181	3/21/1962		ANDERSON RADIOLOGY
ICD9 Code 1 - M25.562 PAIN IN LEFT KNEE		ICD9 Code 2 - M25.552 PAIN IN LEFT HIP		ICD9 Code 3 -		

10/4/2022 TCF with , phone / ANDERSON RADIOLOGY , phone (864) 225-6286, 1568729713
Christopher Williams 371 E Paces Ferry road ste 802 Atlanta GA 404-783-7247 requesting notification for procedure:

MNT MED-NEC for 73721 MRI ANY JT LOWER EXTREM W/O CONTRAST MAT; ; ; ; ;
73721x2 with dx of M25.562 PAIN IN LEFT KNEE; M25.552 PAIN IN LEFT HIP; ; ; ; ; on
10/5/2022 to 10/5/2022.

Patient's ph# (863) 273-4493

Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Instructed caller to complete notification by faxing clinical to intake fax: (972) 587-1407.

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: No

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, create follow up task.

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2777912	False	Madison Davis	H88012601181	3/21/1962		ANDERSON RADIOLOGY
ICD9 Code 1 - M25.571 PAIN IN RIGHT ANKLE AND JOINTS		ICD9 Code 2 -		ICD9 Code 3 -		

10/4/2022 TCF with , phone / ANDERSON RADIOLOGY , phone (864) 225-6286, 1568729713 Christopher Williams 371 E Paces Ferry road ste 802 Atlanta GA 404-783-7247 requesting notification for procedure:

MNT MED-NEC for 73721 MRI ANY JT LOWER EXTREM W/O CONTRAST MAT; ; ; ; ; with dx of M25.571 PAIN IN RIGHT ANKLE AND JOINTS; ; ; ; ; on 10/7/2022 to 10/7/2022.

Patient's ph# (863) 273-4493

Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

SPEC: 125k

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: No

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, create follow up task.

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
MX-2664955	False	Jessa Miller, RN	H88012601181	3/21/1962		ANDERSON RADIOLOGY
ICD9 Code 1 - M94.9 DISORDER OF CARTILAGE, UNSPECI		ICD9 Code 2 -		ICD9 Code 3 -		

9/23/2022 MX Intake Questionnaire Results

Active Med Mgmt Case: No
 Referral From: Account Manager
 Caller Information: Agreements inbox--request from AM Kim
 Comment: Will you please contact Michael Lynch and get the info for his MRI. Then set up a VCP for the cash price?
 Member ph# 863 273-4493
 MX Call Reason: VCP Virtual Care Card

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1800818	False	Claudia Lopez, RN	H88012601201	8/27/1956		PIEDMONT ATHENS REGIONAL MEDIC
ICD9 Code 1 - J96.01 ACUTE RESPIRATORY FAILURE WITH		ICD9 Code 2 -		ICD9 Code 3 -		

7/5/2022 LCM prepared and faxed Concurrent Clinicals Request to Shanita H / FAC / UR dept at 404-609-5255.

7/5/2022 Continued stay note 7/5/2022 received from Tina P., RN. Note is from UR dept and does not provide update on tx plan. LCM will call facility and request progress notes.

Note linked to case.

7/5/2022 TCT UR dept at 470-271-6821 to request progress notes for review. LCM reached confidential UR dept VM. LCM left msg with reason for call. LCM provided name, phone number / fax numbers and working hours.

LCM will monitor for FAC response.

7/6/2022 Per Faxed Clinical/FAC:
 Hospital Med. Progress note 7/4/2022

Assessment & Plan:
 James A Pickhinke is a 65 y.o. male who was admitted on 6/28/2022 tor worsening hypoxemia. Patient had a CABG done in March. He was subsequently hospitalized in June with a large pleural effusion that was found to be a malignant effusion. He was

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diagnosed with stage IV non-small cell lung cancer. He had 1 round of chemotherapy prior to discharge. He was re-admitted with hypoxemia when it was discovered that his oxygen was at 2L when he needed 5L. He works in Georgia but is originally from Nebraska. His active issues are as follows:

1. Acute on chronic hypoxemic respiratory failure - up to 7 L of oxygen. Empirically on antibiotics given recent chemotherapy, completed 5-day course. Dose of IV Lasix today. Would like to wean down to 5 L.
2. Stage IV non-small cell lung cancer- recent chemotherapy. Next treatment is due around July 15. Dr. Chang has seen while here in the hospital.
3. Hypertension - patient with hypotension. Holding blood pressure medications for now.
4. COPD - not in acute exacerbation. Continue with nebulizer treatments.
5. Coronary artery disease with history of coronary artery bypass graft - resumed aspirin, Plavix, Lipitor.
6. Diabetes mellitus type II requiring insulin - continue with correctional coverage. Holding oral hypoglycemic agents. Carbohydrate restriction.
7. Chronic congestive heart failure with preserved ejection fraction - IV Lasix today. Consider resuming p.o. tomorrow or further IV depending on oxygen requirements. Low - sodium diet, strict I's and O's, daily weights, fluid restriction.
8. BPH-Continue finasteride and Flomax.
9. Herpes zoster - Valtrex day 3.
10. DVT prophylaxis - subcutaneous heparin.
11. Pancytopenia - likely related to recent chemotherapy.
12. Hyponatremia - improving.

Plan of care was discussed with patient, nursing staff. Patient's son Josh and patient's wife will likely arrive here from Nebraska tomorrow.

Addendum: Updated his son Josh at 531-213-9229 at 1:38 PM. He and the patient's wife are flying down from Nebraska tomorrow. Hopefully the patient can be down to 5 L which will be his discharge

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amount of oxygen.

The patient will either go home late tomorrow or Wednesday depending on how things go with weaning his oxygen and his family's arrival time.

Subjective:

No acute events overnight. Patient is having more pain from his shingles dermatome site. He thinks that the abdominal pain was from this. He was up to 7 L of oxygen this morning.

Hospital Med. Progress note 7/5

Assessment / Plan:

1. *(Principal) Acute hypoxemic respiratory failure (HC)

1. Acute on chronic hypoxemic respiratory failure, requiring up to 7 L of supplemental oxygen via nasal cannula. He is currently on 5 L supplemental oxygen. He has been on antibiotics empirically given recent chemotherapy and he has completed 5 days course. He has received IV Lasix. Continue to treat the underlying conditions as outlined above. Try to wean oxygen as tolerated. He will be discharged on supplemental oxygen at home.

2. Stage IV non-small cell lung cancer, status post recent chemotherapy. Patient has been evaluated by Dr. Chang during this admission. He continues to require supplemental oxygen but his shortness of breath has improved clinically. He is due again for chemo on 7/15/2022. He has chemo induced myelosuppression. He is son and wife will be visiting from Nebraska in AM. They are supposed to arrive by plane later tonight.

According to patient, his wife is not aware of his diagnosis of lung cancer and he plans to tell her in person along with his son when they arrive from Nebraska.

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3. Hypertension. Metoprolol has been on hold. His blood pressure has improved.
4. COPD, not in acute exacerbation at this time. Continue nebulizer treatments. No wheezing on auscultation.
5. Coronary artery disease, status post CABG. He is on aspirin 81 mg daily, Plavix 75 mg daily, atorvastatin 40 mg nightly. Metoprolol has been on hold with plan to resume it if the blood pressure allows it. He is chest pain-free.
6. Diabetes mellitus type 2 with mild hyperglycemia. Glucose is 127 mg/dL this morning. Hemoglobin A1c was 7.6 on 6/28/2022. Currently on Lantus insulin 6 units daily, correctional insulin by sliding scale before meals and at bedtime, diabetic diet.
7. Chronic CHF with preserved ejection fraction. Resume p.o. Lasix today. 2 g sodium diet, 1500 mL fluid restriction. Strict input output monitoring, daily weights.
8. BPH, on tamsulosin 0.4 mg nightly and finasteride 5 mg daily.
9. Episode zoster likely L4 or L5 distribution, on Valtrex day #4. Patient is complaining herpetic neuralgia. On gabapentin 400 mg 3 times daily. Increase to 600 mg 3 times daily and reassess.
10. Pancytopenia, felt to be related to recent chemotherapy. His cell counts are improving. No obvious bleeding.
11. Hyponatremia, improved. Sodium is 133, from 132 yesterday.

CODE STATUS is full code. Condition is fair and prognosis is guarded. Case discussed with patient, nursing staff. Medical records reviewed. Complexity level is high.

Body mass index is 28.66 kg/m'. Obesity Class

Subjective:

Patient seen and examined. He is resting in bed, in no distress. He complains of herpetic neuralgia.

He states that his shortness of breath has improved clinically. He denies cough. No hemoptysis. No

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chest pain or palpitations. No nausea or vomiting. He feels generally weak. No significant events noted overnight.

HPI / Hospital Course Summary

James A Pickhinke is a 65 y.o. male with history of recently diagnosed stage IV non-small cell lung cancer, status post recent chemotherapy, hypertension, COPD, coronary artery disease, diabetes mellitus, CHF, BPH admitted on 6/20/2022 for worsening hypoxemia. Apparently, the patient had CABG done in March 2022. He was subsequently hospitalized in June for a large pleural effusion which was found to be malignant effusion. He was diagnosed with stage IV non-small cell lung cancer. He underwent 1 round of chemotherapy prior to discharge. He was re-admitted on 6/20/2022 by the hospitalist service for worsening hypoxemia. He has been seen in consultation by oncology service. He has been diagnosed with herpes zoster and he is being treated with Valtrex.

Palliative Med note 7/5/2022

Subjective:

Pt lying in bed, awake on 02 by NC. Pt states his breathing is better. Pain is better with oxycodone. He wants to continue with oxycodone. No BM for couple of days. Per patient appetite is better. His wife and son will arrive tonight.

Nurse pt is doing fine.

Assessment / Plan:

65 y.o. male admitted on 6/28/2022 for shortness of breath after being discharged for 1 day with a hx of adenocarcinoma of right lung, COPD, CAD HTN DM2. Hospital course notable for he was seen by oncology and is currently receiving chemotherapy. Previous admission he had thoacentesis. CT of abdomen showed stable pulmonary findings, and bilateral non obstructing renal stones. He is planning to move to Nebraska to

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be near his wife and son.

Symptom Management:

- Pain: on oxycodone 10mg q4h prn. morphine 2 mg q 4 hours prn, tramadol prn
- Debility: at baseline ambulates with a cane, lives alone
- shortness of breath: on O2 by NC.
- Nausea: on Zofran prn
- Constipation: add senna 2 tabs bid
- Code Status: Full
- Psychosocial/Spiritual Care: Married , has a son Josh, lives here since 2010 due to work .
- Surrogate Healthcare Decision Maker His son Josh by patient election
Josh (son) 531-213-9229
Claire(wife) 402-461-3922
- Goals of Care/Advanced Care Planning: Pt wants to continue current care and DC home when able. He will follow with oncologist after discharge. We will follow for support.
- Discussed with pt's nurse.

7/6/2022 MCG Review

Pt continues to meet General Admission Criteria GRG: CG-GAC (ISC GRG) MCG 26th Edition Guidelines for initial date of inpatient admission on 6/29/22 with continued current admission to 7/7/2022 for total of 8 days.

7/6/2022 Approval:

Faxed UR Dept / FAC at 404-609-5255 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223 and requested update with next review due on 7/8/2022 with LCM name/number/fax given.

FMLA completed in GBAS

Case pending updated clinical for review

7/6/2022 LCM created Stop Loss Letter and tasked to HW Support Staff for mailing

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7/6/2022 TCT UR dept at 470-271-6821 to advise pt has CM services to help coordinate any discharge needs. LCM reached confidential UR dept VM. LCM left msg with reason for call. LCM provided name, phone number / fax numbers and working hours.

LCM will continue to monitor case for LCM interventions or updates to tx plan.

7/7/2022 Discharge Summary
ADMIT DATE: 6/28/2022 3:26 PM
DISCHARGE DATE: July 6, 2022 8:19 AM

James A Pickhinke is a 65 y.o. male with history of recently diagnosed stage IV non-small cell lung cancer, status post recent chemotherapy, hypertension, COPD, coronary artery disease, diabetes mellitus, CHF, BPH admitted on 6/20/2022 for worsening hypoxemia. Apparently, the patient had CABG done in March 2022. He was subsequently hospitalized in June for a large pleural effusion which was found to be malignant effusion. He was diagnosed with stage IV non-small cell lung cancer. He underwent 1 round of chemotherapy prior to discharge. He was re-admitted on 6/20/2022 by the hospitalist service for worsening hypoxemia. He has been seen in consultation by oncology service. He has been diagnosed with herpes zoster and he is being treated with Valtrex. Oxygen requirement has decreased to 4 to 5 L supplemental oxygen, which is his baseline. Patient has completed 5 days of antibiotics. He received IV diuretics. He appears to be clinically euvolemic on discharge. He has been evaluated by oncology we will plan to follow-up with oncology for chemo on 7/15/2022. Blood pressure has improved. COPD is not in acute exacerbation at this time. He has remained chest pain-free. He has been treated with Valtrex for herpes zoster. Pancytopenia is felt to be related to chemotherapy. Hyponatremia improved. He is deemed clinically stable for discharge at this time. Case discussed with patient, nursing staff. Patient is in agreement with the current plan.

Discharge Diagnoses:

1. Acute on chronic hypoxemic respiratory failure
2. Stage IV non-small cell lung cancer
3. Hypertension
4. COPD
5. Coronary artery disease
6. Diabetes mellitus type 2
7. Chronic CHF

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8. BPH
9. Herpes zoster
10. Pancytopenia
11. Hyponatremia

HOSPITAL COURSE BY PROBLEM

1. Acute on chronic hypoxemic respiratory failure requiring up to 7 L supplemental oxygen via nasal cannula.
Oxygen requirement improved and he will be discharged on 5 L supplemental oxygen. Patient received Lasix, antibiotics. He plans to follow-up with his PCP outpatient for further monitoring and recommendations
2. Stage IV non-small cell lung cancer, status post recent chemotherapy. He has been evaluated by Dr. Chang during this admission. He is due again for chemo on 7/15/2022. Follow-up with oncology for further recommendations
3. Hypertension. He was hypotensive. Metoprolol has been held. Resume metoprolol on discharge and follow with his PCP.
4. COPD, not in acute exacerbation at this time.
5. Coronary artery disease, status post CABG, chest pain-free. Continue aspirin, Plavix, atorvastatin and metoprolol.
6. Diabetes mellitus type 2. Resume home regimen and follow-up with his PCP for further monitoring
7. Chronic CHF with preserved ejection fraction, clinically euvolemic at this time. Resume Lasix. 2 g sodium diet, 1500 mL fluid restriction.
8. BPH, on tamsulosin and finasteride
9. Herpes zoster, likely L4 or L5 distribution. Continue Valtrex on discharge. Gabapentin for neuralgia.
10. Pancytopenia, felt to be related to recent chemotherapy. Counts have improved. Follow-up with oncology outpatient as scheduled for monitoring
11. Hyponatremia, improved.

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DISCHARGE CONDITION: good

DISPOSITION: home

START taking these medications

citalopram 20 MG tablet; Commonly known as: CeleXA; Take 1 tablet (20 mg total) by mouth daily.

valACYclovir 1000 MG tablet; Commonly known as: VALTREX; Take 1 tablet (1,000 mg total) by mouth every 12 (twelve) hours for 5 days.

CHANGE how you take these medications

metFORMIN 1000 MG tablet; Commonly known as: GLUCOPHAGE; Take 1 tablet (1,000 mg total) by mouth 2 (two) times daily with meals. 2 times a day with meals; What changed: when to take this, additional instructions

CONTINUE taking these medications

albuterol 90 mcg/actuation inhaler; Commonly known as: PROVENTIL HFA; Inhale 2 puffs into the lungs every 6 (six) hours as needed for Wheezing or Shortness of Breath.

aspirin 81 mg EC tablet; Take 1 tablet (81 mg total) by mouth daily. Take with food.

atorvaSTATin 40 mg tablet; Commonly known as: LIPITOR; Take 1 tablet (40 mg total) by mouth nightly.

budesonide-formoterol 160-4.5 mcg/actuation inhaler; Commonly known as: SYMBICORT; Inhale 2 puffs into the lungs 2 (two) times daily.

clopidogrel 75 mg tablet; Commonly known as: Plavix

dutasteride 0.5 mg capsule; Commonly known as: AVODART

finasteride 5 mg tablet; Commonly known as: PROSCAR

fluticasone propionate 50 mcg/actuation nasal spray; Commonly Known as: FLONASE

folic acid 1 MG tablet; Commonly known as: FOLVITE; Take 1 tablet (1 mg total) by mouth daily.

furosemide 40 MG tablet; Commonly known as: LASIX

gabapentin 600 MG tablet; Commonly known as: NEURONTIN

gemfibrozil 600 MG tablet; Commonly known as: LOPID

glipiZIDE XL 5 MG 24 hr tablet; Commonly known as: GLUCOTROL XL

insulin lispro 100 unit/mL Inpn injection pen; Commonly known as: HumaLOG; Check BG three times daily before meals BG 141-160 - Give 1 unit BG 161-200 - Give 2 units BG 201-240 - Give 3 units BG 241-280 - Give 4 units BG 281-300 - Give 5 units BG >301-340 - Give 6 units

methocarbamol 750 MG tablet; Commonly Known as: ROBAXIN

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metoprolol succinate 25 MG 24 hr tablet; Commonly known as: TOPROL-XL; Take 1 tablet (25 mg total) by mouth daily.

montelukast 10 mg tablet; Commonly known as: SINGULAIR

nitroglycerin 0.4 MG SL tablet; Commonly known as: NITROSTAT

oxyCODONE-acetaminophen 5-325 mg per tablet; Commonly known as: Percocet; Take 1 tablet by mouth every 6 (six) hours as needed for Pain.

oxygen Gas gas; Commonly known as: O2

pantoprazole 40 MG tablet; Commonly Known as: PROTONIX; Take 1 tablet (40 mg total) by mouth daily.

phenylephrine HCL 1 % Spry; Commonly known as: NEO-SYNEPHRINE

tamsulosin 0.4 mg Cap; Commonly known as: FLOMAX

traMADoL 50 mg tablet; Commonly known as: ULTRAM

STOP taking these medications

losartan 100 MG tablet; Commonly known as: COZAAR

torse mide 20 MG tablet; Commonly known as: DEMADEx

7/7/2022 UM case closed. Pt discharged home. LCM will contact pt for post discharge call under LCM case 0063634.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1944379	False	Madison Davis	H88012601201	8/27/1956		
ICD9 Code 1 -	ICD9 Code 2 -	ICD9 Code 3 -				

7/13/2022 Initial Screening Process TCF Kathie M/FAC Ph: 866-472-8663 opt 1 calling to obtain approval for OPT Procedure/CPT Code J9305 , for DX C34.11 . Per GBAS, YES notification is required. Advised caller YES notification is required. Gave reference number for call. Provided benefits disclaimer "Not a guarantee of eligibility, coverage, payment, or benefits and offered to transfer caller to customer service for benefits and provided Customer Service phone# 866-206-3224 option #4. Case voided and closed. MDO office will call to start

Inpatient Admission	Maternity
Inpatient Hospice	Chemo/Rad/Dialysis/Infusion
Outpatient Surgery	Transplant Evaluation
Select Diagnostic (except ultrasound, echo & sonography)	

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KIS Imaging
 Day Treatment Fac
 *No notification required for treatment/
 diagnostic imaging ordered by Regenexx

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1965087	False	Candace Garza	H88012601201	8/27/1956		NORTHEAST GEORGIA CANCER CARE
ICD9 Code 1 - C34.11 MALIGNANT NEOPLASM OF UPPER LO		ICD9 Code 2 -			ICD9 Code 3 -	

7/15/2022 Initial screening process/TCF BRANDY W AT MDO 706-395-2358 DIRECT FAX 706-353-3693 with KUANG S CHANG, phone / NORTHEAST GEORGIA CANCER CARE, phone 706 353 2990, requesting notification for procedure:

MNT MED-NEC for J9305 PEMETREXED INJECTION; J9045 INJECTION CARBOPLATIN 50 MG; J9271 INJ PEMBROLIZUMAB; J2506 INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR; J1454 INJ FOSNETUPITANT, PALONOSET; J1100 96367 96413 96417 96411 96367 96377 with dx of C34.11 MALIGNANT NEOPLASM OF UPPER LO; ; ; ; ; on 7/18/2022 to .

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
 SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
 Patient's ph# (904) 524-5429

Clinical requested to be sent to intake fax: TO LCM CLAUDIA L AT 972) 764-7980, advised caller clinical must be rec'd within 24 hrs.

Bariatric Surgery/Surgeon:

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7/15/2022 Tasked Andrea B to review.

7/18/2022 Call to Paydhealth: 877-869-7772 and unable to make out the name of person this nurse was speaking with but she states that she needs the patient reach out to her himself. She states they have not spoken with the patient to start a profile. She stated she will reach out to Doris and have her call this nurse. Advised this nurse has sent several referrals and have not been told that the patient has to reach out to them. She stated she will have Doris callback as she stated they do not have this group or this patient.

call to Proact and spoke with Cindy for a PA/prior auth through Proact and she states this chemotherapy. She stated His insurance states this does not need a PA. Proact plus: a different "insurance" through us. 888-242-9798. Call to Proact Plus and spoke with another Cindy who stated they do not have this member or this group.

email sent to Kim T. account manager for this group to advise of the above information. Kim T. stated yes, this group has proact. Advised that this patient needs his chemotherapy starting today and Proact and Paydhealth or denying they have this patient and group.

Per response from Kim T., go ahead and use the medical plan until they can "sort this out"

advised Claudia L. LCM/case manager to go ahead and review and give approval for the moment, until Kim T. responds.

Linked these emails to this case

7/18/2022 Per Andrea review for medical necessity.

7/18/2022 Initial clinical review/Recd case from Intake for LCM Non-urgent Prospective Review

Per GBAS:

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

reduced benefits apply non-ppo Yes (Physician only) No X

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO NETWORK ONLY****

CHEMO**/RADIATION**/INFUSION THERAPY**: ded-100% ppo & non-ppo; Contact HealthWatch for coordination of care; see Specialty Drugs for benefit information

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SPECS:

Fund	Contract Period	Spec	Paid	Over	Reimb	;
!88126	07/01/2020-06/30/2021	125000	78880.01	0.00	0.00	;
!88126	07/01/2021-06/30/2022	125000	222547.82	97547.82	0.00	;
88126	07/01/2022-06/30/2023	125000	9179.74	0.00	0.00	

Per PHCS Website KUANG S CHANG is a Network Provider.

Per Faxed Clinical/MDO:

Q21D regimen x4-6 cycles

Chemo order:

Dexamethasone oral {Decadron, DexPak} PO take 8mg daily D2-3 (2 days) #4

dexamethasone Inj (Decadron, Dexa) IV 12 mg

Pembrolizumab {Keytruda} 200mg IV

CARBOplatin (Paraplatin) IV 5 AUC

Pemetrexed inj (Alimta) IV 500mg/m2

Fosnetupitant/Palonosetron (IV Akynzeo-COMM) IV 235mg

Pegfilgrastim (Neulasta Onpro) on body injector 6mg

PDL1 - positive

D/C note 7/6/2022

HOSPITAL SUMMARY: (Reason for hospitalization)

James A Pickhinke is a 65 y.o. male with history of recently diagnosed stage IV non-small cell lung cancer, status post recent chemotherapy, hypertension, COPD, coronary artery disease, diabetes mellitus, CHF, BPH admitted on 6/20/2022 for worsening hypoxemia. Apparently, the patient had CABG done in March 2022. He was subsequently hospitalized in June for a large pleural effusion which was found to be malignant effusion. He was diagnosed with stage IV non-small cell lung cancer. He underwent 1 round of chemotherapy prior to discharge. He was readmitted on 6/20/2022 by the hospitalist service for worsening hypoxemia. He has been seen in consultation by oncology service. He has been diagnosed with herpes zoster and he is

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being treated with Valtrex. Oxygen requirement has decreased to 4 to 5 L supplemental oxygen, which is his baseline. Patient has completed 5 days of antibiotics. He received IV diuretics. He appears to be clinically euvolemic on discharge. He has been evaluated by oncology we will plan to follow-up with oncology for chemo on 7/15/2022, Blood pressure has improved. COPD is not in acute exacerbation at this time. He has remained chest pain-free. He has been treated with Valtrex for herpes zoster. Pancytopenia is felt to be related to chemotherapy. Hyponatremia improved. He is deemed clinically stable for discharge at this time. Case discussed with patient, nursing staff. Patient is in agreement with the current plan.

7/2/2022 CT scan of the abdomen and pelvis

IMPRESSION:

1. Fluid in the colon which is nonspecific and can be seen in the setting of diarrheal-type illness .
 2. No focal inflammatory changes.
 3. Slight increased atelectasis in the left lung compared to prior.
-

Final pathology 6/3/2022

Final Diagnosis

PLEURAL FLUID, RIGHT (THINPREP, CYTOSPIN SMEAR, AND CELL BLOCK):

INVOLVED BY ADENOCARCINOMA

IMMUNOHISTOCHEMICALLY C

7/18/2022 NCCN Review

Meets Non-Small Cell Lung Cancer Version 3.2022 - March 16, 2022 Guidelines pg 57 for outpatient PEMETREXED INJECTION; INJECTION CARBOPLATIN 50 MG; INJ PEMBROLIZUMAB; INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR; INJ FOSNETUPITANT, PALONOSET.

NCCN Guidelines, Template and Compendium linked to case.

7/18/2022 Per Andrea ok to approval x 1 month.

7/18/2022 Approval:

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Pt approved 7/18/2022 to 8/18/2022 only to get pt started on tx.

Faxed Brandy W / MDO at 706-353-3693 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223. Notified that we are date-specific and provided my name/direct number.

7/19/2022 Case pending updated approval from Andrea B received email/linked in case from Brooke Ehart with Brookeehart@proactrx.com stating she does have patient in their system. Provided Brooke with the information for these chemotherapy drugs via email encrypted.

Good morning,

I do see we have this member in our system. Can you advise the names of the medications as I do not see claims or any chemotherapy drugs at this time. I would need the drug names to advise on the next steps.

Thanks!

Best regards,

Brooke Ehart

Senior Account Coordinator

Phone: (315) 287-3652 Ext. 3654

Fax: (315) 287-7864

E-mail: BrookeEhart@Proactrx.com

7/25/2022 case pends Proact response to chemotherapy treatment and prior auth. This patient is approved through the plan temporarily while Proact/paydhealth get services in place.

7/27/2022 Per note 7/25/2022 from Andrea B temp auth.

LCM will continue to monitor for updates to case.

8/3/2022 Emailed group working on case for update.

LCM will continue to monitor for outcome.

8/3/2022 email sent to Brooke E. with Proact requesting status of the PA with them. Linked email to

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this case.

8/4/2022 Call to Brandy with provider's office 706-395-2358. Phone rang with no pickup. Continued to ring. Unable to leave a voice message.

call to Proact Plus 888-242-9798 and left a voicemail requesting referral

Call to Paydhealth 877-869-7772 and spoke with Latoya and she placed this nurse on hold for a few moments. states Keytruda is the only drug listed on their drug list.

Call to provider (2nd attempt) Brandy 706-395-2358 with provider's office and advised that this group has a specialty Rx and if they will accept white bag drugs or drugs directly from the manufacturer. Brandy states, no they will not accept white bag drugs and they will not accept drugs through the manufacturer directly. She states "we do buy and bill only"

Email sent to Kim T. account manager requesting if group will allow Keytruda through the plan as provider will not accept white bag drugs.

case pends response from account manager

8/8/2022 received email from Kim T. account manager for group stating

"Hello,

I just talked to the broker and left a message with the group. According to the broker this member is off the plan and on Medicare as of 8-1. I will let you know when the group calls me back. "

This RN will sign off case as specialty Rx will not be able to assist with request when patient has Medicare but also is off the plan effective 8/1/2022.

8/9/2022 Per email from Kelly J pt has Medicare now. UM case closed. See LCM case 0063634 for additional information.

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2140106	False	Saralily Aguirre	H88012601201	8/27/1956		PIEDMONT ATHENS REGIONAL MEDIC

ICD9 Code 1 - E83.52 HYPERCALCEMIA	ICD9 Code 2 - R41.0 DISORIENTATION, UNSPECIFIED	ICD9 Code 3 - R41.82 ALTERED MENTAL STATUS, UNSPECIFIED
------------------------------------	---	---

8/2/2022 Initial screening process/TCF Shantell/ FAC PH# 770-881-8138 UR FAX# (404) 609-5255 with LINDA D IDUN, phone (706) 475-7000 / PIEDMONT ATHENS REGIONAL MEDIC, phone (706) 475-7000, requesting notification for procedure:

INP INPATIENT ADMISSION for 99223 INITIAL HOSPITAL CARE/DAY 70 MINUTES; ; ; ; ; with dx of E83.52 HYPERCALCEMIA; R41.0 DISORIENTATION, UNSPECIFIED; R41.82 ALTERED MENTAL STATUS, UNSPECI; ; ; ; on 8/1/2022 to .

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (904) 524-5429

Clinical requested to be sent to Caludia L fax: (972) 764-7980, advised caller clinical must be rec'd within 24 hrs.

active LCM Claudia L

Bariatric Surgery/Surgeon: No

Task sent to Claudia L to notify.

8/2/2022 Initial clinical review/Recd case from Intake for LCM Non-Urgent Concurrent Review

Per GBAS:

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PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

reduced benefits apply non-ppo Yes (Physician only) No X

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO NETWORK ONLY****

INPATIENT SERVICES: ded-100%

INCLUDES INPATIENT HOSPITAL, SKILLED NURSING/REHAB FAC (combined 60 day cym),

MENTAL/ NERVOUS (see below for day treatment), CHEMICAL DEP/SUBSTANCE ABUSE

(see below for day treatment), INPATIENT HOSPICE & RESIDENTIAL TREATMENT CENTER

SPECS:

Fund	Contract Period	Spec	Paid	Over	Reimb	!	!
!88126	07/01/2020-06/30/2021	125000	78880.01	0.00	0.00	!	!
!88126	07/01/2021-06/30/2022	125000	224348.52	99348.52	0.00	!	!
!88126	07/01/2022-06/30/2023	125000	13779.50	0.00	0.00	!	!

Per PHCS Website LINDA D IDUN is NOT a Network Provider.

Case pending CLINICAL FOR REVIEW

8/3/2022 LCM prepared and faxed Concurrent Clinicals Request to Shantell or UR dept at 404-609-5255

8/3/2022 Per Faxed Clinical/FAC:

Admit 8/1/22

UR note 8/3/22

DIAGNOSIS: Acute On Chronic Respiratory Failure

PLAN: strict I&O, Restraints, up as tolerated, Foley to BSC, SCDs, Bg - ac/hs/0300, Diet - Regular, 2 gram Na,

Admission Review note 8/1/22

LOC: ICU

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DIAGNOSIS: Acute On Chronic Respiratory Failure

PRESENTING PROBLEM: presents via EMS with fatigue and altered mental status. Per patient's family patient has not been eating or drinking well for the past 3-4 days. He has been short of breath but has been taking his oxygen off. He is normally on 4 Liters of oxygen but has been increased it to 5 Liters recently because he has not been breathing well. 2 days ago, he began to feel generally weak and was unable to ambulate normally. He does take oxycodone for pain but wife has been controlling his doses. He has had no noted vomiting or diarrhea.

CLINICAL FINDINGS (SI):

VS - 37.1, 93, 25, 131/70, 93% 6 l/m HF, 94% 15 l/m HF, 95% 40 l/m HF, WA- 80.3 kg, telemetry - SR,

CXR - 1. Interval increased in left basilar and right lateral pleural-parenchymal opacities which could be related to airspace consolidation or atelectasis. 2. Mild edema.

CT Head - 1. Multiple chronic lacunar infarcts. Additional hypodensity near the pontomedullary junction.

This could be artifactual or be related to an age-indeterminate lacunar infarct. Correlation with MRI can be considered.

CTA Chest PE - 1. Unusual pleural nodularity throughout most of the right hemithorax overall has an inflammatory appearance. 2. There is no pulmonary embolus.

Scheduled Meds: calcitonin, 4 Units/kg, Intramuscular, Q12H
DOXYCYCLINE (VIBRAMYCIN) IV, 100 mg, Intravenous, Q12H
enoxaparin (LOVENOX) injection, 40 mg, Subcutaneous, Q24H
insulin lispro, 1-6 Units, Subcutaneous, 3x Daily AC and at bedtime

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ipratropium-albuterol, 3 mL, Nebulization, EVERY 4 HOURS WHILE AWAKE (RT)
magnesium sulfate, 4 g, Intravenous, Once
methylPREDNISolone sod suc(PF), 40 mg, Intravenous, Q12H

PLAN: Restraints, up as tolerated, Foley to BSC, SCDS, Bg - ac/hs/0300, Diet - Regular, 2
gram Na,
Oncology consult.

8/3/2022 MCG Review

Meets General Admission Criteria GRG: CG-GAC (ISC GRG) and MCG 26th Edition
Guidelines for initial date of inpatient admission on 8/1/2022 with continued current
admission to 8/8/2022 for total of 7 days.

8/3/2022 Approval:

Faxed Shantell / FAC at 404-609-5255 with approval, reference # given with disclaimer :
This is a review for medical necessity only and is not a guarantee of eligibility, coverage,
payment, or benefits. The claim coverage is determined at the time the claim is received.
Should you need benefit information, please contact our member services department at
800-827-7223 and requested update with next review due on 8/8/2022 with LCM
name/number/fax given.

FMLA completed in GBAS

Case pending updated clinical for review

8/3/2022 LCM created Stop Loss Letter and tasked to HW Support Staff for mailing

8/9/2022 TCT Shantell / FAC at 770-881-8138 to see if pt is still inpatient. Phone rang several times
and it sounded like someone picked up and immediately hung up.

TCT Piedmont Athens Regional at 706-475-7000 to check on pt status. LCM spoke to Alicia
and advised reason for call. Per Alicia pt is still inpatient in room 6103.

8/9/2022 LCM prepared and faxed Concurrent Clinicals Request to UR dept at 404-609-5255.

8/9/2022 UR review information 8/8/2022

ADMIT ORDER: 08/01/22 1806 - IP/Acute, 08/02/22 0311 - IMCU, 08/02/22 0348 - ICU,
08/04/22 1314 -
Acute,

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LOC: Med/Surg

DIAGNOSIS: Acute On Chronic Respiratory Failure

CLINICAL FINDINGS (SI):

VS - 36.6, 111, 22, 105/62, 93% 5 l/m HF,

Venous Scan Right Arm - results pending,

Labs - glucose - 90 - 109,

COVID-19 - Negative,

TREATMENT (IS): Monitor VS, Labs, strict I&O, up as tolerated, Foley to BSC, SCDs, Bg - ac/hs/0300,

Diet - Regular, 2 gram Na, supplements - Ensure High Protein - BID, CPAP at bedtime, Physical Therapy,

SpO2: 93 %

O2 Device: High flow nasal cannula

O2 Flow Rate (L/min): 5 L/min

Scheduled Meds: aspirin, 81 mg, Oral, Daily

atorvaSTATin, 40 mg, Oral, Nightly

budesonide, 0.5 mg, Nebulization, 2 times per day

citalopram, 20 mg, Oral, Daily

clopidogreL, 75 mg, Oral, Daily

doxycycline, 100 mg, Oral, BID

enoxaparin (LOVENOX) injection, 40 mg, Subcutaneous, Q24H

Adult Nutrition - Oral Supplements, , Oral, BID

finasteride, 5 mg, Oral, Daily

folic acid, 1 mg, Oral, Daily

gabapentin, 600 mg, Oral, TID

gemfibrozil, 600 mg, Oral, BID

insulin lispro, 1-6 Units, Subcutaneous, 3x Daily AC and at bedtime

ipratropium-albuterol, 3 mL, Nebulization, EVERY 4 HOURS WHILE AWAKE (RT)

metoprolol succinate, 25 mg, Oral, Daily

montelukast, 10 mg, Oral, Nightly

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pantoprazole, 40 mg, Oral, Daily
tamsulosin, 0.4 mg, Oral, Nightly

Continuous Meds: none

PRN Medication Administrations Last 24 Hours: Lactulose - 20 grams po x 1, Percocet
5/325mg po x
2,

PLAN: strict I&O, up as tolerated, Foley to BSC, SCDs, Bg - ac/hs/0300, Diet - Regular, 2
gram Na,
supplements - Ensure High Protein - BID, CPAP at bedtime, Physical Therapy,

Information received does not provide detailed updated plan of care for pt. LCM will request
provider notes again.

8/9/2022 LCM prepared and faxed Concurrent Clinicals Request to UR dept at 404-609-5255.

8/10/2022 LCM prepared and faxed Concurrent Clinicals Request to UR dept at 404-609-5255.

8/10/2022 Per Kelly J task UM inbox to reassign.

8/11/2022 UR CASE ASSIGNED to Kathy C, LVN for IP 8/1; task sent in ctd.

8/11/2022 Per Faxed Clinical/Piedmont Athens:
Duplicate clinical information. No new clinical information.

Call to Wendy G/UM at fac 770-385-4133 unable to reach her mailbox.

Case pending clinical update.

8/11/2022 TCT Shantell/ FAC PH# 770-881-8138 to confirm if patient is still in house or DC. LVMM
name, reason for call, notification # and Medical mgmt # provided for a return call. Task
created To Tina S for 2 days to reattempt to confirm and close.

Faxed request : Request for Concurrent clinical or Discharge Summary

Please confirm if pt is still house

08/11/2022

Provider: LINDA D IDUN, MD

ATTN: UR DEPT

Fax: (404) 609-5255

8/11/2022 Task created for LOI if clinical is not rcvd within 24 hrs.

8/12/2022 Issued LOI

Date: 08/12/2022

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To: PIEDMONT ATHENS REGIONAL MEDIC

Attn: UR DEPT

Fax: (404) 609-5255

9/2/2022 After several attempts unable to obtain clinical, closed case

9/6/2022 Closing to UM.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
LCM-0063634	False	Claudia Lopez, RN	H88012601201	8/27/1956		
ICD9Code 1 - C34.91 MALIGNANT NEOPLASM OF UNSPECIF			ICD9Code 2 - J44.1 CHRONIC OBSTRUCTIVE PULMONARY		ICD9Code 3 - I25.9 CHRONIC ISCHEMIC HEART DISEASE	
Prognosis 1 - Poor/Guarded [5/23/2022]			Prognosis 2 - Info Not Rec'd [4/18/2022]		Prognosis 3 - Info Not Rec'd [7/21/2022]	

7/8/2022 Assessment comments: TCT pt for initial pt contact and post discharge call. Call went straight to VM. LCM left generic, non-descript message with LCM name, direct phone number, office hours, and requested call back at earliest convenience.

Section: Patient Contact

Question: Specific Claimant Outreach Information

Objective Answer: Preferred Phone: (904) 524-5429

Question: Outreach (for initial case opening process only)

Objective Answer: First Outreach

Question: Intent of Outreach

Objective Answer: LCM Introduction

Objective Answer: LCM General Assessment

Objective Answer: LCM Medication Assessment

Objective Answer: LCM Depression Assessment

Objective Answer: Patient Education

Objective Answer: Post-discharge call

Question: Contact Status

Objective Answer: Unsuccessful

Question: Have there been any medication changes in the last 5 days or since our

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last contact?

Objective Answer: N/A – patient contact unsuccessful

Question: Have there been any changes to your treatment plan in the last 5 days or since our last contact?

Objective Answer: N/A – patient contact unsuccessful

Question: Was education provided during communication that was related to reason/diagnosis patient is in CM as well as education that is disease-specific for patient's comorbidities?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response

Objective Answer: N/A - no education provided

Question: Was follow-up for a previous LCM action item/intervention completed during this communication?

Objective Answer: No

Subjective Answer: Case transfer initial pt contact

Question: Patient Response to previous intervention

Objective Answer: N/A - no previous intervention requiring follow-up at this time

Question: LCM planned follow-up for effectiveness of education or intervention?

Objective Answer: N/A – patient contact unsuccessful

Question: Are there any questions or needs that I have not covered during this communication?

Objective Answer: N/A – patient contact unsuccessful

Question: Is patient aware, understanding, and in agreement with RN interventions and care plan?

Objective Answer: N/A – patient contact unsuccessful

Question: Next Action Steps/Care Plan Status

Subjective Answer: LCM set task for pt contact in 2 business days.

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Question: As the RN Case Manager, review the above information. Does this information or recent information present any known barriers to the patient's physical, medical, functional, emotional, financial, psychosocial, behavioral, spiritual, and other needs.

Objective Answer: No

Question: Care Plan Status

Objective Answer: Above information does not warrant creation/modification of care plan. LCM to continue collaboration within role as identified

7/8/2022 Tasked Markesha W:

CST Request APS Oncology

Kuang S Chang / Oncology / TIN 20-1842623 / 3320 Old Jefferson Athens GA 30607 / ph: 706-353-2990

7/10/2022 Tasked Rx Request Inbox:

CanaRx, ProAct, Inc., PharmWatch / HICKORY FOODS INC / 3 mo / CL

7/12/2022 Assessment comments: TCT pt for initial pt contact / LCM intro. LCM reached generic VM. LCM left generic, non-descript message with LCM name, direct phone number, office hours, and requested call back at earliest convenience.

Section: Patient Contact

Question: Specific Claimant Outreach Information

Objective Answer: Preferred Phone: (904) 524-5429

Question: Outreach (for initial case opening process only)

Objective Answer: Third Outreach

Objective Answer: After 5:30 p.m. patient local time Outreach

Objective Answer: Created and tasked HW Support to mail patient follow-up

letter

Question: Intent of Outreach

Objective Answer: LCM Introduction

Objective Answer: LCM General Assessment

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Objective Answer: LCM Medication Assessment

Objective Answer: LCM Depression Assessment

Objective Answer: Patient Education

Question: Contact Status

Objective Answer: Unsuccessful

Question: Have there been any medication changes in the last 5 days or since our last contact?

Objective Answer: N/A – patient contact unsuccessful

Question: Have there been any changes to your treatment plan in the last 5 days or since our last contact?

Objective Answer: N/A – patient contact unsuccessful

Question: Was education provided during communication that was related to reason/diagnosis patient is in CM as well as education that is disease-specific for patient's comorbidities?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response

Objective Answer: N/A - no education provided

Question: Was follow-up for a previous LCM action item/intervention completed during this communication?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response to previous intervention

Objective Answer: N/A - no previous intervention requiring follow-up at this time

Question: LCM planned follow-up for effectiveness of education or intervention?

Objective Answer: N/A – patient contact unsuccessful

Question: Are there any questions or needs that I have not covered during this communication?

Objective Answer: N/A – patient contact unsuccessful

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Question: Is patient aware, understanding, and in agreement with RN interventions and care plan?

Objective Answer: N/A – patient contact unsuccessful

Question: Next Action Steps/Care Plan Status

Subjective Answer: LCM set task for next monthly update. LCM will continue to monitor case for LCM interventions or updates to tx plan

Question: As the RN Case Manager, review the above information. Does this information or recent information present any known barriers to the patient's physical, medical, functional, emotional, financial, psychosocial, behavioral, spiritual, and other needs.

Objective Answer: No

Question: Care Plan Status

Objective Answer: Above information does not warrant creation/modification of care plan. LCM to continue collaboration within role as identified

7/12/2022 Correction to previous patient contact note. Pt contact was 2nd pt contact. LCM will set task to f/u again in 5 business days for 3rd pt contact. No f/u letter will be sent at this time.

7/13/2022 Request APS Oncology

Kuang S Chang / Oncology / TIN 20-1842623 / 3320 Old Jefferson Athens GA 30607 / ph: 706-353-2990

TCT MDO no answer, lvm requesting call back

7/14/2022 Pharmacy Report generated and linked to case. Tasked to requesting staff member.

7/14/2022 CALL (2nd request)

Request APS Oncology

Kuang S Chang / Oncology / TIN 20-1842623 / 3320 Old Jefferson Athens GA 30607 / ph: 706-353-2990

TCT MDO X2 no answer

voice prompt states for fax # visit <https://www.universitycancer.com>

Website states

Fax: (706) 353-2992

fax sent

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7/19/2022 Assessment comments: TCT pt for initial pt contact and LCM intro. Reached a generic VM. LCM left generic, non-descript message with LCM name, direct phone number, office hours, and requested call back at earliest convenience.

Section: Patient Contact

Question: Specific Claimant Outreach Information

Objective Answer: Preferred Phone: (904) 524-5429

Question: Outreach (for initial case opening process only)

Objective Answer: Third Outreach

Objective Answer: Created and tasked HW Support to mail patient follow-up

letter

Question: Intent of Outreach

Objective Answer: LCM Introduction

Objective Answer: LCM General Assessment

Objective Answer: LCM Medication Assessment

Objective Answer: LCM Depression Assessment

Objective Answer: Patient Education

Question: Contact Status

Objective Answer: Unsuccessful

Question: Have there been any medication changes in the last 5 days or since our last contact?

Objective Answer: N/A – patient contact unsuccessful

Question: Have there been any changes to your treatment plan in the last 5 days or since our last contact?

Objective Answer: N/A – patient contact unsuccessful

Question: Was education provided during communication that was related to reason/diagnosis patient is in CM as well as education that is disease-specific for patient's comorbidities?

Objective Answer: N/A – patient contact unsuccessful

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Question: Patient Response

Objective Answer: N/A - no education provided

Question: Was follow-up for a previous LCM action item/intervention completed during this communication?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response to previous intervention

Objective Answer: N/A - no previous intervention requiring follow-up at this time

Question: Are there any questions or needs that I have not covered during this communication?

Objective Answer: N/A – patient contact unsuccessful

Question: Next Action Steps/Care Plan Status

Subjective Answer: LCM set task for next monthly update. LCM will continue to monitor case for LCM interventions or updates to tx plan.

Question: As the RN Case Manager, review the above information. Does this information or recent information present any known barriers to the patient's physical, medical, functional, emotional, financial, psychosocial, behavioral, spiritual, and other needs.

Objective Answer: No

Question: Care Plan Status

Objective Answer: Above information does not warrant creation/modification of care plan. LCM to continue collaboration within role as identified

7/21/2022 LCM noted task from Markesha/HWS advising 2 attempts have been made to obtain APS from Dr. Kuang S Chang / Oncology without success.

LCM will continue to monitor for results and review if received.

7/21/2022 Pharmacy report reviewed. Member has had the following prescriptions in the last 6 months and/or on a regular basis:

3/3/2022 000000947582 MADDEN'S PHARMACY, INC. TRELEGY ELLIPTA AEPB

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0	0	\$0.00	\$0.00		
3/8/2022	000000979303	MADDEN'S PHARMACY, INC.	FUROSEMIDE TABS 40 MG		
30	30	\$0.00	\$2.31		
3/16/2022	000000980159	MADDEN'S PHARMACY, INC.	SUCRALFATE TABS 1 GM		
120	30	\$0.00	\$26.05		
3/8/2022	000000979303	MADDEN'S PHARMACY, INC.	FUROSEMIDE TABS 40 MG		
(30)	(30)	\$0.00	(\$2.31)		
3/16/2022	000000980159	MADDEN'S PHARMACY, INC.	SUCRALFATE TABS 1 GM		
(120)	(30)	\$0.00	(\$26.05)		
3/29/2022	000000473828	WALGREENS #11166	ASPIRIN ADULT LOW DOSE TBEC		
81	30	\$0.96	\$0.00		
3/29/2022	000000473829	WALGREENS #11166	ATORVASTATIN CALCIUM TABS		
40 M	90	\$33.49	\$12.50		
3/29/2022	000000473830	WALGREENS #11166	METOPROLOL SUCCINATE ER		
TB24 2	30	\$4.00	\$5.00		
3/29/2022	000000473831	WALGREENS #11166	TORSEMIDE TABS 20 MG	30	
30		\$0.00	\$6.15		
3/30/2022	000000979303	MADDEN'S PHARMACY, INC.	FUROSEMIDE TABS 40 MG		
30	30	\$0.00	\$2.31		
3/30/2022	000000980159	MADDEN'S PHARMACY, INC.	SUCRALFATE TABS 1 GM		
120	30	\$0.00	\$26.05		
3/29/2022	000000473828	WALGREENS #11166	ASPIRIN ADULT LOW DOSE TBEC		
81	(30)	(\$0.96)	\$0.00		
3/29/2022	000000473829	WALGREENS #11166	ATORVASTATIN CALCIUM TABS		
40 M	(90)	(\$33.49)	(\$12.50)		
3/29/2022	000000473830	WALGREENS #11166	METOPROLOL SUCCINATE ER		
TB24 2	(30)	(\$4.00)	(\$5.00)		
3/29/2022	000000473831	WALGREENS #11166	TORSEMIDE TABS 20 MG	(30)	
(30)		\$0.00	(\$6.15)		
3/30/2022	000000979303	MADDEN'S PHARMACY, INC.	FUROSEMIDE TABS 40 MG		
(30)	(30)	\$0.00	(\$2.31)		
3/30/2022	000000980159	MADDEN'S PHARMACY, INC.	SUCRALFATE TABS 1 GM		
(120)	(30)	\$0.00	(\$26.05)		
4/13/2022	000000980159	MADDEN'S PHARMACY, INC.	SUCRALFATE TABS 1 GM		
0	0	\$0.00	\$0.00		
4/15/2022	000000985769	MADDEN'S PHARMACY, INC.	TRAMADOL HCL TABS 50		
MG	50	\$0.00	\$2.63		

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4/15/2022	000000985770	MADDEN'S PHARMACY, INC.	TRAZODONE
	HYDROCHLORIDE TABS 5	30 30 \$0.00 \$2.60	
4/15/2022	000000985772	MADDEN'S PHARMACY, INC.	METFORMIN
	HYDROCHLORIDE TABS 1	60 30 \$0.00 \$3.20	
4/15/2022	000000985772	MADDEN'S PHARMACY, INC.	METFORMIN
	HYDROCHLORIDE TABS 5	0 0 \$0.00 \$0.00	
4/15/2022	000000985773	MADDEN'S PHARMACY, INC.	ESCITALOPRAM OXALATE
	TABS 10 M	30 30 \$0.00 \$3.01	
4/15/2022	000000985774	MADDEN'S PHARMACY, INC.	ATORVASTATIN CALCIUM
	TABS 40 M	30 30 \$0.00 \$3.50	
4/15/2022	000000985775	MADDEN'S PHARMACY, INC.	GABAPENTIN CAPS 300
	MG 0 0	\$0.00 \$0.00	
4/15/2022	000000985776	MADDEN'S PHARMACY, INC.	METHOCARBAMOL TABS
	500 MG 0 0	\$0.00 \$0.00	
4/15/2022	000000985776	MADDEN'S PHARMACY, INC.	METHOCARBAMOL TABS
	750 MG 90 30	\$0.00 \$9.22	
4/15/2022	000000985778	MADDEN'S PHARMACY, INC.	FINASTERIDE TABS 5 MG
	30 30	\$0.00 \$3.62	
4/15/2022	000000985781	MADDEN'S PHARMACY, INC.	MONTELUKAST SODIUM
	TABS 10 MG 30 30	\$0.00 \$3.19	
4/15/2022	000000985783	MADDEN'S PHARMACY, INC.	METOPROLOL
	SUCCINATE ER TB24 2	30 30 \$0.00 \$4.07	
4/15/2022	000000985784	MADDEN'S PHARMACY, INC.	ASPIRIN LOW DOSE TBEC
	81 MG 30 30	\$1.67 \$0.00	
4/15/2022	000000985785	MADDEN'S PHARMACY, INC.	TORSEMIDE TABS 20 MG
	30 30	\$0.00 \$4.07	
4/15/2022	000000985788	MADDEN'S PHARMACY, INC.	FARXIGA TABS 10 MG
	30 30	\$509.59 \$35.00	
4/15/2022	000000985790	MADDEN'S PHARMACY, INC.	PREDNISONE TABS 20 MG
	15 10	\$0.00 \$3.26	
4/15/2022	000000985791	MADDEN'S PHARMACY, INC.	STIMULANT LAXATIVE
	TABS 8.6-50 60 30	\$0.00 \$2.63	
4/15/2022	000000985792	MADDEN'S PHARMACY, INC.	FLUTICASONE
	PROPIONATE SUSP 50 16 60	\$0.00 \$5.62	
4/15/2022	000000985793	MADDEN'S PHARMACY, INC.	ALBUTEROL SULFATE
	HFA AERS 108 7 25	\$0.00 \$21.13	
4/15/2022	000000985794	MADDEN'S PHARMACY, INC.	SYMBICORT AERO 160-4.5

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MCGACT	10	30	\$376.56	\$0.00		
4/15/2022	000000985795	MADDEN'S PHARMACY, INC.	GNP NASAL FOUR SPRAY			
SOLN 1 %	30	30	\$0.00	\$3.64		
4/22/2022	000000977879	MADDEN'S PHARMACY, INC.	GLIPIZIDE ER TB24 5 MG			
90	90		\$0.00	\$10.66		
4/26/2022	000000985771	MADDEN'S PHARMACY, INC.	TAMSULOSIN			
HYDROCHLORIDE CAPS	30	30	\$0.00	\$3.50		
4/26/2022	000000985775	MADDEN'S PHARMACY, INC.	GABAPENTIN TABS 600			
MG	90	30	\$0.00	\$10.16		
4/26/2022	000000985777	MADDEN'S PHARMACY, INC.	CLOPIDOGREL TABS 75			
MG	30	30	\$0.00	\$3.58		
4/15/2022	000000985781	MADDEN'S PHARMACY, INC.	MONTELUKAST SODIUM			
TABS 10 MG	(30)	(30)	\$0.00	(\$3.19)		
4/22/2022	000000977879	MADDEN'S PHARMACY, INC.	GLIPIZIDE ER TB24 5 MG			
(90)	(90)		\$0.00	(\$10.66)		
4/15/2022	000000985769	MADDEN'S PHARMACY, INC.	TRAMADOL HCL TABS 50			
MG	(50)	(13)	\$0.00	(\$2.63)		
4/15/2022	000000985770	MADDEN'S PHARMACY, INC.	TRAZODONE			
HYDROCHLORIDE TABS 5	(30)	(30)	\$0.00	(\$2.60)		
4/15/2022	000000985772	MADDEN'S PHARMACY, INC.	METFORMIN			
HYDROCHLORIDE TABS 1	(60)	(30)	\$0.00	(\$3.20)		
4/15/2022	000000985773	MADDEN'S PHARMACY, INC.	ESCITALOPRAM OXALATE			
TABS 10 M	(30)	(30)	\$0.00	(\$3.01)		
4/15/2022	000000985774	MADDEN'S PHARMACY, INC.	ATORVASTATIN CALCIUM			
TABS 40 M	(30)	(30)	\$0.00	(\$3.50)		
4/15/2022	000000985776	MADDEN'S PHARMACY, INC.	METHOCARBAMOL TABS			
750 MG	(90)	(30)	\$0.00	(\$9.22)		
4/15/2022	000000985778	MADDEN'S PHARMACY, INC.	FINASTERIDE TABS 5 MG			
(30)	(30)		\$0.00	(\$3.62)		
4/15/2022	000000985783	MADDEN'S PHARMACY, INC.	METOPROLOL			
SUCCINATE ER TB24 2	(30)	(30)	\$0.00	(\$4.07)		
4/15/2022	000000985784	MADDEN'S PHARMACY, INC.	ASPIRIN LOW DOSE TBEC			
81 MG	(30)	(30)	(\$1.67)	\$0.00		
4/15/2022	000000985785	MADDEN'S PHARMACY, INC.	TORSEMIDE TABS 20 MG			
(30)	(30)		\$0.00	(\$4.07)		
4/15/2022	000000985790	MADDEN'S PHARMACY, INC.	PREDNISONE TABS 20 MG			
(15)	(10)		\$0.00	(\$3.26)		

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4/15/2022	000000985791	MADDEN'S PHARMACY, INC.	STIMULANT LAXATIVE
TABS 8.6-50	(60) (30)	\$0.00 (\$2.63)	
4/15/2022	000000985792	MADDEN'S PHARMACY, INC.	FLUTICASONE
PROPIONATE SUSP 50	(16) (60)	\$0.00 (\$5.62)	
4/15/2022	000000985793	MADDEN'S PHARMACY, INC.	ALBUTEROL SULFATE
HFA AERS 108	(7) (25)	\$0.00 (\$21.13)	
4/15/2022	000000985794	MADDEN'S PHARMACY, INC.	SYMBICORT AERO 160-4.5
MCGACT	(10) (30)	(\$376.56) \$0.00	
4/26/2022	000000985771	MADDEN'S PHARMACY, INC.	TAMSULOSIN
HYDROCHLORIDE CAPS	(30) (30)	\$0.00 (\$3.50)	
4/26/2022	000000985775	MADDEN'S PHARMACY, INC.	GABAPENTIN TABS 600
MG (90)	(30) (30)	\$0.00 (\$10.16)	
4/26/2022	000000985777	MADDEN'S PHARMACY, INC.	CLOPIDOGREL TABS 75
MG (30)	(30) (30)	\$0.00 (\$3.58)	
4/29/2022	000000967410	MADDEN'S PHARMACY, INC.	TAMSULOSIN
HYDROCHLORIDE CAPS	0 0	\$0.00 \$0.00	
4/29/2022	000000977879	MADDEN'S PHARMACY, INC.	GLIPIZIDE ER TB24 5 MG
90 90	\$0.00 \$10.66		
4/29/2022	000000980155	MADDEN'S PHARMACY, INC.	GABAPENTIN TABS 600
MG 0 0	\$0.00 \$0.00		
4/29/2022	000000980196	MADDEN'S PHARMACY, INC.	CLOPIDOGREL TABS 75
MG 0 0	\$0.00 \$0.00		
4/29/2022	000000985769	MADDEN'S PHARMACY, INC.	TRAMADOL HCL TABS 50
MG 50 13	\$0.00 \$2.63		
4/29/2022	000000985770	MADDEN'S PHARMACY, INC.	TRAZODONE
HYDROCHLORIDE TABS 5	30 30	\$0.00 \$2.60	
4/29/2022	000000985771	MADDEN'S PHARMACY, INC.	TAMSULOSIN
HYDROCHLORIDE CAPS	30 30	\$0.00 \$3.50	
4/29/2022	000000985772	MADDEN'S PHARMACY, INC.	METFORMIN
HYDROCHLORIDE TABS 1	60 30	\$0.00 \$3.20	
4/29/2022	000000985773	MADDEN'S PHARMACY, INC.	ESCITALOPRAM OXALATE
TABS 10 M	30 30	\$0.00 \$3.01	
4/29/2022	000000985774	MADDEN'S PHARMACY, INC.	ATORVASTATIN CALCIUM
TABS 40 M	30 30	\$0.00 \$3.50	
4/29/2022	000000985775	MADDEN'S PHARMACY, INC.	GABAPENTIN TABS 600
MG 90 30	\$0.00 \$10.16		
4/29/2022	000000985776	MADDEN'S PHARMACY, INC.	METHOCARBAMOL TABS

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750 MG	90	30	\$0.00	\$9.22	
4/29/2022	000000985777	MADDEN'S PHARMACY, INC.	CLOPIDOGREL TABS 75		
MG	30	30	\$0.00	\$3.58	
4/29/2022	000000985778	MADDEN'S PHARMACY, INC.	FINASTERIDE TABS 5 MG		
30	30	\$0.00	\$3.62		
4/29/2022	000000985781	MADDEN'S PHARMACY, INC.	MONTELUKAST SODIUM		
TABS 10 MG	30	30	\$0.00	\$3.19	
4/29/2022	000000985783	MADDEN'S PHARMACY, INC.	METOPROLOL		
SUCCINATE ER TB24 2	30	30	\$0.00	\$4.07	
4/29/2022	000000985784	MADDEN'S PHARMACY, INC.	ASPIRIN LOW DOSE TBEC		
81 MG	30	30	\$1.67	\$0.00	
4/29/2022	000000985785	MADDEN'S PHARMACY, INC.	TORSEMIDE TABS 20 MG		
30	30	\$0.00	\$4.07		
4/29/2022	000000985790	MADDEN'S PHARMACY, INC.	PREDNISONE TABS 20 MG		
15	10	\$0.00	\$3.26		
4/29/2022	000000985791	MADDEN'S PHARMACY, INC.	STIMULANT LAXATIVE		
TABS 8.6-50	60	30	\$0.00	\$2.63	
4/29/2022	000000985792	MADDEN'S PHARMACY, INC.	FLUTICASONE		
PROPIONATE SUSP 50	16	60	\$0.00	\$5.62	
4/29/2022	000000985793	MADDEN'S PHARMACY, INC.	ALBUTEROL SULFATE		
HFA AERS 108	7	25	\$0.00	\$21.13	
4/29/2022	000000985794	MADDEN'S PHARMACY, INC.	SYMBICORT AERO 160-4.5		
MCGACT	10	30	\$0.00	\$376.56	
5/4/2022	000000987561	MADDEN'S PHARMACY, INC.	TRELEGY ELLIPTA AEPB		
60	30	\$516.06	\$98.91		
5/9/2022	000000985769	MADDEN'S PHARMACY, INC.	TRAMADOL HCL TABS 50		
MG	50	13	\$2.63	\$0.00	
5/16/2022	000000980154	MADDEN'S PHARMACY, INC.	LOSARTAN POTASSIUM		
TABS 50 MG	90	90	\$0.00	\$7.05	
5/21/2022	000000985793	MADDEN'S PHARMACY, INC.	ALBUTEROL SULFATE		
HFA AERS 108	7	25	\$21.13	\$0.00	
5/23/2022	000000977878	MADDEN'S PHARMACY, INC.	METFORMIN		
HYDROCHLORIDE TABS 1	180	90	\$0.00	\$6.34	
5/23/2022	000000980155	MADDEN'S PHARMACY, INC.	GABAPENTIN TABS 600		
MG	270	90	\$27.24	\$0.00	
5/23/2022	000000980157	MADDEN'S PHARMACY, INC.	TAMSULOSIN		
HYDROCHLORIDE CAPS	90	90	\$7.26	\$0.00	

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5/23/2022	000000985769	MADDEN'S PHARMACY, INC.	TRAMADOL HCL TABS 50
MG 50	13	\$2.63 \$0.00	
5/26/2022	000000985770	MADDEN'S PHARMACY, INC.	TRAZODONE
HYDROCHLORIDE TABS 5	30 30	\$2.60 \$0.00	
5/26/2022	000000985773	MADDEN'S PHARMACY, INC.	ESCITALOPRAM OXALATE
TABS 10 M	30 30	\$0.00 \$3.01	
5/26/2022	000000985774	MADDEN'S PHARMACY, INC.	ATORVASTATIN CALCIUM
TABS 40 M	30 30	\$0.00 \$3.50	
5/26/2022	000000985776	MADDEN'S PHARMACY, INC.	METHOCARBAMOL TABS
750 MG	90 30	\$9.22 \$0.00	
5/26/2022	000000985777	MADDEN'S PHARMACY, INC.	CLOPIDOGREL TABS 75
MG 30	30 30	\$0.00 \$3.58	
5/26/2022	000000985778	MADDEN'S PHARMACY, INC.	FINASTERIDE TABS 5 MG
30 30		\$3.62 \$0.00	
5/26/2022	000000985781	MADDEN'S PHARMACY, INC.	MONTELUKAST SODIUM
TABS 10 MG	30 30	\$3.19 \$0.00	
5/26/2022	000000985783	MADDEN'S PHARMACY, INC.	METOPROLOL
SUCCINATE ER TB24 2	30 30	\$0.00 \$4.07	
5/26/2022	000000985784	MADDEN'S PHARMACY, INC.	ASPIRIN LOW DOSE TBEC
81 MG	30 30	\$1.67 \$0.00	
5/26/2022	000000985785	MADDEN'S PHARMACY, INC.	TORSEMIDE TABS 20 MG
30 30		\$4.07 \$0.00	
5/26/2022	000000985791	MADDEN'S PHARMACY, INC.	STIMULANT LAXATIVE
TABS 8.6-50	60 30	\$2.63 \$0.00	
5/26/2022	000000985794	MADDEN'S PHARMACY, INC.	SYMBICORT AERO 160-4.5
MCGACT	10 30	\$376.56 \$0.00	
5/31/2022	000000987561	MADDEN'S PHARMACY, INC.	TRELEGY ELLIPTA AEPB
60 30		\$614.97 \$0.00	
5/21/2022	000000985793	MADDEN'S PHARMACY, INC.	ALBUTEROL SULFATE
HFA AERS 108	(7) (25)	(\$21.13) \$0.00	
5/23/2022	000000977878	MADDEN'S PHARMACY, INC.	METFORMIN
HYDROCHLORIDE TABS 1	(180) (90)	\$0.00 (\$6.34)	
5/23/2022	000000980155	MADDEN'S PHARMACY, INC.	GABAPENTIN TABS 600
MG (270)	(90) (90)	(\$27.24) \$0.00	
5/23/2022	000000980157	MADDEN'S PHARMACY, INC.	TAMSULOSIN
HYDROCHLORIDE CAPS	(90) (90)	(\$7.26) \$0.00	
5/23/2022	000000985769	MADDEN'S PHARMACY, INC.	TRAMADOL HCL TABS 50

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MG (50) (13) (\$2.63) \$0.00	
5/26/2022 000000985770 MADDEN'S PHARMACY, INC.	TRAZODONE
HYDROCHLORIDE TABS 5 (30) (30) (\$2.60) \$0.00	
5/26/2022 000000985773 MADDEN'S PHARMACY, INC.	ESCITALOPRAM OXALATE
TABS 10 M (30) (30) \$0.00 (\$3.01)	
5/26/2022 000000985774 MADDEN'S PHARMACY, INC.	ATORVASTATIN CALCIUM
TABS 40 M (30) (30) \$0.00 (\$3.50)	
5/26/2022 000000985776 MADDEN'S PHARMACY, INC.	METHOCARBAMOL TABS
750 MG (90) (30) (\$9.22) \$0.00	
5/26/2022 000000985777 MADDEN'S PHARMACY, INC.	CLOPIDOGREL TABS 75
MG (30) (30) \$0.00 (\$3.58)	
5/26/2022 000000985778 MADDEN'S PHARMACY, INC.	FINASTERIDE TABS 5 MG
(30) (30) (\$3.62) \$0.00	
5/26/2022 000000985781 MADDEN'S PHARMACY, INC.	MONTELUKAST SODIUM
TABS 10 MG (30) (30) (\$3.19) \$0.00	
5/26/2022 000000985783 MADDEN'S PHARMACY, INC.	METOPROLOL
SUCCINATE ER TB24 2 (30) (30) \$0.00 (\$4.07)	
5/26/2022 000000985784 MADDEN'S PHARMACY, INC.	ASPIRIN LOW DOSE TBEC
81 MG (30) (30) (\$1.67) \$0.00	
5/26/2022 000000985785 MADDEN'S PHARMACY, INC.	TORSEMIDE TABS 20 MG
(30) (30) (\$4.07) \$0.00	
5/26/2022 000000985791 MADDEN'S PHARMACY, INC.	STIMULANT LAXATIVE
TABS 8.6-50 (60) (30) (\$2.63) \$0.00	
5/26/2022 000000985794 MADDEN'S PHARMACY, INC.	SYMBICORT AERO 160-4.5
MCGACT (10) (30) (\$376.56) \$0.00	
5/31/2022 000000987561 MADDEN'S PHARMACY, INC.	TRELEGY ELLIPTA AEPB
(60) (30) (\$614.97) \$0.00	
6/20/2022 000000991885 MADDEN'S PHARMACY, INC.	TRELEGY ELLIPTA AEPB
60 30 \$614.97 \$0.00	
6/20/2022 000000991892 MADDEN'S PHARMACY, INC.	PANTOPRAZOLE SODIUM
TBEC 40 MG 30 30 \$3.32 \$0.00	
6/20/2022 000000991893 MADDEN'S PHARMACY, INC.	BUDESONIDE SUSP 0.5
MG2ML 60 30 \$38.63 \$5.00	
6/20/2022 000000991894 MADDEN'S PHARMACY, INC.	PREDNISONE TABS 10 MG
12 6 \$2.30 \$0.00	
6/20/2022 000000991895 MADDEN'S PHARMACY, INC.	BENZONATATE CAPS 100
MG 30 10 \$4.22 \$0.00	

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6/25/2022	000000985792	MADDEN'S PHARMACY, INC.	FLUTICASONE
PROPIONATE SUSP 50	16 60	\$5.62 \$0.00	
6/27/2022	000000992650	MADDEN'S PHARMACY, INC.	FOLIC ACID TABS 1 MG
30 30	\$0.00 \$2.04		
6/27/2022	000000992651	MADDEN'S PHARMACY, INC.	ULTICARE MICRO PEN
NEEDLE S 32	60 15	\$46.74 \$0.00	
6/20/2022	000000991893	MADDEN'S PHARMACY, INC.	BUDESONIDE SUSP 0.5
MG2ML	(60) (30)	(\$38.63) (\$5.00)	
6/20/2022	000000991894	MADDEN'S PHARMACY, INC.	PREDNISONE TABS 10 MG
(12) (6)	(\$2.30) \$0.00		
6/20/2022	000000991895	MADDEN'S PHARMACY, INC.	BENZONATATE CAPS 100
MG	(30) (10)	(\$4.22) \$0.00	
6/25/2022	000000985792	MADDEN'S PHARMACY, INC.	FLUTICASONE
PROPIONATE SUSP 50	(16) (60)	(\$5.62) \$0.00	
6/27/2022	000000992651	MADDEN'S PHARMACY, INC.	ULTICARE MICRO PEN
NEEDLE S 32	(60) (15)	(\$46.74) \$0.00	
6/27/2022	000000992651	MADDEN'S PHARMACY, INC.	ULTICARE MICRO PEN
NEEDLE S32G	100 50	\$50.30 \$0.00	
6/28/2022	000000992811	MADDEN'S PHARMACY, INC.	
OXYCODONEACETAMINOPHEN TABS 5-	30 8	\$4.65 \$0.00	
6/28/2022	000000992812	MADDEN'S PHARMACY, INC.	HUMALOG KWIKPEN
SOPN 100 UNITM	15 84	\$419.00 \$87.50	
6/29/2022	000000985792	MADDEN'S PHARMACY, INC.	FLUTICASONE
PROPIONATE SUSP 50	0 0	\$0.00 \$0.00	
6/30/2022	000000985792	MADDEN'S PHARMACY, INC.	FLUTICASONE
PROPIONATE SUSP 50	0 0	\$0.00 \$0.00	

Medication Descriptions:

Furosemide is a loop diuretic (water pill) that prevents your body from absorbing too much salt. This allows the salt to instead be passed in your urine. Furosemide is used to treat fluid retention (edema) in people with congestive heart failure, liver disease, or a kidney disorder such as nephrotic syndrome. Furosemide is also used to treat high blood pressure (hypertension).

Sucralfate is for Short-term treatment (up to 8 weeks) of active duodenal ulcer. While healing with Sucralfate may occur during the first week or two, treatment should be continued for 4 to 8 weeks unless healing has been demonstrated by x-ray or endoscopic

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examination.

Maintenance therapy for duodenal ulcer patients at reduced dosage after healing of acute ulcers.

Farxiga is an oral diabetes medicine that helps control blood sugar levels. Dapagliflozin works by helping the kidneys get rid of glucose from your bloodstream. Farxiga is used together with diet and exercise to improve blood sugar control in adults with type 2 diabetes mellitus. This medicine is not for treating type 1 diabetes. Farxiga is also used to lower the risk of death from heart attack, stroke, or heart failure in adults with type 2 diabetes who also have heart disease. Farxiga is also used to lower the risk of needing to be in the hospital for heart failure in adults with type 2 diabetes who also have heart disease.

Phenylephrine is a decongestant that shrinks blood vessels in the nasal passages. Dilated blood vessels can cause nasal congestion (stuffy nose). Nasal Four is used to treat nasal congestion and sinus pressure caused by allergies, the common cold, or the flu. Phenylephrine may be used to treat congestion of the tubes that drain fluid from your inner ears, called the eustachian (yoo-STAY-shun) tubes.

Glipizide is an oral diabetes medicine that helps control blood sugar levels by helping your pancreas produce insulin. Glipizide is used together with diet and exercise to improve blood sugar control in adults with type 2 diabetes mellitus.

Albuterol is a bronchodilator that relaxes muscles in the airways and increases air flow to the lungs. Albuterol inhalation is used to treat or prevent bronchospasm, or narrowing of the airways in the lungs, in people with asthma or certain types of chronic obstructive pulmonary disease (COPD). It is also used to prevent exercise-induced bronchospasm.

Losartan belongs to a group of drugs called angiotensin II receptor antagonists. It keeps blood vessels from narrowing, which lowers blood pressure and improves blood flow. Losartan is used to treat high blood pressure (hypertension). It is also used to lower the risk of stroke in certain people with heart disease. Losartan is used to slow long-term kidney damage in people with type 2 diabetes who also have high blood pressure.

Metformin is a medicine used together with diet to lower high blood sugar levels in patients with type 2 diabetes. Metformin works by lowering the amount of glucose absorbed from intestines, decreasing how much glucose is made in the liver and improving insulin

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sensitivity.

Gabapentin (Neurontin, Gralise, Horizant) is a medicine used to treat partial seizures, nerve pain from shingles and restless leg syndrome. It works on the chemical messengers in your brain and nerves. Gabapentin is from a group of medicines called anticonvulsants.

Tamsulosin is an alpha-blocker that relaxes the muscles in the prostate and bladder neck, making it easier to urinate. Tamsulosin is used to improve urination in men with benign prostatic hyperplasia (enlarged prostate).

Tramadol is a strong pain medication used to treat moderate to severe pain that is not being relieved by other types of pain medicines. Tramadol is a synthetic opioid and acts in the brain and spine (central nervous system) to reduce the amount of pain you feel. The extended-release form of tramadol is for around-the-clock treatment of pain. This form of tramadol is not for use on an as-needed basis for pain.

Trazodone is an antidepressant that belongs to a group of drugs called serotonin receptor antagonists and reuptake inhibitors (SARIs). While trazodone is not a true member of the selective serotonin reuptake inhibitors (SSRIs) class of antidepressants, it does still share many properties of the SSRIs. Trazodone is used to treat major depressive disorder. It may help to improve your mood, appetite, and energy level as well as decrease anxiety and insomnia related to depression. Trazodone works by helping to restore the balance of a certain natural chemical (serotonin) in the brain.

Escitalopram is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). It affects chemicals in the brain that may be unbalanced in people with depression or anxiety. Escitalopram is used to treat major depressive disorder in adults and adolescents at least 12 years old. Escitalopram is also used to treat anxiety in adults.

Atorvastatin belongs to a group of drugs called HMG CoA reductase inhibitors, or "statins." Atorvastatin is used together with diet to lower blood levels of "bad" cholesterol (low-density lipoprotein, or LDL), to increase levels of "good" cholesterol (high-density lipoprotein, or HDL), and to lower triglycerides (a type of fat in the blood). Atorvastatin is used to treat high cholesterol, and to lower the risk of stroke, heart attack, or other heart complications in people with type 2 diabetes, coronary heart disease, or other risk factors.

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Methocarbamol is a muscle relaxer. It works by blocking nerve impulses (or pain sensations) that are sent to your brain.

Clopidogrel is used to lower your risk of having a stroke, blood clot, or serious heart problem after you've had a heart attack, severe chest pain (angina), or circulation problems.

Finasteride (Proscar) is used alone or with other medication to treat symptoms of benign prostatic hyperplasia (BPH) in men with enlarged prostate.

Montelukast helps to reduce inflammation and may be used to prevent asthma attacks in adults and children at least 2 years old. Montelukast is also used to prevent exercise-induced bronchoconstriction (a narrowing of the air passages in the lungs due to exercise that is also known as exercise-induced asthma) in adults and children who are at least 6 years old.

Metoprolol is a beta-blocker that affects the heart and circulation (blood flow through arteries and veins). Metoprolol is used to treat angina (chest pain) and hypertension (high blood pressure). Metoprolol is also used to lower your risk of death or needing to be hospitalized for heart failure.

Aspirin is a salicylate (sa-LIS-il-ate). It works by reducing substances in the body that cause pain, fever, and inflammation. Aspirin is used to treat pain, and reduce fever or inflammation. It is sometimes used to treat or prevent heart attacks, strokes, and chest pain (angina).

Torsemide is a loop diuretic (water pill) that is used to treat fluid retention (edema) in people with heart failure, liver disease, or kidney disease. Torsemide is also used to treat high blood pressure (hypertension). Lowering blood pressure may lower your risk of a stroke or heart attack.

Stimulant Laxative (docusate and senna); It is used to treat constipation.

Symbicort contains a combination of budesonide and formoterol. Budesonide is a corticosteroid that reduces inflammation in the body. Formoterol is a long-acting bronchodilator that relaxes muscles in the airways to improve breathing. Symbicort is used to control and prevent the symptoms of asthma in adults and children at least 6 years old. Symbicort is also used to help control the symptoms of chronic obstructive pulmonary

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disease (COPD), including chronic bronchitis and emphysema.

Trelegy Ellipta is an inhalation powder containing a combination of fluticasone, umeclidinium, and vilanterol. Fluticasone is a steroid that prevents the release of substances in the body that cause inflammation. Umeclidinium is an anticholinergic. Vilanterol is a bronchodilator. These medications work by relaxing muscles in the airways to improve breathing. Trelegy Ellipta is used to improve symptoms and prevent bronchospasm in adults with COPD (chronic obstructive pulmonary disease), including bronchitis and emphysema. Trelegy Ellipta is also used in adults to prevent and control symptoms of asthma for better breathing and to prevent symptoms such as wheezing.

Pantoprazole is a proton pump inhibitor that decreases the amount of acid produced in the stomach. Pantoprazole is used to treat erosive esophagitis (damage to the esophagus from stomach acid caused by gastroesophageal reflux disease, or GERD) in adults and children who are at least 5 years old. Pantoprazole is usually given for up to 8 weeks at a time while your esophagus heals.

Folic acid is a type of B vitamin that is normally found in foods such as dried beans, peas, lentils, oranges, whole-wheat products, liver, asparagus, beets, broccoli, brussels sprouts, and spinach. Folic acid helps your body produce and maintain new cells, and also helps prevent changes to DNA that may lead to cancer. As a medication, folic acid is used to treat folic acid deficiency and certain types of anemia (lack of red blood cells) caused by folic acid deficiency.

Budesonide is a steroid that reduces inflammation in the body.

Prednisone is a corticosteroid medicine used to decrease inflammation and keep your immune system in check, if it is overactive. Prednisone is used to treat allergic disorders, skin conditions, ulcerative colitis, Crohn's disease, arthritis, lupus, psoriasis, asthma, chronic obstructive pulmonary disease (COPD) and many more conditions.

Benzonatate is a non-narcotic cough medicine.

Oxycodone is an opioid pain medication, sometimes called a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of oxycodone. Acetaminophen and oxycodone is a combination medicine used to relieve moderate to severe pain. It is used to lower blood sugar in patients with high blood sugar (diabetes).

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Fluticasone inhalation is a steroid that is used to prevent asthma attacks in adults and children. Fluticasone inhalation is sometimes used together with steroid medicine taken by mouth.

Based on pharmacy report review:

- Above medications are appropriate for known diagnoses and are standard of care.
- High-Dollar medications are not noted and therefore, no new HDRx SLL warranted at this time

Next Action:

- LCM to evaluate if plan goals r/t medications are needed at next successful contact
- Medication Reconciliation is needed and to be completed after medication assessment is completed with patient
- LCM set task to self to discuss above with patient including research of potential plan goals r/t medications (example: Rx cost savings for patient) are needed

7/22/2022 Mailed Patient Follow-up

7/24/2022 Acuity level (Level 1, Level 2, Level 3, Level 4): 2

Reason/Rationale Pt newly dx with NSCLC. Pt currently in tx with IV chemo.

Diagnoses: NSCLC, stage IV

HTN, HLD, Arthritis, asthma, diabetic neuropathy, ED BPH, hx of smoking, type 2 diabetes mellitus and COPD, and CAD. Pt is s/p CABG x3 (March 2022),

Prognosis:

APS note received from Dr. Kuang S Chang / Med. Oncology 7/14/2022

Poor / Guarded per Dr. J Daniel McAvoy / PCP signed on 5/7/22

Current treatment plan:

Alimta / Pembro / Carbo q21 days x 4 -6 cycles

Additional treatment plan:

Supportive care - pt on oxygen

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Projected future treatment plan:
Restating

Completed Treatment:

7/2/2022 CT scan of the abdomen and pelvis

Hospital admission 6/28/22-7/6/22 - worsening hypoxia

Final pathology 6/3/2022

Hospital admission 6/1/22-6/27/22 - acute respiratory failure with hypoxia

Current treating providers:

Dr. Kuang S Chang / Oncology / TIN 20-1842623

Dr. J Daniel McAvoy / PCP

Summary of current status: Per MD clinical pt newly dx with NSCLC 6/2022. Pt evaluated by oncology and received one cycle of chemo while inpatient. Pt continues with IV chemo as an outpatient.

History: Pt is a 65 y.o. male with a history of HTN, HLD, Arthritis, asthma, diabetic neuropathy, ED BPH, hx of smoking, type 2 diabetes mellitus and COPD, and CAD. Pt is s/p CABG x3 (March 2022), heart failure with recovered EF of 59% from 25-30%, mild diastolic dysfunction, on 2 L home oxygen, obstructive sleep apnea non-compliant with CPAP, chronic polycythemia, was admitted on 6/1 from cardiothoracic surgery office for further evaluation of unintentional weight loss, lethargy, shortness of breath and productive cough. In ED work up revealed tachycardia, hypotension, hypoxia. CTA chest negative for pulmonary embolism but showed moderate right and trace left pleural effusion pt s/p thoracentesis 6/3/22 with evidence of adenocarcinoma on cytology. 6/4/22 CT chest noted enlarging pleural-based mass initially obscured by effusion. Hospital course has been complicated by progressively increasing oxygen requirements and hypotension requiring transfer to ICU on 6/9 and is currently being managed for acute on chronic hypoxic respiratory failure likely secondary to her malignant pleural effusion, COPD exacerbation and atelectasis. Newly dx Stage IV NSCLC adenocarcinoma (malignant pleural effusion).

Verified eligibility in GBAS.

Stop Loss carrier: AccuRisk Solutions

Specific Deductible: \$125,000

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PPO network: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

Pharmacy Vendor: CanaRx, ProAct, Inc., PharmWatch

Vendors:

Mental/Nervous: GPA
Transplants: Tokio Marine HCC (888) 449-2377
ELAP: YES
Care Management
KIS Imaging: 888-458-8746 or getkisx.com
Nurse Navigator
Regenexx
Pre Pay with Virtual Card Program
PaydHealth - (877) 869-7772

The spec utilized is:

Fund	Contract Period	Spec	Paid	Over	Reimb	!
88126	07/01/2019-06/30/2020	110000	6707.84	0.00	0.00	!
88126	07/01/2021-06/30/2022	125000	224348.52	99348.52	0.00	!
88126	07/01/2022-06/30/2023	125000	9847.89	0.00	0.00	

Diagnoses per GBAS claims history:

1	0001	OTHER GENERAL SYMPTOMS AND SIG	01/29/2020	R6889	I	N	O
2	0002	DISEASE OF SALIVARY GLAND, UNS	01/29/2020	K119	I	N	O
3	0003	BENIGN NEOPLASM OF MAJOR SALIV	01/29/2020	D119	I	N	C
4	0004	HEALTHWATCH FEES	02/03/2020	R6889	I	N	O
5	0005	INFLUENZA DUE TO OTHER IDENTIF	05/18/2020	J101	I	N	O
6	0006	TYPE 2 DIABETES MELLITUS WITHO	06/05/2020	E119	I	N	O
7	0007	CARDIOMEGALY	06/01/2020	I517	I	N	O
8	0008	ENCOUNTER FOR OBSERVATION FOR	07/20/2020	Z0389	I	N	O
9	0009	LUMBAGO WITH SCIATICA, RIGHT S	08/04/2020	M5441	I	N	O
10	0010	ACUTE SUPPURATIVE OTITIS MEDIA	08/26/2020	H66003	I	N	O
11	0011	SECONDARY POLYCYTHEMIA	09/14/2020	D751	I	N	O
12	0012	RX/CHC HISTORY FOR STOP LOSS	07/01/2020	R6889	I	N	O
13	0013	CONTACT WITH AND (SUSPECTED) E	07/30/2021	Z20822	I	N	O
14	0014	MALIGNANT NEOPLASM OF UNSPECIF	06/25/2022	C3491	I	N	O

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Billed charges reviewed in GBAS - no new treating providers identified.

7/24/2022 Updated Action Plan

- LCM will request updated oncology note to assess for updates to tx plan.
- LCM will continue to try and reach pt for CM enrollment.
- LCM will continue ongoing monitoring for any LCM actions or interventions needed
- LCM will follow-up with treatment plan and evaluate for additional needs next month.
- LCM will continue to monitor billed charges for office visit encounters and request for clinical to review updated treatment plan when office visit encounter is identified
- Recheck pharmacy report and assess medications every 3 months
- Send stop loss update today and every 30 days as needed
- Continue to follow for LCM needs for LCM interventions.

7/24/2022 Care plan updated per monthly update and clinical review. See Care Plan Tree for details.

7/24/2022 Tasked Markesha W:

Request OV note from 7/15/2022 to present.

Kuang S Chang / Oncology / TIN 20-1842623 / 3320 Old Jefferson Athens GA 30607 / ph: 706-353-2990

8/1/2022 Assessment comments: TCT Kuang S Chang / Oncology / ph: 706-353-2990 to f/u on APS request. LCM reached VM. LCM left generic msg asking for a return call. LCM provided name, phone number and working hours.

Section: LCM Patient Update

Question: Contact Status

Objective Answer: Unsuccessful

Question: Method of Outreach

Objective Answer: External Care Team Member:

Subjective Answer: TCT Kuang S Chang / Oncology / ph: 706-353-2990

Question: Intent of Outreach

Objective Answer: Follow-up to review office visit or clinical information

Subjective Answer: F/U APS

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Question: Next Action Steps/Care Plan Status

Subjective Answer: LCM will monitor for MDO response.

Question: As the RN Case Manager, review the above information. Does this information or recent information present any known barriers to the patient's physical, medical, functional, emotional, financial, psychosocial, behavioral, spiritual, and other needs.

Objective Answer: No

Question: Care Plan Status

Objective Answer: Above information does not warrant creation/modification of care plan. LCM to continue collaboration within role as identified

8/8/2022 Request OV note from 7/15/2022 to present.

Kuang S Chang / Oncology / TIN 20-1842623 / 3320 Old Jefferson Athens GA 30607 / ph: 706-353-2990

TCT MDO X2 no answer

voice prompt states for fax # visit <https://www.universitycancer.com>

Website states

Fax: (706) 353-2992

fax sent

8/9/2022 Email received from Kelly J advising pt has Medicare effective 8/1/2022 and to close case.

8/9/2022 Reviewed file for closure.

Summary of patient condition and course throughout duration of Case Management services: Pt is a 65 y.o. male with a history of HTN, HLD, Arthritis, asthma, diabetic neuropathy, ED BPH, hx of smoking, type 2 diabetes mellitus and COPD, and CAD. Pt is s/p CABG x3 (March 2022), heart failure with recovered EF of 59% from 25-30%, mild diastolic dysfunction, on 2 L home oxygen, obstructive sleep apnea non-compliant with CPAP, chronic polycythemia, was admitted on 6/1 from cardiothoracic surgery office for further evaluation of unintentional weight loss, lethargy, shortness of breath and productive cough. In the ED work up revealed tachycardia, hypotension, hypoxia. CTA chest negative for pulmonary embolism but showed moderate right and trace left pleural effusion pt s/p thoracentesis 6/3/22 with evidence of adenocarcinoma on cytology. 6/4/22 CT chest noted enlarging pleural-based mass initially obscured by effusion. Hospital course had been complicated by progressively increasing oxygen requirements and hypotension requiring

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transfer to ICU on 6/9 and was being managed for acute on chronic hypoxic respiratory failure likely secondary to her malignant pleural effusion, COPD exacerbation and atelectasis. Newly dx Stage IV NSCLC adenocarcinoma (malignant pleural effusion). Pt was evaluated by medical oncology and received one cycle of chemo while inpatient. Pt was discharged home 7/6/2022 and was to continue with chemo - Alimta / Pembro / Carbo q21 days x 4 -6 cycles as an outpatient. Pt was to have another cycle of chemo 7/18//2022. Pt ended up back in the hospital 8/1/2022 with hypercalcemia, fatigue, altered mental status and was admitted for treatment. Pt remains inpatient.

Reason/Rationale/Criteria Met for Case Closure (based on objective data): Pt has Medicare effective 8/1/20022.

The member continues w/ chemo treatments

Spec Utilized:

Fund	Contract Period	Spec	Paid	Over	Reimb	;
!88126	07/01/2020-06/30/2021	125000	78880.01	0.00	0.00	;
!88126	07/01/2021-06/30/2022	125000	224348.52	99348.52	0.00	;
!88126	07/01/2022-06/30/2023	125000	14325.24	0.00	0.00	

No further goals or interventions identified related to Case Management services. Care Plan updated including status of goals. See care plan tree for details.

File will be closed to LCM at this time. Can be re-opened in the future if warranted.

Task sent to HW Support Mailings to mail case closure letter. No closure survey to patient - LCM never able to reach pt regarding CM enrollment.

Not appropriate for referral to other HW program at this time due to ins. change - pt has Medicare now.

8/9/2022 Care plan updated - Pt has Medicare now and LCM asked to close case. See Care Plan Tree for details

8/9/2022 LCM created Stop Loss Letter and tasked to HW Support Staff for mailing

8/11/2022 LCM received communication from medical records dept for Dr. Kunag S Chang in response to OV note request:

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RE: Request for Release of Information for Patient: JAMES PICKHINKE
Request ID: 11224848

Dear Sir/Madam,

This letter serves as notification there are one or more issues with attempting to complete your release of information request. Please see below for specific information.

1. Records do not exist for the DOS or date range requested

No LCM intervention needed. CM case remains closed.

8/12/2022 Mailed Case Closure Letter

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
3126584	False	Candace Garza	H88012601211	6/28/1970		ELBERT MEMORIAL HOSPITAL

ICD9 Code 1 - R10.9 UNSPECIFIED ABDOMINAL PAIN	ICD9 Code 2 -	ICD9 Code 3 -
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11/8/2022 TCF DANIELLE W AT FAC 706-213-2607 DIRECT FAX 706-283-8609 with JONATHAN Y POON, phone / ELBERT MEMORIAL HOSPITAL , phone () 283 3151, requesting notification for procedure:

MNT MED-NEC for 76705 US ABDOMINAL REAL TIME W/IMAGE LIMITED; ; ; ; ; with dx of R10.9 UNSPECIFIED ABDOMINAL PAIN; ; ; ; ; on 11/8/2022 to 11/8/2022 Reviewed "Claimants Notes All", no active LCM.
PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact

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phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon:

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, APPROVED AND CLOSED.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2377233	False	Debbie Perrin	H88012601341	11/4/1956		MARY LANNING MEMORIAL HOSPITAL

ICD9Code1-R94.31 ABNORMALELECTROCARDIOGRAM[EC	ICD9 Code 2 - R06.09 OTHER FORMS OF DYSPNEA	ICD9 Code 3 -
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8/25/2022 TCF DANIELLE N PH #402-463-2454 ext 130/FAX #402-463-2450/MDO with DOUGLAS N HENTZEN, phone / MARY LANNING MEMORIAL HOSPITAL , phone 402 463 4521, requesting notification for procedure:

OPS OUTPATIENT SURGERY for 93306 ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&; 78452 MYOCARDIAL SPECT MULTIPLE STUDIES; ; ; ; with dx of R94.31 ABNORMAL ELECTROCARDIOGRAM [EC; R06.09 OTHER FORMS OF DYSPNEA; ; ; ; ; on 8/30/2022 to 8/30/2022.

Patient's ph# (402) 469-4522

Reviewed "Claimants Notes All", no active LCM.
PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: No

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Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, create follow up task.

8/25/2022 RTC Danielle N 402-463-2454 advising that the new DOS is to be 9/6/22. Made changes to CTD.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2521048	False	Candace Garza	H88012601341	11/4/1956		
ICD9 Code 1 -		ICD9 Code 2 -		ICD9 Code 3 -		

9/9/2022 TCF STACY AT MDO 402-460-5555 called to see if heart cath needs auth, advised yes. She did not want to initiate, it hasn't been ordered, she just wanted to know if notification would be needed if the doctor orders one.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2521218	False	Madison Davis	H88012601341	11/4/1956		MARY LANNING MEMORIAL HOSPITAL
ICD9 Code 1 - R94.39 ABNORMAL RESULT OF OTHER CARDI		ICD9 Code 2 - I20.0 UNSTABLE ANGINA		ICD9 Code 3 - R06.02 SHORTNESS OF BREATH		

9/9/2022 Initial screening process/TCF Stacy K./MDO Ph: 402-460-5555 Fax: 402-460-5593 with ABHIJEET S BASOOR, phone / MARY LANNING MEMORIAL HOSPITAL, phone 402 463 4521, requesting notification for procedure:

MNT MED-NEC for 93458 CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG; ; ; ; ; with dx of R94.39 ABNORMAL RESULT OF OTHER CARDI; ; ; ; ; on 9/9/2022 to 9/9/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.

Patient's ph# (402) 469-4522

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Clinical requested to be sent to intake fax: (972) 587-1407, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

9/12/2022 Clinical RCVD and linked to CTD. Task UM inbox for assignment.

9/12/2022 UR CASE ASSIGNED to Kathy C, LVN for OP tentative 9/9; task sent in ctd.

9/12/2022 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review unscheduled.

Per GBAS: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK
**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO NETWORK ONLY****

IFund	Contract Period	Spec	Paid	Over	Reimb
!88126	07/01/2020-06/30/2021	125000	4405.26	0.00	0.00
!88126	07/01/2021-06/30/2022	125000	0.00	0.00	0.00
!88126	07/01/2022-06/30/2023	125000	255.93	0.00	0.00

Per Website Dr A Basoor is OON. (combined)

Per Faxed Clinical/Dr A Basoor:

9/9/22: Michael L Campbell 65 y.o. male was seen in office for, per Dr. Henizen for high risk stress test.

Thank you very much for allowing me the pleasure of caring for Michael L Campbell. In summary he has been dealing with more fatigue and tired feeling lately. He also gets more dyspnea on exertion now compared to before. The symptoms are new and gradually getting worse for him. He also has history of hypertension for a long time and recently his meds were

adjusted. He also had acute renal failure from diuretic and ACE inhibitor and so those medicines were discontinued for him recently. His labs today shows improvement in renal function. He denies any new chest pain. No syncope. No orthopnea. No unusual leg edema of leg claudication. He had recent cardiac evaluation with echocardiogram which shows borderline LV systolic function of 50 to 55%. He also had diastolic dysfunction and mild pulmonary hypertension. His cardiac stress test also showed several perfusion defects and

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it

was intermediate to high risk abnormal stress test. He was given further treatment options and given his worsening symptoms he wishes to proceed with left heart cath possible intervention procedure.

Dx: Angina pectoris, unstable; SOB; Abnormal nuclear stress test; Primary hypertension; Pulmonary HTN; fatigue;
Plan: Hrt Cath

Meets A-0001 Cardiac Catheterization and Angiography per MCG 26th Edition Guidelines for outpatient unscheduled. Fax to Stacy at Dr 402-460-5593@rcfax.com with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223. Confirmed will notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

“Unable to locate Mary Lanning Mem Hosp in Pulse. No referral indicated.”

Case pending procedure date.

- 9/19/2022 TCT: Stacy K./MDO Ph: 402-460-5555 to verify if Left Heart Cath has been scheduled. LVMM name, reason for call, notification # and Medical Mgmt # provided for a return call. Task created for 2 days to reattempt to confirm
- 9/19/2022 Tcf Stacy K w/ MD phone 402-460-5555 -retruning call member had cath on 9/16/22 CTD updated case remains closed
- 9/19/2022 Task recvd from MIS: heart cath completed 9/16/22, ctd update and case closed -you can cancel your task

Case confirmed, case reopened task sent to Kathy C to notify and see verify if request for results is needed.

- 9/20/2022 Request for Results
09/20/2022
Provider: ABHIJEET S BASOOR
ATTN: STACY K

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Fax: 402-460-5593@RCFAX.COM

Task for #2 Request in 5 days if results are not recvd.

9/21/2022 9/16/22: Hrt Cath

1. Severe 2 vs CAD
2. Successful PCI of prox-mid LAD with 3.5 x 48 mm Synergy XT DES

Recommendations:

1. TRB for hemostasis.
2. Risk factor modification and will need RCA treatment for residual significant CAD,
3. Aspirin 81 mg po qd indefinitely and Prasugrel for 12 months minimum.
4. Discharge home later today after hemostasis and outpatient follow up in BH.

Closing to UM, following on case #2644118

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2644118	False	Mayra Yanez	H88012601341	11/4/1956		MARY LANNING MEMORIAL HOSPITAL
ICD9 Code 1 - I25.10 ATHEROSCLEROTIC HEART DISEASE		ICD9 Code 2 - I20.0 UNSTABLE ANGINA		ICD9 Code 3 - I10 ESSENTIAL (PRIMARY) HYPERTENSI		

9/21/2022 Initial screening process/TCF Stacy K./MDO Ph: 402-460-5555 Fax: 402-460-5593 with ABHIJEET S BASOOR, phone / MARY LANNING MEMORIAL HOSPITAL, phone 402 463 4521, requesting notification for procedure:

MNT MED-NEC for 93458 CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG; 92982 CORONARY ARTERY DILATION; 92980 INSERT INTRACORONARY STENT; ; ; with dx of I20.0 UNSTABLE ANGINA; ; ; ; ; on 8/26/2022 to 8/26/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC:125K

Contact #'s confirmed and/or fax number and caller will fax clinical.

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Patient's ph# (402) 469-4522

Clinical requested to be sent to intake fax: (972) 764-7993, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

9/21/2022 Rcvd clinical and linked to CTD. Tasked sent to utilization inbox to assign.

9/21/2022 UR CASE ASSIGNED to Kathy C, LVN for OP 9/26; task sent in ctd.

9/21/2022 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review on 9/26/22.

Per GBAS: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO

NETWORK ONLY****

IFund	Contract Period	Spec	Paid	Over	Reimb
!88126	07/01/2020-06/30/2021	125000	4405.26	0.00	0.00
!88126	07/01/2021-06/30/2022	125000	0.00	0.00	0.00
!88126	07/01/2022-06/30/2023	125000	255.93	0.00	0.00

Per Website Dr A Basoor is OON. (combined)

Per Faxed Clinical/Dr A Basoor:

9/20/22:

Michael L Campbell 65 y.o, male was seen in office for

Chief Complaint:

Patient presents with

* Shortness of Breath

Has been sob, with and without activity

* Fatigue

Has been more fatigued than his normal

* Follow-up

S/p heart cath on 9/16

Thank you very much for allowing me the pleasure of caring for Michael L Campbell. In

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summary he has been dealing with still fatigue and tired feeling. He also gets short of breath very easily with exertion. Denies any new chest pain. Recent cardiac catheterization revealed severe two-vessel coronary artery disease for him. He still has residual RCA severe disease.

He also has diastolic heart failure which likely is contributing to his shortness of breath. No syncope. He has gained weight a few pounds. He also wants to get his RCA revascularization

as soon as possible. I will order BMP and as long as there is no significant renal insufficiency

or contrast-induced nephropathy then we will proceed with PTCA and coronary angiogram for

the right coronary artery. I will also start him on p.o. Lasix for better blood pressure control and

for his diastolic heart failure and then will follow.

HPI: he has been dealing with still fatigue and tired feeling. He also gets short of breath very easily with exertion. Denies any new chest pain. Recent cardiac catheterization revealed severe two-vessel coronary artery disease for him. He still has residual RCA severe disease.

He also has diastolic heart failure which likely is contributing to his shortness of breath. No syncope. He has gained weight a few pounds. He also wants to get his RCA revascularization as soon as possible.

9/16/22: Hrt Cath

1. Severe 2 vs CAD
2. Successful PCI of prox-mid LAD with 3.5 x 48 mm Synergy XT DES

Recommendations:

1. TRB for hemostasis.
2. Risk factor modification and will need RCA treatment for residual significant CAD,
3. Aspirin 81 mg po qd indefinitely and Prasugrel for 12 months minimum.
4. Discharge home later today after hemostasis and outpatient follow up in BH.

Dx: Angina pectoris, unstable; SOB; Abnormal nuclear stress test; Primary hypertension; Pulmonary HTN; fatigue;

Plan: Hrt Cath w/stent plcmt

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Meets A-0001 Cardiac Catheterization and Angiography per MCG 26th Edition Guidelines for outpatient on 9/26/22. Fax to Stacy at Dr 402-460-5593@rcfax.com with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223. Confirmed will notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

Case pending procedure date.

9/21/2022 TCF: Stacy K./MDO Ph: 402-460-5555 calling to update DOS to 9/23/2022. CTD/NF updated. Task Mayra Y. to notify

9/28/2022 TCT: Stacy K./MDO Ph: 402-460-5555 confirmed sx was completed on 9/23/22. Verbal request for test results to be faxed to my direct fax# 972-619-2589. Task created for #2 request for results in 5 days if results are not recvd.

9/28/2022 Results linked. Task sent to Kathy C to notify.

9/28/2022 9/26/22:

Procedure Performed: PTCA and stent - Mid condulf segment (mRCA)}, - Distal conduit segment (dRCA), IVUS of RCA, moderate IV sedation and TRB hemosiasis achieved.

Pre-Operative Diagnosis:

Unstable Angina

New Onset Angina, less than or equal to 2 months

Typical Angina CCS 3

Summary of findings and Post Operative Diagnosis:

1. Successful PCI of mid to distal RCA with overlapping 3.5 x 48 and 4 x 28 mm Synergy XT stents DES

SL completed tasked to HWS SLL to send.

DM task to referrals for DM to review.

Case pending DM task review.

10/4/2022 DM on case, closing to UM

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
CDM-2726233	False	Markesha Walker	H88012601341	11/4/1956		
ICD9 Code 1 - I20.0 UNSTABLE ANGINA		ICD9 Code 2 - I50.32 CHRONIC DIASTOLIC (CONGESTIVE)		ICD9 Code 3 -		

10/4/2022 Pharmacy Report generated and linked to case. Tasked to requesting staff member.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2160924	False	Mayra Maldonado	H88012601411	7/25/1983		BAPTIST MEDICAL CENTER
ICD9 Code 1 - O60.03 PRETERM LABOR WITHOUT DELIVERY		ICD9 Code 2 -		ICD9 Code 3 -		

ICD9 Code 1 - O60.03 PRETERM LABOR WITHOUT DELIVERY		ICD9 Code 2 -		ICD9 Code 3 -		
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8/4/2022 Initial screening process/TCF LISA W FAC PH #904-376-3542 FAX #904-202-5809 with , BAPTIST MEDICAL CENTER, phone 904 202 2092, BRITTANY MASON, MD NPI # 1295124600 800 PRUDENTIAL DR JACKSONVILLE FL 32207 requesting notification for procedure:

INP INPATIENT ADMISSION for 99223 INITIAL HOSPITAL CARE/DAY 70 MINUTES; ; ; ; ; with dx of O60.03 PRETERM LABOR WITHOUT DELIVERY; ; ; ; ; on 8/3/2022 to .

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: \$125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (904) 607-9425

Clinical requested to be sent to intake fax: (469) 445-3139, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon:

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8/5/2022 ISSUED LOI IP DOS 8/3/22
To: BAPTIST MEDICAL CENTER
Attn: UR DEPT
Fax: 904-202-5809

8/8/2022 UR CASE ASSIGNED to Lisa G., RN for IP admit dos 8/3/22. Task sent in CTD.

8/8/2022 Initial clinical review/Recd case from Intake for UM Non-Urgent Concurrent Review

Per GBAS:

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427
reduced benefits apply non-ppo Yes (Physician only) No X

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO
NETWORK
ONLY****

Stop Loss Carrier: ACCURISK SOLUTIONS LLC/NATIONWIDE (formerly
INTERNATIONAL

INSURANCE SERVICES (IIAS)/CABOT UNDERWRITING, LLC./

!Fund	Contract Period	Spec	Paid	Over	Reimb	!
!88126	07/01/2019-06/30/2020	110000	244.92	0.00	0.00	!
!88126	07/01/2020-06/30/2021	125000	0.00	0.00	0.00	!
!88126	07/01/2021-06/30/2022	125000	4756.39	0.00	0.00	!
!88126	07/01/2022-06/30/2023	125000	1355.99	0.00	0.00	!

Per PHCS Website BRITTANY MASON is not a Network Provider.

Unable to complete case at this time. Awaiting clinical for review. MIS has requested clinical.

FMLA completed in GBAS

Stop Loss letter completed and sent to hws inbox d/t cost of admit

Case pending clinical

Pulse search not indicated as pt already admitted.

8/10/2022 clinical recd

Per Faxed Clinical/MDO:

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hpi:Chief Complaint: contractions

threatened preterm labor

Pregnancy Complications:

e Advanced maternal age

e Premature Labor at 36 weeks gestation

Female Genitalia:

External genitalia: no erythema, excoriation, atrophy, discoloration, lesions, vesicles, masses, swelling, or tenderness and normal.

Vagina: normal.

Cervix: no discharge; SVE: 4/50/-3

Uterus: non-tender; Gravid.

Urethral Meatus/ Urethra no discharge, masses, or tenderness and normal meatus and well supported urethra.

Bladder: non-distended, non-tender, and no palpable mass.

Rectum: Anus & Perineum: normal perineum and perianal skin and no hemorrhoids or anal fissure.

ROC US 8/3:

Cephalic

Placenta posterior

AFI 28.3, MVP 9.3

A/P

39yo G2P1 at 36w0d

Preterm labor

- §/p terbutaline

- SVE 4/50/-3 on admission

- Amp 2g q6h started for GBS unknown

H/o macrosomic infant

- Proven to 9#4o0z

- EFW 2700g on 7/20/22 (34w)

- Poly by AFI noted today

- Follows with ROC

Admit for monitoring

Phone call placed to Dr. Mason and explained pt's inquiry about possibly going home since her cervix has not

changed with contractions. MD informed of contractions q4-6 minutes and that pt states she feels them but

Notes Monthly Status Report

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they are tolerable and "just uncomfortable". MD orders to perform SVE and call back with exam.2M 4!

Dx: Plan:

7:57 pm

OB Progress Note

S: Irregular contractions, not painful. Denies vaginal bleeding, leakage of fluid. +FM A/P

After monitoring >8 hours, patient has not made cervical change and requested discharge home. Tracing

reviewed in its entirety and is reassuring. Labor/PROM precautions given.

dc 8/4

follow up ob visit 8/11/22

Meets Preterm Labor, Threatened ORG: M-287 (ISC)MCG 26th Edition Guidelines for initial date of inpatient admission on 8/3/22 with dc on 8/4/22 for total of 1 days. faxed LISA W FAC PH #904-376-3542 FAX #904-202-5809 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223 with UM name/number/fax given.

tasked sl inbox for poss mm pick up

Case pending sl verification

8/10/2022 Per verbal staffing w/LCM Nurse designee reviewed and there will be no LCM needs at this time unless status changes

(39; F) IP preterm labor 8/3-8/4/22; 36 wks, g2p1, Poly by AFI

8/11/2022 Noteed per Vanessa g.: Per verbal staffing w/LCM Nurse designee reviewed and there will be no LCM needs at this time unless status changes

Case closed.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2428481	False	Madison Davis	H88012601411	7/25/1983		BAPTIST MEDICAL CENTER

ICD9 Code 1 - O80 ENCOUNTER FOR FULL-TERM UNCOMP	ICD9 Code 2 -	ICD9 Code 3 -
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8/30/2022 Initial screening process/TCF Lisa W./FAC Ph: 904-376-3542 opt 2 uR Fax: 904-393-2023

Notes Monthly Status Report

7/1/2022 - 3/31/2023

with JENNIFER N GURAM PORTER, phone / BAPTIST MEDICAL CENTER, phone 904 202 2092, requesting notification for procedure:

INP INPATIENT ADMISSION for 59410 VAGINAL DELIVERY ONLY W/POSTPARTUM CARE; ; ; ; ; with dx of O80 ENCOUNTER FOR FULL-TERM UNCOMP; ; ; ; ; on 8/29/2022 to .

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (904) 607-9425

Clinical requested to be sent to intake fax: (972) 587-1407, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

8/31/2022 Clinical RCVD and linked to CTD. Task for DC

9/1/2022 Request for DISCHARGE SUMMARY

09/01/2022

Provider: JENNIFER N GURAM PORTER

ATTN: MR DEPT

Fax: 904-393-2023

9/8/2022 Request for DISCHARGE SUMMARY

09/08/2022

Provider: JENNIFER N GURAM PORTER

Notes Monthly Status Report

7/1/2022 - 3/31/2023

ATTN: MR DEPT
Fax: 904-393-2023

9/15/2022 TCT: Lisa W./FAC Ph: 904-376-3542 opt 2 calling to get DC date. Caller gave DC 8/31/2022. Case approved and closed

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
WC-2160883	False	Jessa Miller, RN	H88012601431	4/3/1973		
ICD9 Code 1 - M25.511 PAIN IN RIGHT SHOULDER		ICD9 Code 2 -		ICD9 Code 3 -		

8/4/2022 WC Intake Questionnaire Results

Active HW Case: No
Referral From: Provider
Caller Information: UCM request
Caller Phone: (786) 210-8043
Caller Email: Ldejesus@peterbrooke.com
Comment: Nurse Navigator Request: ORTHO REFERRAL REQUEST
Any Medical Diagnosis/notes related to request: NONE
Preferred Zip Code, City and Driving Radius: 32204 zip code
Provider Preferences: NONE
TCT UCM. SW Tianna who reports member needs to see ortho for shoulder pain/limited movement
WC Call Reason: Locate Specialist Orthopedic
Dx: M25.511 PAIN IN RIGHT SHOULDER
CPT: 99204 OFFICE/OUTPATIENT NEW MODERATE MDM 45-59

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
BR-3147650	False	Vanessa Guerrero	H88012601641	1/31/1959		PHILIP CAHOY, MD
ICD9 Code 1 - M25.561 PAIN IN RIGHT KNEE		ICD9 Code 2 -		ICD9 Code 3 -		

11/10/2022 Benefit review received from Shannon T. /Correspondence Team for Visco (J7325). Case set up and tasked to Benefit Review inbox.

11/11/2022 Request received from Shannon T./corres for Pre-D review for:

J7325 - Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg

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Per GBAS SB/UM:

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO NETWORK ONLY****

Stop Loss Carrier: ACCURISK SOLUTIONS LLC/NATIONWIDE (formerly INTERNATIONAL

INSURANCE SERVICES (IIAS)/CABOT UNDERWRITING, LLC./

TRANSAMERICA (old GWI SERVICES/GREENWOOD/BOSTON MUTUAL)

RX: ProAct - Josh Allen 315-413-7780 ext 3623 Joshallen@proactrx.com

- includes diabetic supplies

*** CONTACT ProAct FOR ALL AUTHORIZATIONS ***

SPECIALTY DRUGS: Contact PaydHealth - (877) 869-7772

Per GBAS: SB/MD:

-PHYSICIAN'S OFFICE: \$20/\$80 copay-100% ppo & non-ppo

INCLUDES MEDICAL (exam, treatment, diagnostic test

Claims paid:

Fund	Contract Period	Spec	Paid	Over	Reimb
88126	07/01/2020-06/30/2021	125000	49107.24	0.00	0.00
88126	07/01/2021-06/30/2022	125000	13592.37	0.00	0.00
88126	07/01/2022-06/30/2023	125000	2040.91	0.00	0.00

Per PHCS website, Dr. Phillip Cahoy (orthopedics) is not listed as in network.

Reviewed submitted records.

10/25/22 OV note

History of Present Illness:

1. right knee recheck

In clinic today for evaluation of right knee pain. I had seen her four years ago for right knee DJD. She has had some visco supplementation and cortisone shots in the past, The visco supplementatian seems to work better for her than the cortisone shots. In July she got a cortisone shot by her medical doctor and she states it worked for 4-6 weeks and then it wore off. It hurts along the medial aspect of the knee and behind

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the knee.

PROBLEM LIST

Knee pain

Shoulder pain Y

PMH

Cancer, colon

Cesarean delivery

Knee pain

Hypertension

HO 10/28/2016 - radiation and chemotherapy 2/2016 and 3/2016

Medications

Mobic 15 mg DAILY

Allergies:

PCN

Physical Exam

Exam shows a large knee. She has full extension, 125 degrees of flexion. Tender over the medial joint line and the patellofemoral joint. No ligamentous laxity.

Diagnostics:

X-ray exam, knee, complete, 4+ views

X-rays of the right knee show right knee DJD, bone-on-bone along the patellofemoral joint and significant narrowing medially consistent with the severe knee DID.

Assessment

1. Right knee DJD.

Plan

1. At this point in time we will try one more visco supplementation. That is the only thing we can do. If that doesn't work, it would be total knee arthroplasty. She wants to try to put that off as long as possible. I will

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probably have to precertify this.

2. She can ice, heat, and use over-the-counter medications as needed until we get the OK.

Per Redbook, AWP is \$1643.54 per dose.

Specialty pharmacy referral not required as Synvisc is not on Paydhealth specialty list.

Researched drugs.com.

Synvisc is similar to the fluid that surrounds the joints in your body. This fluid acts as a lubricant and shock absorber for the joints.

Synvisc is used to treat knee pain caused by osteoarthritis.

Synvisc is usually given after other arthritis medications have been tried without successful treatment of symptoms.

The request for J7325 Synvisc RT knee, meets standard of care, approve as medically necessary x 1 dose for DOS 11/11/22 to 12/31/22.

Notified Shannon T./corres via email. Note placed in GBAS.

11/11/2022 Case closed to BR. No further action needed.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0041083	False	Michelle Nunez	H88012601771	6/8/1987		

ICD9 Code 1 -	ICD9 Code 2 -	ICD9 Code 3 -
1/4/2023	TCF Kyaundrea E/Fac ph 904-244-1189 fx 904-244-1180. Caller is wanting to check to see if Physical therapy requires notification, I advised caller that she can submit the request after the initial evaluation is completed. Call transferred to IVR fax back	

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
CDM-3497121	False	Claudia Saenz	H88012601771	6/8/1987		

ICD9 Code 1 -	ICD9 Code 2 -	ICD9 Code 3 -
12/19/2022	Pharm rpt request generated no claims for specified time period. Nothing uploaded to case. CC informed.	

12/21/2022 Assessment comments:

Section: PHQ2

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Question: In the past two weeks, little interest or pleasure in doing things

Objective Answer: Nearly every day

Question: In the past two weeks, feeling down, depressed or hopeless

Objective Answer: Nearly every day

12/21/2022 Assessment comments:

Section: Depression Initial

Question: In the past two weeks, little interest or pleasure in doing things

Objective Answer: Nearly every day

Question: In the past two weeks, feeling down, depressed or hopeless

Objective Answer: Nearly every day

Question: In the past two weeks, trouble falling or staying asleep or sleeping too much

Objective Answer: More than half the days

Subjective Answer: Trouble falling asleep

Question: In the past two weeks, feeling tired or having little energy

Objective Answer: Several days

Question: In the past two weeks, poor appetite or overeating

Objective Answer: Several days

Subjective Answer: Overeating

Question: In the past two weeks, feeling bad about yourself or that you are a failure or have let yourself or your family down

Objective Answer: Nearly every day

Question: In the past two weeks, trouble concentrating on things, such as reading the newspaper or watching television

Objective Answer: More than half the days

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Question: In the past two weeks, moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.

Objective Answer: Not at all

Question: In the past two weeks, thoughts that you would be better off dead or of hurting yourself in some way.

Objective Answer: Not at all

12/21/2022 Medication List:

Date	Name	Dosage	Frequency
Reason	Prescriber	How Long Taken	Scheduled
Discontinued	Modified		

Assessment comments:

Section: Medication Assessment

Question: Any recent changes in medication?

Objective Answer: No

Question: In the last months, have you had any bothersome side effects, reactions or problems from your medications (Check all that apply)

Objective Answer: None

Question: Do you have any questions or concerns pertaining to interactions of your medications, supplements and diet?

Objective Answer: No

Question: Please check boxes for reasons a list of reconciled medications may be warranted:

Objective Answer: Obtained list of medications from member

Question: Based on meeting any of the criteria above, would you like to receive a list of reconciled medications or have one sent to a preferred provider?

Objective Answer: No need to send list to member

12/22/2022 Created & Faxed

Notes Monthly Status Report

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*APS General

Sofia Muenyi, M.D.

6015 118th St, Jacksonville, FL 32244

Phone: (904) 633-0610 advised to call P 904-427-8550

- Fax verified w/TCT MDO; SW: Frances F: 904-427-8568

Jessie Moreland, RN

1/3/2023 REFAXED (2nd Request)

*APS General

Sofia Muenyi, M.D.

6015 118th St, Jacksonville, FL 32244

Phone: (904) 633-0610 advised to call P 904-427-8550

- Fax verified w/TCT MDO; SW: Frances F: 9044278568

Tasked CC, attempts x2 no APS received.

2/23/2023 Assessment comments:

Section: PHQ2

Question: In the past two weeks, little interest or pleasure in doing things

Objective Answer: Not at all

Question: In the past two weeks, feeling down, depressed or hopeless

Objective Answer: Not at all

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
MX-3466026	False	Kyla Wesley, RN	H88012601771	6/8/1987		
ICD9 Code 1 - F32.A DEPRESSION, UNSPECIFIED		ICD9 Code 2 -		ICD9 Code 3 -		

12/12/2022 MX Intake Questionnaire Results

Active Med Mgmt Case: Yes

Referral From: Member Experience

Provide MX Request To: Member

Caller Information: Aaron Hannah

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Relationship:

Caller Phone: (904) 502-4071

Caller Email: AaronDHannah@yahoo.com

Preferred Contact: Email

Preferred Contact Time:

Comment: Maccess CL#- 26973282

1) Cox, Sarah (12/12/22 09:22:03 AM)

PHI CONF

PER GBAS:

PPO Plan: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK

Options:

Elap Type: FAC MAX FULL + PROF PLUS OON

Benefit Info:

Provider Search Request: 1

What is the Specialty (Type of Doctor) of this provider? MENTAL HEALTH

What is the Preferred City & Zip?: 32218

What is the Preferred Mile Radius for Search?: 15

What is the Gender Preference?: NA

What is the ***medical reason for Visit: DEPRESSION

Is this a Trigger Dx?: YES

Additional WC Requests:

MX Call Reason: RN Assessment

Request Type: Clinical - member has active symptoms or pain

Reason for Visit: RN Assessment-Depression

Dx: F32.A DEPRESSION, UNSPECIFIED

CPT: 90837 PSYCHOTHERAPY W/PATIENT 60 MINUTES

12/12/2022 Assessment comments:

Section: Depression Initial

Question: In the past two weeks, little interest or pleasure in doing things

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Objective Answer: More than half the days

Question: In the past two weeks, feeling down, depressed or hopeless

Objective Answer: More than half the days

Question: In the past two weeks, trouble falling or staying asleep or sleeping too much

Objective Answer: Nearly every day

Subjective Answer: Trouble Falling asleep.

Question: In the past two weeks, feeling tired or having little energy

Objective Answer: More than half the days

Question: In the past two weeks, poor appetite or overeating

Objective Answer: More than half the days

Subjective Answer: Poor Appetite

Question: In the past two weeks, feeling bad about yourself or that you are a failure or have let yourself or your family down

Objective Answer: Nearly every day

Question: In the past two weeks, trouble concentrating on things, such as reading the newspaper or watching television

Objective Answer: Nearly every day

Question: In the past two weeks, moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.

Objective Answer: Not at all

Question: In the past two weeks, thoughts that you would be better off dead or of hurting yourself in some way.

Objective Answer: Not at all

12/12/2022 Assessment comments:

Section: Medical History (MX)

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Question: Tell me about your medical history related to your request to MX?

Subjective Answer: Mild HTN, High Cholesterol, Depression-Diagnosed several years ago, Anxiety- Not diagnosed

Question: Have you been treated for this condition in the past?

Objective Answer: Yes

Subjective Answer: Saw a counselor in high school for depression. Member has a PCP he sees regularly.

Question: Do you take any daily medications for medical conditions? If so, list below and do you have any questions or problems related to obtaining those medications and being compliant with taking them as prescribed?

Objective Answer: Yes

Subjective Answer: Atorvastatin daily.

Question: Do you have a current diagnosis of any of the following? (check all that apply)

Objective Answer: Depression

Objective Answer: High Cholesterol

Objective Answer: High Blood Pressure

Question: Conditions diagnosed past 6 months? (check all that apply)

Objective Answer: None of these

Question: Do you have trouble managing your chronic condition?

Subjective Answer: Requesting a Counselor Search

Question: Do you have any difficulty making or keeping your doctor appointments.

Objective Answer: No

Question: Do you have any difficulty affording any of your health related needs such as your medications, doctor visits or medical equipment?

Objective Answer: No

Question: Have you had any recent transitions in care? Change in doctor/referral to specialist, recent hospitalization, change in medications or changes in what your doctor is

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recommending?

Objective Answer: No

Question: At Imagine360, we have many programs that can provide assistance and education to help you improve your health. These programs are at no cost to you and are a part of your health plan benefits. Based on the information you provided to me, I would recomme

Objective Answer: Yes

Subjective Answer: Disease Managemenet.

12/14/2022 Per verbal staffing w/LCM Nurse designee reviewed and case referred to DM/CDM/CRC (35; M) hx depression and hyperlipidemia

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0197534	False	Tina McClintock	H88012601811	3/21/1976		AHP MHR HOME CARE LLP

ICD9Code 1 - G47.33 OBSTRUCTIVE SLEEP APNEA (ADULT	ICD9 Code 2 - E66.9 OBESITY, UNSPECIFIED	ICD9 Code 3 -
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- 8/5/2022 FAX from Lincare (who owns American HomePatient) w/ Clinical (appears to be duplicate) Klayn Wilson phone 402-463-6268 fax 402-463-6271 - replying to LOI sent on 1/20/22 asking for initial review. Tasked self to reach out to Licare to clarify
- 8/5/2022 Correction per reading Tanya S. RN notes review for eligibility after 6/30/22 will need to be verified. . Tasked clincial to Tanya S. RN
- 8/5/2022 Confirmed group renewed.

Call to Klayn W / Lincare 402-463-6268 to confirm fax was sent to request extension. Pat confirmed they are requesting extension.

Extension to complete 10-month rent to purchase:
Approved for CPAP and standard related supplies from 12/11/2021 to 10/10/2022 (10 months of 10 month rent to purchase period).

I provided Pat with Lincare (American HomePatient) 402-463-6268 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received.

Fax to Pat with Lincare (American HomePatient) 402-463-6271 with approval, reference #

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given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223.

Case remains closed to UM.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0051418	False	Madison Davis	H88012602111	11/11/1997		GRAND ISLAND IMAGING CTR, LLC
ICD9 Code 1 - G43.009 MIGRAINE WITHOUT AURA, NOT INT		ICD9 Code 2 -		ICD9 Code 3 -		

1/5/2023 TCF Abby H./MDO Ph: 308-381-0162 Fax: 308-398-4464 with MARIA P ROJAS BITA, phone / GRAND ISLAND IMAGING CTR, LLC , phone 308 382 6856, requesting notification for procedure:

MNT MED-NEC for 70450 CT HEAD/BRAIN W/O CONTRAST MATERIAL; ; ; ; with dx of G43.009 MIGRAINE WITHOUT AURA, NOT INT; ; ; ; ; on 1/5/2023 to 1/5/2023.

Patient's ph#

Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: No

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference

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approval number with disclaimer, create follow up task.

1/5/2023 TCF: Abby H./MDO Ph: 308-381-0162 Needing to change DOS to 1/6/2023 . I updated CTD & Forms / Task sent to MADISON D to notify

1/10/2023 TCT: Abby H./MDO Ph: 308-381-0162 calling to confirm attendance for DOS 1/6/2023. Caller informed pt canceled, no RS DOS. Close and void until further notice

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0639977	False	Cristina Rodriguez-Soza	H88012602131	2/24/1981		HASTINGS SURGICAL CENTER, LLC

ICD9 Code 1 - R10.11 RIGHT UPPER QUADRANT PAIN	ICD9 Code 2 - R11.0 NAUSEA	ICD9 Code 3 - R11.10 VOMITING, UNSPECIFIED
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2/1/2023 Task sent to NURSE to review case...cs

2/1/2023 Per GBAS: reviewed BC for surgery date of 3/8/21. Completed case.

Closing to UM.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1893098	False	Luisana Rojas	H88012602271	3/25/1979		THE MEDICAL IMAGING PARTNER

ICD9 Code 1 - D17.20 BENIGN LIPOMATOUS NEOPLASM OF	ICD9 Code 2 -	ICD9 Code 3 -
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7/8/2022 TCF ANA M/MDO PH#408-416-3382 FAX#224-252-6747 with TIMOTHY SYPEREK, phone / THE MEDICAL IMAGING PARTNER , phone 904 996 8100, requesting notification for procedure:

MNT MED-NEC for 73720 MRI LOWER EXTREM OTH/THN JT W/O & W/CONT; with dx of D17.20 BENIGN LIPOMATOUS NEOPLASM OF; on 7/12/2022 to 7/12/2022.

Patient's ph#

Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at

Notes Monthly Status Report

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the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223”.

Instructed caller to complete notification by faxing clinical to intake fax: (469) 619-8435.

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: N/A

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, create follow up task.

7/13/2022 TCT ANA M/MDO PH#408-416-3382 calling to check attendance, no answer vm full.

7/19/2022 Request for Results

07/20/2022

Provider: TIMOTHY SYPEREK

ATTN: med records

Fax: 9042233949@rcfax.com

Notification #: 1893098

PROCEDURE DATE: 7/12/2022

PROCEDURE CODE (s): 73720 MRI LOWER EXTREM OTH/THN JT W/O & W/CONT,

, , ,

Tasked to Luisana R. MIS for follow up

7/27/2022 #2Request for MRI Results

07/27/2022

Provider: TIMOTHY SYPEREK

ATTN: med records

Fax: 9042233949@rcfax.com

7/27/2022 Result rcvd and linked to CTD. Task sent to Samantha G, RN for review.

7/27/2022 7/22/2022 - EXAM: MR. RIGHT MID FOOT WITHOUT AND WITH CONTRAST -

IMPRESSION:

1. Plantar fibroma corresponding to the skin marker placed at the area of patient concern:
2. Negative for stress fracture

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Results Reviewed
SLL not indicated
Case closed to UM

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2160840	False	Candace Garza	H88012602271	3/25/1979		ORANGE PARK MEDICAL CTR

ICD9 Code 1 -	ICD9 Code 2 -	ICD9 Code 3 -
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8/4/2022 Initial screening process/TCF THRESA R AT MDO 904-661-2394 DIRECT FAX 904-621-9105 with TIMOTHY SYPEREK, DPM, phone / ORANGE PARK MEDICAL CTR, phone 904 276 8732, requesting notification for procedure:

OPS OUTPATIENT SURGERY for 28041 EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1; 13160 SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV; ; ; ; with dx of D17.20 BENIGN LIPOMATOUS NEOPLASM OF; ; ; ; ; on 8/29/2022 to 8/29/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph#904-322-3639

Clinical requested to be sent to intake fax: (972) 619-2597, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

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8/5/2022 Bariatric Surgery/Surgeon: NA
faxed LOI to To: TIMOTHY SYPEREK, DPM Attn: Medical Records Fax: 1-904-621-9105
and created task for follow up

8/8/2022 THRESA R AT MDO 904-661-2394, calling to check status of request, informed caller
clinical information is needed for review, she will refax clinical.

8/9/2022 received and linked clinical, created task for follow up

8/9/2022 Rcvd clinical and linked to CTD.

8/9/2022 UR CASE ASSIGNED to Rhonda C, RN for OP SX 8/29; task sent in ctd.

8/9/2022 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review

Per GBAS:

Fund	Contract Period	Spec	Paid	Over	Reimb
88126	07/01/2020-06/30/2021	125000	0.00	0.00	0.00
88126	07/01/2021-06/30/2022	125000	1267.60	0.00	0.00
88126	07/01/2022-06/30/2023	125000	124.44	0.00	0.00

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

reduced benefits apply non-ppo Yes (Physician only) No X

**** ELAP COST PLUS PROGRAM

-OUT-PT/AMBULATORY SURGERY CENTERS: ded-70%

Per PHCS Website Timothy Syperek is a Network Provider.

Pulse search: Per Pulse, Orange Park Medical Center has a high Historic Acceptance
Rating and excellent Quantros Quality Rating.

Per Faxed Clinical/MDO (32pgs):

7/22/22 - MRI Right Foot

IMPRESSION:

1. Plantar fibroma corresponding to the skin marker placed at the area of patient concern
2. Negative for stress fracture

7/26/22

MRI review left foot. Rates pain minimal 2-3?10 by end of the day. Feels like foot is wedged
up on its side Due to the mass/tumor in the arch area.

EXAM

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Foot: Palpable mass appreciated to the plantar medial foot under the first metatarsal base area measuring approximately 2 1/2 x 1 1/2x 1 cm in size with some minimal discomfort with palpation around it. MRI reports notes that there is a mass noted to the same exact area with the same similar measurements associates with plantar ligament right foot.

Assessment / Plan

Lipoma of foot - Right

REMOVAL TUMOR/MASS

SECONDARY WOUND CLOSURE

Meets Wound and Skin Management GRG GRG: PG-WS (ISC GRG) MCG 26th Edition Guidelines for outpatient RIGHT foot tumor excision on 8/29/22. Faxed Theresa/MDO 904-621-9105 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223. Confirmed she will notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

Case pending procedure date.

- 8/10/2022 TCF: THRESA R AT MDO 904-661-2394 DIRECT Needing to change DOS to 8/19/22 . I Updated CTD & NF/ Task sent to CRISTINA R to notify.
- 8/10/2022 Faxed updated med nec form to Theresa/MDO 904-621-9105.
- 8/17/2022 TCF THRESA R AT MDO 904-661-2394 DIRECT FAX 904-621-9105, who called to see why we sent request to us. Advised it was approved but we needed copy of path. She said she doesn't get the path and went to speak with MA who advised they do not have the path yet.
- 8/26/2022 TCT: THRESA R AT MDO 904-661-2394 DIRECT to confirm attendance. Office is closed for lunch
- 8/26/2022 Call to THRESA R AT MDO 904-661-2394 office still closed UNTIL 1:30...cs
- 8/26/2022 Request for PATHOLOGY Results

08/26/2022

Provider: TIMOTHY SYPEREK, DPM

ATTN: NURSE/THRESA

Fax: 904-621-9105

Notes Monthly Status Report

7/1/2022 - 3/31/2023

8/29/2022 Results received and linked to case, task sent to Rhonda Citty, RN to inform...cs

8/29/2022 Per faxed results:

No path results rec'd, just lab results (CBC/CMP)

Case pending path results.

8/29/2022 Results received and linked to case, task sent to Rhonda Citty, RN to inform...cs

8/29/2022 Per faxed results:

No path results rec'd, just lab results (CBC/CMP) - again

Called Theresa/MDO 904-661-2394, opt 5, spoke w/Laura, she transferred me to Theresa. Advised her we have rec'd lab results x 2, but no path report. She stated they do not have the path report yet. Advised I will check back with her next Monday - she voiced agreement.

Case pending path results.

9/6/2022 SECOND

Request for PATHOLOGY Results

08/26/2022-09/06/22

Provider: TIMOTHY SYPEREK, DPM

ATTN: NURSE/THRESA

Fax: 904-621-9105

9/6/2022 Task sent to nurse to notify unable to obtain pathology....cs

9/7/2022 Called Theresa/MDO 904-661-2394, opts 1-5 & 0, unable to speak with a person.

9/8/2022 Called Theresa/MDO 904-661-2394, opt 5, spoke w/Charlene, she transferred me to Theresa. Left generic message requesting r/c.

Faxed request for results to Theresa/MDO 904-621-9105.

Case pending path results.

9/8/2022 Results received and linked to case, task sent to Rhonda Citty, RN to inform...cs

9/8/2022 Per faxed results:

8/19/22

FINAL DIAGNOSIS

RIGHT FOOT, PLANTAR FIBROMA, EXCISION:

- LOCALIZED FIBROMATOSIS (PLANTAR FIBROMA, 2.5 CM).

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Case closed to UM.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2561864	False	Mayra Maldonado	H88012602311	6/17/1982		BRENT WEILERT

ICD9 Code 1 - M50.20 OTHER CERVICAL DISC DISPLACEMENT	ICD9 Code 2 -	ICD9 Code 3 -
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9/13/2022 Initial screening process/TCF MANDY C MDO PH #479-463-3037 FAX #479-463-3050 with BRENT WEILERT, phone 479 713 7115 / BRENT WEILERT, phone 479 713 7115, requesting notification for procedure:

OPS OUTPATIENT SURGERY for 62321 NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG; ; ; ; ; with dx of M50.20 OTHER CERVICAL DISC DISPLACEMENT; ; ; ; ; on 9/15/2022 to 9/15/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: \$125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (479) 841-3454

Clinical requested to be sent to intake fax: (469) 445-3139, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon:

9/14/2022 FAST TRACK assigned to Kathy C, LVN for OP inj 9/15; task/email sent to nurse.

9/14/2022 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review on 9/15/22.

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Per GBAS: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK
**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO
NETWORK ONLY****

!Fund	Contract Period	Spec	Paid	Over	Reimb
!88126	07/01/2021-06/30/2022	125000	1598.54	0.00	0.00
!88126	07/01/2022-06/30/2023	125000	50.45	0.00	0.00

Per Website Dr B Weilert is a Network Provider.

Per Faxed Clinical/Dr B Weilert:

9/6/22: Chief Complaint: 1. Neck Pain

SUZANNE BENNETT presents with complaints of gradual onset of constant episodes of moderate bilateral

posterior neck pain, described as sharp, aching, burning and stinging, radiating to the bilateral trapezius, right

shoulder, right arm, right forearm and right hand. The symptoms resulted from a MVA.

Episodes started about 6

months ago. Symptoms are made worse by neck movement. Symptoms are unchanged.

She had an MVA in

November, started having gradual onset of neck pain. Pain is across the neck with radiation down the right arm

into the last 2 digits. Occasionally on the left. She has been to PT and did improve for a short period but the pain is

back to its previous level. Pain is affecting adl's. She was over 60% better after the CESI on 6/1/22. Improved the tingling and

numbness.

Cervical MRI Impression:

1. Mild degenerative changes involving the cervical spine with a 6 mm broad based right subarticular

disc protrusion involving the C5/6 level.

2. Moderate central canal and right neural foraminal stenosis involving the C5/6 level.

Plan: CESI C5-6

Meets A-0225 Epidural Corticosteroid Injection per MCG 26th Edition Guidelines for

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outpatient on 9/15/22. Fax to Mandy at Dr 479-463-2050@rcfax.com with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223. Confirmed will notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

“DOS is fewer than 3 days from date of review. No referral indicated.”

Email to AliceH/DeliaH, claims re mva.

Case pending procedure date.

9/14/2022 Meets A-0225 Epidural Corticosteroid Injection per MCG 26th Edition Guidelines for outpatient on 9/15/22. Fax to Mandy at Dr 479-463-3050@rcfax.com with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223. Confirmed will notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

Case pending procedure date.

9/19/2022 TCT: MANDY C MDO PH #479-463-3037 to confirm if patient had OP sx on 9/15/22. LVMM name, reason for call, notification # and Medical Mgmt # provided for a return call. Task created for 2 days to reattempt to confirm and close.

9/19/2022 tcf MANDY C MDO PH #479-463-3037 FAX #479-463-3050 who called to advise pt "no-showed" and has not RS. - created task for tina to alert

9/19/2022 Task recvd from MIS: tcf MANDY C MDO PH #479-463-3037 FAX #479-463-3050 who called to advise pt "no-showed" and has not RS.

Case voided and closed.

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
3229483	False	Luisana Rojas	H88012602313	4/17/2009		NW MEDICAL CTR WILLOW CREEK

ICD9 Code 1 - R10.84 GENERALIZED ABDOMINAL PAIN	ICD9 Code 2 -	ICD9 Code 3 -
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11/18/2022 TCF LINDA P/MDO PH#479-757-5522 FAX#479-757-2953 with MARK A BONNER, phone / NW MEDICAL CTR WILLOW CREEK , phone 479 684 3000, requesting notification for procedure:

MNT MED-NEC for 74176 CT ABDOMEN & PELVIS W/O CONTRAST MATERIA; ; ; ; ; with dx of R10.84 GENERALIZED ABDOMINAL PAIN; on 11/18/2022 to 11/18/2022.

Patient's ph#

Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Instructed caller to complete notification by faxing clinical to intake fax: (469) 619-8435.

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: N/A

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, APPROVED&CLOSED.

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1872221	False	Madison Davis	H88012602351	12/25/1968		ASCENSION ST VINCENTS CLAY COU
ICD9 Code 1 - S82.209A UNSPECIFIED FRACTURE OF SHAFT ICD9 Code 2 - I10 ESSENTIAL (PRIMARY) HYPERTENSI ICD9 Code 3 - E78.5 HYPERLIPIDEMIA, UNSPECIFIED						

7/6/2022 Initial screening process/TCF Nicki V./FAC Ph: 904-308-7430 UR fax: 904-602-2831 with TERENCE LAMB, phone / ASCENSION ST VINCENTS CLAY COU, phone , requesting notification for procedure:

OBS 23 HOUR OBSERVATION for 99218 INITIAL OBSERVATION CARE/DAY 30 MINUTES; ; ; ; with dx of S82.209A UNSPECIFIED FRACTURE OF SHAFT; ; ; ; ; on 7/3/2022 to 7/5/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (904) 660-2400

Clinical requested to be sent to intake fax: (972) 587-1407, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

7/7/2022 Bariatric Surgery/Surgeon: No
Lack of Information Non-Notification
Date: 07/07/2022
To: ASCENSION ST VINCENTS CLAY COU
Attn: MR DEPT
Fax: 904-602-2831

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7/8/2022 UR CASE ASSIGNED to Samantha G, RN for OP Retro Obs 7/3-7/5; task sent in ctd.
7/8/2022 Clinical RCVD and linked to CTD. Task Samantha G. to notify
7/8/2022 Initial clinical review/Recd case from Intake for UM Non-Urgent Retrospective Review

Per GBAS: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427
reduced benefits apply non-ppo Yes (Physician only) No X
**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO
NETWORK
ONLY****
DS - No specific information found
Eff 06/01/21

Per PHCS Website Dr. Terance Lamb is NOT a Network Provider.

Per Faxed Clinical/MDO: CHIEF COMPLAINT: Fall with left ankle injury, unable to bear weight.
HISTORY OF PRESENT ILLNESS: | was asked to admit this 53-year-old with a history of morbid obesity, BMI of 45, presents for evaluation. Patient suffered a fall. He heard a snap. Initial x-rays of the left ankle showed no fracture. CT without contrast showed no acute fracture of the distal tibia and the distal fibula. Orthopedics was consulted. They stated placed the patient in a cast. The patient states he is in too much pain to go home. He has a rather large size. States he cannot bear weight. Treatment in the emergency room, Toradol 15, labetalol 20, morphine 4, Zofran 4, Phenergan. Because the patient cannot ambulate, the emergency room doctor asked me to admit the patient. Location, left ankle. Degree at onset, severe. Degree at present, severe. Exacerbating factors, moving. Alleviating factors, morphine. Prior episodes, none. Risk factors, he is morbidly obese.
PAST MEDICAL HISTORY:
1. Obesity, BMI of 41.
2. Ongoing nicotine addiction.
3. Hypertension.
4. Hyperlipidemia.
SURGICAL HISTORY: None.
SOCIAL HISTORY: A 40-pack year smoker. He lives at home with his son who has special needs. His wife states she is not able to care for her son.

Notes Monthly Status Report

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IMAGING: Ankle x-ray, comminuted fracture of the distal tibial metaphysis, distal fibula is intact. X-ray of the left tibia and fibula showed no evidence of fracture, DJD. CT lower extremity contrast showed acute fracture of the distal tibia and fibula. There is a comminuted fracture of the distal tibial shaft extending into the metaphysis. Associated displacement is displaced oblique fracture of the distal fibula above the level of the tibia and fibula widening of the ankle remorse concerning for ligamentous injury, small fracture of the medial malleolus, soft tissue swelling of the lower extremity noted.

ASSESSMENT: Status post fall with an acute fracture of the distal tibia. There is displaced oblique fracture of the distal tibia at the level of the tibiotalar joint. There is ligamentous injury. There is a small fracture inferior to the medial malleolus, soft tissue swelling. There is a comminuted fracture of the distal tibial shaft.

PLAN: As per the ED doctor, the patient was told to follow up with ortho. He states he is unable to ambulate. | was asked to admit the patient for pain control, morphine alternating with Percocet alternating with Toradol, FULL CODE STATUS, bed rest, analgesia, ortho evaluation, VTE, subQ heparin. GI prophylaxis, Pepcid daily. Physical therapy evaluation, social work consult, outpatient or inpatient ortho eval.

7/4/2022 - Subjective - Ft seen and examined this am. Could not urinate, flomax added.

Assessment/Plan

Status post fall with an acute fracture of the distal tibia.

- morbid obesity
- c/w pain management with oral meds
- PT/OT
- orthopedics input

Dispo: dc SNF vs. HH pending ortho and PT eval

7/5/2022 - Orthopedic Surgery Consultation

History of Present Illness: 53 yo male admitted for pain control of a left ankle fx. Ortho consulted while in ER and

recommended NWB, splinting and follow up outpatient after swelling decreases will need ORIF. He could not be discharged due to inability to care for self and pain management.

Assessment/Plan

Left distal tibial shaft fx and fibula fx
continue NWB and elevate often

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Patient aware he will need surgical fixation once swelling decreases
 he will follow up this week in our office for plan to discuss surgery
 patient agrees to plan

Meets MCG 26th Edition Guidelines for Musculoskeletal Disease GRG GRG: MG-MD (ISC GRG) / General Criteria: Observation Care OCG: OC-022 (ISC)

APPROVED for initial date of inpatient OBS admission on 7/3/2022 with continued current admission to 7/5/2022 for total of 2 IP OBS days. Fax to fac at 904-602-2831 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223 with UM name/number/fax given.

FMLA completed in GBAS

Stop Loss letter completed and sent to SLL inbox for review for displaced left ankle fracture and plan for OP ORIF and PMHx: HTN, HLD, Tobacco Use, Morbid Obesity

7/11/2022 Per verbal staffing with LCM Nurse designee, reviewed and case referred to DM/CDM (53; M) IP Obs 7/3- 7/5/22 w/ Displaced left ankle fracture, Severe Pain; PMHx: HTN, HLD, Tobacco Use, Morbid Obesity

7/11/2022 SLL review noted - reviewed and case referred to DM/CDM

7/11/2022

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1892983	False	Dulce Sanchez	H88012602351	12/25/1968		ST VINCENTS MEDICAL CENTER

ICD9Code1-S82.302AUNSPECIFIEDFRACTUREOFLOWER	ICD9 Code 2 -	ICD9 Code 3 -
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7/8/2022 Initial screening process/TCF Karlicia K with MDO PH(904)394-1289 Fax(904)634-0152 with FARID A HAKIM, phone / ST VINCENTS MEDICAL CENTER, phone , requesting notification for procedure:

OPS OUTPATIENT SURGERY for 27827 OPEN TREATMENT FRACTURE DISTAL TIBIA ONL; ; ; ; ; with dx of S82.302A UNSPECIFIED FRACTURE OF LOWER; ; ; ; ; on 7/12/2022 to 7/12/2022.

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (904) 660-2400

Clinical requested to be sent to intake fax: (972) 764-7982, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

7/8/2022 Rcvd Clinical, linked to CTD. Task sent to utilization inbox for assignment.

7/8/2022 Case Assigned to Tiffany B. RN, clinical linked

7/11/2022 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review

Per GBAS: No specific information found

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427
**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO
NETWORK ONLY****

Per PHCS Website Dr. Hakim is a Network Provider. Per Pulse, St. Vincents Medical Center has a high Historic Acceptance Rating and an excellent average poor Quantros Quality Rating. Myplan referral not required.

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Per Faxed Clinical/MDO:

7/7/22

CC

Left Leg Pain

HPI

New patient presents to clinic for left ankle pain that began on 7/3/22, Patient states he slipped and caught his ankle. Patient states he then went to the St. Vincent's ER. Patient states the ER told him he fractured his tibial shaft and distal fibula. XRs reviewed from SV confirm spiral fracture of distal tibia shaft, including metaphysis, with no extension into the articular surface. Distal fibula shaft fracture also noted. Patient presents NWB in a wheelchair, in posterior short leg splint with stirrup. Patient states his current pain level is 5/10, at worst pain level

is 10/10. Patient is currently taking oxycodone, tramadol, and ibuprofen. No previous injuries or surgery to left lower extremities. Patient states he has COPD, and high blood pressure.

Ankles:

Left ankle tenderness:

generalized (splint donned). Right ankle active range of motion: dorsiflexion 20 degrees, plantar flexion 50

degrees, inversion 20 degrees, and eversion 5 degrees. Left ankle active range of motion: deferred due to fx.

Left ankle strength: deferred due to fx.

Dx:

IMPRESSION:

left displaced distal tibia fracture

Plan:

COPD {smoker}

1. Closed fracture distal tibia - Left -

left distal tibia open reduction internal fixation and all other procedures required.

Meets Ankle Fracture, Closed, Open Reduction, Internal Fixation (ORIF) ORG: S-100 (ISC) MCG 26th Edition Guidelines for OP Left Ankle ORIF on 7/12/22. Fax to Karlicia K at the MDO 904-394-1289 with approval, reference # given with disclaimer: This is a review for

Notes Monthly Status Report

7/1/2022 - 3/31/2023

medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223. Requested she notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

Case pending DOS

7/13/2022 called St Vincents Med Ctr 904-308-7300 and spoke with Jennifer and she confirmed that patient had procedure OP 07/12/22 closed case

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
CDM-1954675	False	Markesha Walker	H88012602351	12/25/1968		
ICD9Code1 - F17.210NICOTINE DEPENDENCE, CIGARETTE			ICD9 Code 2 - E66.01 MORBID (SEVERE) OBESITY DUE TO		ICD9 Code 3 -	
Prognosis 1 - Info Not Rec'd [9/23/2022]			Prognosis 2 - []		Prognosis 3 - []	

7/19/2022 Pharmacy Report generated and linked to case. Tasked to requesting staff member.

7/26/2022 Request for individual contact info (address/phone/email) sent to specified Group Admin staff. Will f/u in 7 days.

8/2/2022 F/U Request for individual contact info (address/phone/email) sent to specified Group Admin staff. Will f/u in 7 days.

8/8/2022 Contact info received, case updated, and CC notified
Ok, here you go:

321-458-0005 mjoy@hickorytrans.com

8/30/2022 Prepared DM mailings

10/19/2022 Prepared CDM mailings: (Michael Joy) Provider List

11/16/2022 Prepared DM mailings:

- NOV Education Letter
- Low-Salt Choices
- Understanding Good Food Choices

1/3/2023 CLOSING LETTER AND SURVEY LINK

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7/1/2022 - 3/31/2023

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
3137398	False	Tina McClintock	H88012602572	12/20/1969		DOCTORS HOSPITAL AUGUSTA
ICD9 Code 1 - K35.80 UNSPECIFIED ACUTE APPENDICITIS		ICD9 Code 2 -		ICD9 Code 3 -		

11/9/2022 HW FAX W/ OUT CLINICAL FROM UR DEPT 833-840-2988 UR FAX 706-651-6087 - with/ DOCTORS HOSPITAL AUGUSTA, phone 833-840-2988, JOHN KEELEY / PHONE 706-504-9712 FAX INCOMPLETE NUMBER requesting notification for procedure:

INP INPATIENT ADMISSION for 99221 INITIAL HOSPITAL CARE/DAY 30 MINUTES; ; ; ; ; with dx of K35.80 UNSPECIFIED ACUTE APPENDICITIS; ; ; ; ; on 11/9/2022 to .

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required
 PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
 SPEC: \$125,000 - 24/12

Contact #'s confirmed and/or fax number and caller will fax clinical.
 Patient's ph# (706) 401-8049

No active LCM.

Bariatric Surgery/Surgeon: No

*****NO CLINICAL LINKED, PER GBAS MEMBER TERMED 11/1/22 TASKED SELF TO REACH OUT TO FAC*****

11/10/2022 FAC TO FAC
 MEMBERS PLAN TERMED 11/1/22, UNKNOWN IF MEMBER IS ELECTING COBRA, PLEASE CONFIRM COVERAGE WITH PATIENT, IF PATIENT ELECTS COBRA WE WILL NEED CLINICAL TO REVIEW. WE CANNOT REVIEW UNLESS PATIENT HAS ACTIVE COVERAGE*

Notes Monthly Status Report

7/1/2022 - 3/31/2023

11/10/2022

Provider: DOCTORS HOSPITAL OF AUGUSTA

ATTN: UR DEPT

Fax: 7066516087@rcfax.com

Notification #: 3137398

PROCEDURE DATE: 11/9/2022

PROCEDURE CODE (s): 99221 INITIAL HOSPITAL CARE/DAY 30 MINUTES, , , ,

We have a notification request for the above mentioned patient. Please REPLY

Case is closed until FAC responds or if pateint elects cobra. Tasked self to check in 30 days.

12/7/2022 MEMBERS TERM DATE REMAINS 11/1/22 IN GBAS, CASE REMAINS VOIDED

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1749397	False	Gabriela Castro	H88012602611	9/21/1977		ASCENSION ST VINCENTS SOUTHSID

ICD9 Code 1 - R93.89 ABNORMAL FINDINGS ON DIAGNOSTI	ICD9 Code 2 -	ICD9 Code 3 -
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7/5/2022 TCF BETH H./FAC 904-308-8591 to let us know the procedure has been R/S to 7/6/2022. Updated CTD. Task sent to Laura M.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
3465969	False	Amanda White	H88012602611	9/21/1977		

ICD9 Code 1 -	ICD9 Code 2 -	ICD9 Code 3 -
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12/12/2022 TCF CARMEN E w/FAC PH# 904-376-3542 OPT 2 UR FAX# 904-393-2023 w/BAPTIST MEDICAL CENTER calling to obtain approval for OBSERVATION LESS THAN 23 HOURS -ADMIT DATE: 12/10/22 @ 7:55AM / DC 12/11/22 @ 2:40PM DX: I16.0 . Per GBAS, advised caller no notification is required. Provided Ref# & disclaimer "Not a guarantee of eligibility, coverage, payment, or benefits. Advised if more than 23hrs or if status changes to full admit we will require notification. Case closed

Notification Required:
 Inpatient Admission
 Inpatient Hospice
 Outpatient Surgery

Contact Requested:
 Maternity
 Chemo/Rad/Dialysis/Infusion
 Transplant Evaluation

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Select Diagnostic (except ultrasound,
echo & sonography)
KIS Imaging
Day Treatment Fac
*No notification required for treatment/
diagnostic imaging ordered by Regenexx

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0580463	False	Candace Garza	H88012602721	1/14/1992		BAPTIST TOWN CENTER

ICD9 Code 1 - R63.4 ABNORMAL WEIGHT LOSS	ICD9 Code 2 -	ICD9 Code 3 -
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2/27/2023 TCF MELISSA B AT MDO 904-202-5515 DIRECT FAX 904-391-5058 with ROGER J MILLER, MD, phone 904 202 1032 / BAPTIST TOWN CENTER , phone , requesting notification for procedure:

OPS OUTPATIENT SURGERY for 74178 CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY; 71270 DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C- with dx of R63.4 ABNORMAL WEIGHT LOSS on 2/28/2023 to 2/28/2023.

Patient's ph#

Reviewed "Claimants Notes All", no active LCM.
PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given.

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon:

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, APPROVED AND CLOSED.

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0268550	False	Michelle Nunez	H88012602841	11/20/1994		AU MEDICAL CENTER INC
ICD9 Code 1 - E05.00 THYROTOXICOSIS WITH DIFFUSE GO		ICD9 Code 2 -			ICD9 Code 3 -	

1/26/2023 Initial screening process/TCF RACHEL/MDO PH 706-446-5352 FX 706-446-1077 with JOHN BARRETT, phone (706) 446-5352 FX (706) 721-5673/ AU MEDICAL CENTER INC, phone , requesting notification for procedure:

MNT MED-NEC for A9517 IODINE I-131 SODIUM IODIDE CAPS THERAPEU; ; ; ; ; with dx of E05.00 THYROTOXICOSIS WITH DIFFUSE GO; ; ; ; ; on 1/27/2023 to 1/27/2023.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: \$125,000 - 24/12

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph#

Clinical requested to be sent to intake fax: (972) 972-8823, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

1/26/2023 CLINICAL LINKED. TASK UPDATED IN UM INBOX

1/26/2023 FAST TRACK assigned to Tanya S, RN for OP Radiation pill 1/27; task/email sent to RN.

1/26/2023 Correction: This case will not be reviewed by Tanya S, RN. Case will be reassigned to UM nurse.

1/26/2023 FAST TRACK assigned to Samantha G, RN for OP DME 1/27; task/email sent to RN.

1/26/2023 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review

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7/1/2022 - 3/31/2023

Per GBAS: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427
reduced benefits apply non-ppo Yes (Physician only) No X
**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO
NETWORK
ONLY****

Fund	Contract Period	Spec	Paid	Over	Reimb	;
!88126	07/01/2021-06/30/2022	125000	272.48	0.00	0.00	;
!88126	07/01/2022-06/30/2023	125000	427.12	0.00	0.00	

Per PHCS Website Dr. John Barrett is NOT a Network Provider. No reduced benefits per GBAS above.

Pulse Search:

DOS is fewer than 3 days from date of review. No referral indicated.

Per Faxed Clinical/MDO: 11/8/2022 - HISTORY OF PRESENT ILLNESS: Mr. Allen is a 27-year-old man who was diagnosed with thyrotoxicosis secondary to Graves' disease. The patient had noted a rapid heart rate in July 2015 and subsequently underwent cardiac ablation. The patient had noted his heart racing and increased palpitations over the previous two to three months. Thyroid function studies July 29, 2015 reported TSH less than 0.004 and free T4 4.96. Studies January 11, 2016 reported a suppressed TSH less than 0.006, elevated free T4 greater than 7.77, elevated thyrotropin receptor antibodies 22.21 international units per liter (reference range 0.00-1.75) and elevated T3 resin uptake 42% (reference range 24-39%). The patient was started on methimazole 30 mg a day in divided doses and propranolol on January 12, 2016. A thyroid ultrasound performed January 21, 2016 reported "The isthmus measures 0.79 cm in thickness. The right lobe measures 7.1 x 2.9 x 3.5 cm. The left lobe of the thyroid measures 7x 2.5 x 2.9cm. There is diffusely heterogeneous echogenicity throughout both lobes of the thyroid gland with no focal nodules. By color Doppler there is diffuse hyperemia bilaterally. There are multiple subcentimeter lymph nodes around the area of the thyroid. Lymph nodes have fatty hila. They are less than a centimeter in short axis. No definite lymphadenopathy". At the patient's initial evaluation

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7/1/2022 - 3/31/2023

February 23, 2016 his clinical history was consistent with Graves' disease and he wished to continue methimazole. The patient stated he was intermittently taking methimazole due to difficulty obtaining refills from his primary care physician. However, beginning January 2017 he was consistently taking methimazole 30 mg a day. The patient continued to have recurrent thyrotoxicosis and definitive therapy was recommended. The patient declined definitive therapy and was discharged to follow-up with his primary care physician with recommendations to continue thionamides which should be adjusted to maintain TSH in the normal range. In November 2021 the patient continued to have thyrotoxicosis and had required increased thionamides. The patient was taking methimazole 40 mg daily. A 123 iodine thyroid uptake and scan September 23, 2021 reported "6-hour radiotracer uptake is calculated at 74.8%. There is avid homogeneous uptake throughout the prominent thyroid gland. No hot or cold nodules identified". Laboratory studies November 16, 2021 reported TSH less than 0.01, free T4 0.7 and total T3 2.39 and he continued methimazole 40 mg daily. However, laboratory studies January 21, 2022 reported TSH 6.696 and thionamides were decreased to methimazole 20 mg daily. Repeat laboratory studies March 14, 2022 reported TSH 18.5 and thionamides were decreased to methimazole 10 mg daily. The patient is currently on methimazole 5 mg daily and laboratory studies June 27, 2022 reported TSH is 0.911, free T4 0.85 and total T3 2.03. Thyroid-stimulating hemoglobins were elevated at 2.2. The patient has been hoping that he would go into spontaneous remission similar to his mother. Since the patient's last visit he has been in his usual state of health. His thyroid remains slightly enlarged particularly on the right side. He has no heat or cold intolerance, no constipation or diarrhea. The patient's mother has a history of hyperthyroidism with subsequent hypothyroidism. There is no family history of thyroid cancer. He has no history of radiation to his head or neck. The patient is currently taking methimazole 5 mg daily.

LABS: August 16, 2022 reported TSH 0.123, free T4 1.08 and total T3 2.29..

ASSESSMENT:

27 year old male with Graves' disease without thyrotoxic crisis or storm, The patient is

Notes Monthly Status Report

7/1/2022 - 3/31/2023

clinically euthyroid but biochemically thyrotoxic. The patient has had persistent Graves' disease since 2015. He was able to taper his Methimazole dose down to 5 mg daily, but not below that dose. The patient has been hoping that he would go into spontaneous remission similar to his mother. He has been counseled regarding the risks, benefits, complications and possible side effects of therapeutic options including thionamides, radioactive iodine and surgery, and he is interested in radioiodine ablation of his gland. He understands that this will very likely render him permanently hypothyroid, requiring permanent thyroid hormone supplementation...

PLAN:

Recommend ablation of the gland with 27 mCi Iodine 131 as an outpatient. We discussed the goals and potential side effects of radio iodine therapy and the patient consents to treatment. He would like to be treated some time in January and we will coordinate an exact date with him.

A9517 - Iodine I-131 sodium iodide capsule(s), therapeutic, per mCi

Meets MCG 26th Edition Guidelines for Radioactive Iodine Treatment, Thyroid Gland ACG: A-0189 (AC).

APPROVED for outpatient thyroid radioactive iodine tx (A9517) on 1/27/2023. Fax to Rachel at MDO at 706-446-1077 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at the number of the back of their benefits card. Confirmed MDO will notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

Case pending DOS

1/31/2023

Request for Confirmation of procedure

Please confirm if procedure was completed on 1/27/23

01/31/2023

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Provider: JOHN BARRETT

ATTN: RACHEL

Fax: 706-446-1077@RCFAX.COM

Task created for 2 days to reattempt to confirm and close.

2/2/2023 TCT: RACHEL/MDO PH 706-446-5352 to confirm if patient had OP sx on 1/27/23. LVMM name, reason for call, notification # and Medical Mgmt # provided for a return call. Task created to close case if unable to confirm.

2/6/2023 After 2 attempts unable to confirm. Case closed

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0371835	False	Candace Garza	H88012602921	3/3/1972		JACKSONVILLE CENTER FOR ENDOSC

ICD9 Code 1 - Z12.11 ENCOUNTER FOR SCREENING FOR MA	ICD9 Code 2 -	ICD9 Code 3 -
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2/6/2023 Initial screening process/TCF TONYA B AT MDO 904-895-4650 DIRECT FAX 904-296-1222 with BUFFIE E REID, phone / JACKSONVILLE CENTER FOR ENDOSC, phone , 1639372188 requesting notification for procedure:

OPS OUTPATIENT SURGERY for 45378 COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFR; 45380 COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE; 45384 COLSC FLX W/REMOVAL LESION BY HOT BX FOR; 45385 COLSC FLX W/RMVL OF TUMOR POLYP LESION S; 45390 COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RES; 45398 45388 with dx of Z12.11 ENCOUNTER FOR SCREENING FOR MA; on 2/10/2023 to 2/10/2023.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # given.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125k

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph#

Clinical requested to be sent to intake fax: (972) 619-2597, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Bariatric Surgery/Surgeon:

2/6/2023 RECEIVED AND LINKED CLINICAL, CREATED TASK FOR FOLLOW UP
2/6/2023 UR CASE ASSIGNED to Sandy D, RN for 2/10; task sent in ctd.
2/6/2023 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review.

Per GBAS: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK. Reduced benefits apply non-ppo Yes (Physician only) No X

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO NETWORK ONLY****

Stop Loss Carrier: ACCURISK SOLUTIONS.

Fund	Contract Period	Spec	Paid	Over	Reimb	!
!88126	07/01/2022-06/30/2023	125000	1021.00	0.00	0.00	

Per PHCS WS: Dr. Buffie M. Reid (Gastroenterology) is IN Network.

Per Faxed Clinical/MDO: Office Visit to request Colonoscopy for screening for malignant neoplasm

Will order colonoscopy exam- contact patient to schedule.

DIAGNOSIS: Z12.11 Encounter for Screening for malignant neoplasm of colon.

PLAN: Colonoscopy. CPTS: 45378, 45380, 45384, 45385, 45390, 45398, & 45388.

REVIEWED & MEETS: MCG 26th Edition Guidelines for Colonoscopy ACG: A-0129 (AC).

APPROVED: Colonoscopy for date: 2/10/23.

FAXED a copy of the approval to FAC.-Borland-Groover Clinic @ FAX #: 904-398-7205.

The reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department. MD to notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

PULSE Search: Borland-Groover Clinic/Jacksonville Center for Endoscopy has NO entries. No referral is indicated.

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Case pending date of service & results.

2/24/2023 TCT:LVMM: TONYA B AT MDO 904-895-4650 DIRECT to confirm attendance. Name and number have been provided.

3/1/2023 Please confirm pt had the SX done on 02/10/2023 and fax Results/Path
03/01/2023

Provider: BUFFIE E REID/JACKSONVILLE CENTER FOR ENDOSC

ATTN: Nurse/MR DEPT

Fax: 904-296-1222

3/3/2023 Task sent to nurse to inform after 2 attempts, unable to obtain confirmation/results...cs

3/3/2023 Unable to Obtain Results - Case closed to UM at this time.

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
MX-0445720	False	Jacqueline Marin, RN	H88012603011	2/21/1977		
ICD9 Code 1 -		ICD9 Code 2 -		ICD9 Code 3 -		

2/13/2023 MX Intake Questionnaire Results

Active Med Mgmt Case: Yes

Source: Maccess Service Form

Caller Information: Neidra

Caller Phone: (904) 258-8792

Caller Email: neidra.entantonette.davis@gmail.com

Comment: Maccess Log: SF20230213027087975 / UCM / Neidra Gilbert RE: Provider

Inquiry

(1) Dexter, Cynthia (02/13/23 09:14:09 AM)

RN, please send to Urgent Support Escalation,
once Trigg Assess is completed. *****

Provider Search Request: X1

What is the Specialty (Type of Doctor) of this provider? Psychiatrist

What is the Preferred City & Zip?: Jacksonville, FL 32244

Notes Monthly Status Report

7/1/2022 - 3/31/2023

What is the Preferred Mile Radius for Search?: 10-20 miles

What is the Gender Preference?: none

What is the ***medical reason for Visit: Z79.899 Medication Management

Is this a Trigger Dx?: Yes

PER GBAS:

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK

Physician & Specialist telephone/online consultations will be considered under the Level II office visit benefit.

MBR ALSO HAS A COUNSELOR SEARCH BEING COMPLETED BY A NSS.

MX Call Reason: RN Assessment

Reason for Visit: Psychiatrist search

Assessed by Nurse (for Assignment) Results

Priority of Request: P2 (within 24 hours)

2/13/2023 Assessment comments:

Section: Medical History (MX)

Question: Tell me about your medical history related to your request to MX?

Subjective Answer: Member stated she is needing to locate psychiatrist as member verbalized she has had suicidal thoughts. But member upset as request was put in 2 weeks ago. RN routed as urgent and advised to locate urgent ER and Member verbalized she is safe at this time.

Question: Have you been treated for this condition in the past?

Objective Answer: Yes

Question: Do you take any daily medications for medical conditions? If so, list below and do you have any questions or problems related to obtaining those medications and being compliant with taking them as prescribed?

Objective Answer: No

Notes Monthly Status Report

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Question: Do you have a current diagnosis of any of the following? (check all that apply)

Objective Answer: None of these

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1944493	False	Mayra Maldonado	H88012603101	10/13/1963		MARY LANNING MEMORIAL HOSPITAL
ICD9 Code 1 - D69.6 THROMBOCYTOPENIA, UNSPECIFIED		ICD9 Code 2 - K92.1 MELENA			ICD9 Code 3 - D64.9 ANEMIA, UNSPECIFIED	

7/13/2022 Initial screening process/TCF BONNIE M FAC PH #402-461-5240 FAX #402-461-5390 with KATRINA C CHAVEZ JORGEN, phone 402-461-5240 / MARY LANNING MEMORIAL HOSPITAL, phone 402 463 4521, requesting notification for procedure:

INP INPATIENT ADMISSION for 99223 INITIAL HOSPITAL CARE/DAY 70 MINUTES; ; ; ; ; with dx of K52.9 NONINFECTIVE GASTROENTERITIS A; ; ; ; ; on 7/12/2022 to .

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: \$125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (919) 920-3900

Clinical requested to be sent to intake fax: (469) 445-3139, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon:

7/14/2022 UR CASE ASSIGNED to Kathy C., LVN for IP admit dos 7/12/22. Task sent in CTD.

Notes Monthly Status Report

7/1/2022 - 3/31/2023

7/14/2022 Initial clinical review/Recd case from Intake for UM Non-Urgent Concurrent Review on 7/12/22.

Per GBAS: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK
**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO
NETWORK ONLY****

No specific information found

Per Website Dr K Jorgen is OON Hospitalist.

Per Faxed Clinical/Mary Lanning Mem Hosp:

7/12/22: Diagnosis management comments: 58-year-old male presents the ED for shortness of breath.

Patient evaluated, hypotensive, tachycardic, febrile, meets severe sepsis criteria with an elevated lactic acidosis. Compensating appropriately. Was started on a 30 cc/kg bolus after respiratory panel was negative. Patient developed small rash upper neck and chest. Verbal order to give benadryl at that time. Then given vancomycin and Zosyn for potential enteritis due

to diarrhea. Otherwise had evidence of cholelithiasis without evidence of cholecystitis, no obvious signs of pneumonia or PE on CAT scan. Did have evidence of AKI as well. Given Tylenol, Decadron, and a breathing treatment. Ultimately admitted at this time for further evaluation. Agreeable with plan for admission. Discussed with hospitalist who is in agreement

with admission. Critical care time 45 minutes.

DX: Acute respiratory failure with hypoxia

AKI (acute kidney injury)

Diarrhea, unspecified type

Elevated troponin

Severe sepsis

Enteritis

PMH: HTN; DM; Obesity;

Wound consult:

Comments: Patient has deep laceration to the left fifth digit on the plantar aspect as can be seen in the photo. See below photo for measurement. There is adipose tissue, tendon, and bone visible in the wound bed. No visible drainage at time of assessment

Notes Monthly Status Report

7/1/2022 - 3/31/2023

however there is dried blood to the peri wound tissues. Bilateral feet are cool to touch. Toe nails are thick. Varicose veins visible to BLE. Capillary refill 3-5 seconds. No hair growth visible to BLE. No cyanosis. Left fifth digit has a light erythema however no warmth, foul odor, or signs of infection present. No fluctuance, crepitus, or induration. Scattered superficial abrasion to left hip area, right flank, and right hip area.

Assessment:

Deep laceration of left fifth toe with bone and tendon exposed

Decreased mobility secondary to bedrest status

DM II with skin complications

7/13/22:

Patient resting in bed, reports that he's feeling better today. Tolerating clear liquid diet. Just having a headache from coughing. No chest pain or shortness of breath. Denies pain. No fever/chills.

58 y.o, male denies any abdominal pain, nausea, vomiting. Has been passing flatus. Had 2 loose stools last 24 hours. T-max 99, has not been on pressors since the very beginning of his

admission. Urine output increased from 410 cc on first shift yesterday to 850 cc over the following 12 hours. Lactic acid trended down, further checks were discontinued overnight by hospitalist service. Nursing staff deny any acute issues. CBC today shows white count of 12.4, hemoglobin trended from 17.5-12.3, platelets trended from 172-43. INR 1.3 today.

Blood

culture shows staph epidermidis, suspected to be a skin contaminant. Patient reports he tolerated clear liquid diet yesterday. He denies any symptoms or concerns, feels well. CT head negative for traumatic injuries yesterday.

Meets M-170 Gastroenteritis; PG-WS Wound and Skin Management GRG per MCG 26th Edition Guidelines for initial date of inpatient admission on 7/12/22 with continued current admission to 7/14/22 for total of 2 days. Fax to UM at Fac 402-461-5371@rcfax.com with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223 and requested update with next review due on with UM name/number/fax given.

FMLA completed in GBAS

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Case pending clinical update.

7/15/2022 TCT: UR DEPT (402) 460-5616 to verify dc date. LVMM for CHARLES SCRIBNER, UR DEPT provided name, reason for call, notification # and HW # provided for a return call. Verbal request for dc date/ CC clinical was made, I provided my direct fax# 972-619-2589. Task created for LOI if clinical info is not recvd within 24 hrs.

7/15/2022 Clinical linked. Task sent to Kathy C to notify.

7/15/2022 Per Faxed Clinical/Mary Lanning Mem Hosp:

7/14/22: Wound consult:

Melvin B Cates is a 58 y.o. male who was admitted with sepsis and shock. This service has been asked to

evaluate the patient for laceration/skin tear of the left fifth toe.

HPI: Follow-up for further podiatry and wound care expertise. Discussed with wound care APRN earlier

today- she states she redressed it but that it has seen good improvement and healing with no exposed bone or tendon today. Continue to tape to assist with healing and prevent reinjury. Patient is feeling well today.

Resting in bed and states that he is bored but no other concerns.

Currently denies fever, chills, chest pain, palpitations, shortness of breath, nausea, vomiting, diarrhea.

Patients left fifth toe wound continues to improve. There is no structures exposed today.

The toe laceration has

minimal depth remaining however the tissue that is healing remains fragile so it is important to leave the toe

taped to prevent re-injury. Patients US arterial left lower extremity shows no evidence of arterial disease.

Patients buttocks has no erythema present today. Continue pressure injury precautions and envision mattress

for pressure redistribution, moisture control, and reduction of friction and shearing with repositioning. Patient

has pit count of 25 today. He has scattered ecchymosis. No bleeding with wound cares.

Wound care will

change the dressing tomorrow.

Notes Monthly Status Report

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Continue current wound care of Silvercell between the left fourth and fifth toe for moisture management.
Silvercell to the plantar aspect of the left fifth toe along the wound bed. Tape the fifth toe to the fourth toe.
Secure with rolled gauze and tape.

Hospitalist:

#. Bandemia - 41% on admission.

#, Fever

#. Shock: differential septic (febrile w/ bandemia) and/or hypovolemia. Transiently required levophed, but has been off. CT chest /abd/pelvis with some gallstones and possible chronic colitis, but otherwise nothing else significant.

-aggressive fluids

-c/w zosyn --> levaquin. Discussed w/ hematology and drop in platelets is concerning for potential abx vs. Prior infection

-follow blood cultures and urine culture (UA was positive)

-refer to hyperbilirubinemia/transaminitis

-TTE normal w/ ef of 60% w/o wma

#. 1/2 blood cultures w/ staph epid.

-likely contaminant at this point. Continue to monitor.

#. Thrombocytopenia - platelet trend of 251 --> 172 --> 43 --> 23 (confirmed on citrated tube). HIT score is

low and makes HIT low probability. Ddimer high, ldh high, and hapto low, but fibrinogen is normal so this

makes DIC less likely.

-hematology consulted and currently suspect abx or possible infection. Will switch abx (de vance given blood

cultures is still just 1/2 w/ staph epi) and change zosyn to levaquin.

-venous duplex of lower extremities per discussion w/ heme given ddimer level negative.

-okay for heparin dvt prophylaxis once platelets > 50 per discussion w/ heme.

-transfuse for >10 or >50 if bleeding

#. Diarrhea - brown and tan stool per patient and nursing. Hgb stable. GI pathogen negative. Had fast food Sunday night.

-monitor and hydrate

Notes Monthly Status Report

7/1/2022 - 3/31/2023

#. Acute kidney injury: Creatinine peaked at 3.2 and now improved to 2.4. UOP improved.

-aggressive fluids --> adjustments per neph (noted reduction mid day)

-nephrology consulted

-follow up automimmune studies / stabilize hemodynamic

-urine lytes suggest post renal, but foley is functional w/ bladder scan and prior ct /us w/o hydronephrosis

#. Anion gap metabolic acidosis:

#. Lactic acidosis - Resolved. Hypotensive w/ concern for infection. CT abdomen pelvis w/ partial small

bowel obstruction and possible ascending chronic colitis. Downtrended to 2.1.

-aggressive fluids and trend

#. Transaminitis - | Improving. Admitting alt/ast was 18/33 and repeat morning of 7/12 is 1480/1695. Given

hypotension concerning for shock liver. He does have a significant drinking history.

#. Hyperbilirubinemia: resolved

-hold additional tylenol for now

-US liver/biliary system + doppler for portal system unimpressive, but limited study given habitus.

-follow up hepatitis panel negative

-Dr. Todorov consulted for gall stones/ sepsis of unclear cause

#. Nausea /vomiting - non bloody/non bilious. Mild MEG discomfort overnight. CT abd/pelvis w/ partial small bowel obstruction.

-Dr. Todorov consulted - not impressive per surgery

-regular diet / diet per surgery

-aggressive fluids

#. Rash - ED doctor and overnight admitting doctor noted rash over face/chest/arms. Patient reported noting

rash over arms before admission and may have started morning of 7/11. Denied hx of autoimmune disease.

Did get a dose of decadron 10 mg iv in ED evening of 7/11. Rash resolved by AM 7/12. This raises question of

possible vasculitis given multiple system involvement.

-complement level/anca/ana - monitor for recurrent rash

#. Acute hypoxic respiratory failure, resolved:

-He was requiring 1-2L nc when he arrives to the floor, but has since been weaned to room air.

#. Elevated troponin: peaked at 0.32 and downtrended. No chest pain/pressure. ekg

Notes Monthly Status Report

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unimpressive. Echo w/

preserved ef w/o wma. Likely demand on admission from sepsis/hypotension.

#. Hypomagnesemia: monitor and replace

#. Type 2 diabetes mellitus: stated he had a hx of this. atc is 5.4.

-Ssi

#. Left small toe cut - Dr. Blackwater is consulted by wound care.

-follow up abi from wound care negative and xray of foot negative. Arterial duplex negative.

-patient stated he has completed his tetanus series, but his last shot has been years ago.

TD given on 7/12.

-Dr. Blackwater/wound consulted.

#. Alcohol abuse - last drink Sunday evening. Denied hx of complicated withdrawal. Last cessation 1 year ago

for 1+ week w/o complication.

-monitor on ciwa without ativan. Outside of window of withdrawal.

#. Chronic colitis - possibility on ct abd/pelvis. Will need non urgent colonoscopy w/ surgery in the future.

#. Falls - had falls prior to admission. Blood pressure was soft on admission. CK mildly up at 923. No new

pains. Head ct negative. PT/OT on 7/13.

#. Suspected sleep apnea - significant desaturation at nighttime.

#. SVT - had a short run of narrow complex tachycardia for 1 minute late evening of 7/13.

Asymptomatic.

Meets M-170 Gastroenteritis; PG-WS Wound and Skin Management GRG per MCG 26th Edition Guidelines for initial date of inpatient admission on 7/12/22 with continued current admission to 7/16/22 for total of 4 days. Fax to UM at Fac 402-461-5371@rcfax.com with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223.

Case pending clinical update/do sll.

7/18/2022 DC Summary Recvd and linked to CTD. task sen to Kathryn C. LVN to notify.

7/18/2022 Per Faxed Clinical/Mary Lanning Mem Hosp:
Discharge summary

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Admission Date: 7/11/2022

Discharge Date to Bryan Hospital: 7/16/2022

Hospital Course:

Patient is a 58 y/o man w/ a hx of DM, HTN, alcohol abuse, and obesity who presented w/ a constellation of

rash, diarrhea, nausea/vomiting, and multiple falls and was found to have sepsis w/ fever/bandemia, shock

liver, renal failure, shock w/ transient need for pressor, and respiratory failure. His admitting CT PET/CT

abdomen/pelvis w/ iv contrast imaging ultimately showed possible partial small bowel obstruction, possible

chronic colitis, and cholelithiasis. General surgery Dr. Todorov was involved for this, but ultimately felt no

significant bowel pathology and he tolerated diet w/o issue. He was pancultured w/ negative urine/blood (1/2

staph epi contaminant)/gi pathogen and was started on zosyn on admission w/ aggressive fluids (11 liters of

NS in first 24 hrs). His shock/fever/bandemia resolved. He developed worsening thrombocytopenia and

hematology was involved. Low hit score and ultimately felt etiology was 2/2 to either abx (zosyn) or infection.

He was transitioned to levaquin. His platelets nadir is 20 and it was uptrending. Early AM of 7/16 he was noted

to have black stool w/ platelets of 27. He is being transfused for platelets goal of 50. Repeat labs for dic is

negative for dic. PPI IV BID is on board and Dr. Faris is involved from the bleeding perspective. Repeat

platelets after 1 unit of platelets was 36. Additional platelets were ordered, but apparently (per Dr. Horn

(pathology / CMO) and Dr. Faris) there is limited platelets available. Dr. Faris is recommending transfer to a

facility w/ platelets. Discussed with patient and he is agreeable. Spoke w/ Dr. Steckleberg at Bryan and she

has graciously accepted the patient.

Hospitalization by disease process:

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Active:

#. Thrombocytopenia - platelet trend of 251 --> 172 --> 43 --> 23 -> 20 -> 26 -> 27. HIT score is low and makes HIT low probability. Ddimer high, Idh high, and hapto low, but fibrinogen is normal so this rules out DIC.
-hematology consulted and currently suspect abx or possible infection. Will switch abx (advance given blood cultures is still just 1/2 w/ staph epi) and change zosyn to levaquin.
-venous duplex of lower extremities per discussion w/ heme given ddimer level negative.
-okay for heparin dvt prophylaxis once platelets > 50 per discussion w/ heme.
-transfuse for <10 or >50 if bleeding. Transfuse 1 unit of platelet morning of 7/16 given melena and downtrend in hgb despite significant autodiuresis (would expect hemoconcentration). Trend cbc and transfuse for 50. There is a shortage of platelets and Dr. Horn is coordinating with blood bank to make more platelets available.

#. Melena - first noted morning 1:30 am on 7/16. Pure black per patient and fist time this color.

#. Anemia - admitting hgb of 18s, but patient was very dry and hgb immediately went down to 12s w/ fluids (11 liters in first 24 hr). Was stable at 11-12s, but slow downtrend w/ new melena on 7/16 despite significant autodiuresis of admitting fluids.

-trend cbc --> hgb of 9.4 at dc. Platelets of 36. Transfusing for goal of 50, but no platelets available.

-PPI BID

-Dr. Faris consulted

-FOBT

#. Bandemia - 41% on admission. Resolved.

#, Fever - resolved.

#. Shock: differential septic (febrile w/ bandemia) and/or hypovolemia. Transiently required levophed, but has been off. CT chest /abd/pelvis with some gallstones and possible chronic colitis, but otherwise nothing else significant.

-aggressive fluids initially. Very transiently needed levophed.

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7/1/2022 - 3/31/2023

-zosyn --> levaquin (plan to complete 5 days of abx total). Discussed w/ hematology and drop in platelets is

concerning for potential abx (patient was on zosyn then) vs. Prior infection

-follow blood cultures (1/2 staph epi) and urine culture (negative)

-refer to hyperbilirubinemia/transaminitis

-TTE normal w/ ef of 60% w/o wma

#. 1/2 blood cultures w/ staph epid.

-contaminant at this point. Continue to monitor.

#. HTN - uncontrolled. given possible bleed will keep norvasc at 5 mg qd and use shorter acting hydralazine

schedule + prn for now.

#. Diarrhea - Significant improvement. on admission brown and tan stool per patient and nursing and was so

through hospital stay until 7/16. GI pathogen negative. Had fast food Sunday night. CT abdomen/pelvis w/

some evidence of chronic colitis.

-monitor and hydrate

#. Acute kidney injury: Creatinine peaked at 3.2 and now improved to 1.4. UOP improved.

-aggressive fluids initially now dc'd given good oral intake and continued improvement and continued

autodiuresis

-nephrology consulted

-follow up automimmune studies (refer to below) / stabilize hemodynamic

-urine lytes suggest post renal, but foley is functional w/ bladder scan and prior ct /us w/o hydronephrosis

#. Anion gap metabolic acidosis:

#. Lactic acidosis - Resolved. Hypotensive w/ concern for infection. CT abdomen pelvis w/ partial small

bowel obstruction and possible ascending chronic colitis. Downtrended to 2.1.

#. Transaminitis - | Improving. admitting alt/ast was 18/33 and peaked at 1480/1695 on 7/12,

429/87 7/16. Given hypotension concerning for shock liver. He does have a significant drinking history.

#. Hyperbilirubinemia: resolved

-hold additional tylenol for now

-US liver/biliary system + doppler for portal system unimpressive, but limited study given

Notes Monthly Status Report

7/1/2022 - 3/31/2023

habitus.

-hepatitis panel negative

-Dr. Todorov was consulted for gall stones/ sepsis of unclear cause. Clinically of no concern at this point.

#. Partial small bowel obstruction?

#. Nausea /vomiting - Resolved. non bloody/non bilious. Mild MEG discomfort on admission. CT abd/pelvis

w/ partial small bowel obstruction.

-Dr. Todorov consulted - not impressive per surgery

-regular diet / diet per surgery --> npo for now given concerns for bleeding

#. Rash - ED doctor and overnight admitting doctor noted rash over face/chest/arms. Patient reported noting

rash over arms before admission and may have started morning of 7/11. Was pruritic. No hx of tick bite and

patient indoor w/ minimal outdoor exposure. Denied hx of autoimmune disease. Did get a dose of decadron 10

mg iv in ED evening of 7/11. Rash resolved by AM 7/12. This raises question of possible vasculitis given

multiple system involvement on admission of unclear underlying etiology.

-complement level (negative)/anca (pending)/ana (hep 2 titer 1:640 w/ nucleolar pattern w/ normal antinuclear

panel) / GBM (negative) - monitor for recurrent rash

-given high ana titer would refer to dermatology on dc

#, Left small toe cut - down to bone. Dr. Blackwater has been involved.

-follow up abx from wound care negative and xray of foot negative. Arterial duplex negative.

-taping fifth toe to fourth toe to help w/ healing per podiatry/wound.

-patient stated he has completed his tetanus series, but his last shot has been years ago.

TD given on 7/12.

-Dr. Blackwater/wound consulted.

#. Debility - pt/ot recommending snf. This is especially pertinent given falls prior to admission and

thrombocytopenia. Per sw he is refusing snf placement, but is open to outpatient pt/ot (concern with financial

need). I already discussed potential harm w/ going home w/ patient.

-will need at least outpatient therapy on dc

#. Acute hypoxic respiratory failure, resolved:

-He was requiring 1-2L nc when he arrived to the floor, but has since been weaned to room

Notes Monthly Status Report

7/1/2022 - 3/31/2023

air.

#. Elevated troponin: peaked at 0.32 and downtrended. No chest pain/pressure. ekg unimpressive. Echo w/ preserved ef w/o wma. Likely demand on admission from sepsis/hypotension.

#. Hypomagnesemia: monitor and replace

#. Type 2 diabetes mellitus: stated he had a hx of this. atc is 5.4.

-Ssi

#. Alcohol abuse - last drink Sunday evening 7/10. Denied hx of complicated withdrawal.

Last cessation 1

year ago for 1+ week w/o complication.

-never required ativan

-advised against drinking (for General reasons + falls w/ thrombocytopenia)

#. Chronic colitis - noted on ct abd/pelvis. Will need non urgent colonoscopy w/ surgery in the future per surgery.

#. Falls - had falls prior to admission. Blood pressure was low on admission. CK mildly up at 923 -> 937 ->

252 -> 147. No new pains. Head ct negative. PT/OT on 7/13.

#. Nocturnal desaturation

#. Suspected sleep apnea - significant desaturation at nighttime. Will need outpatient sleep study.

#. SVT - had a short run of narrow complex tachycardia for 1 minute late evening of 7/13. Asymptomatic.

#. Rhabdomyolysis - mild in 900s. No recurrence.

#. Small rib lesions on left and right - need follow up ct in 3 months.

Transfer to: Bryan hospital w/ GIB

SL completed, tasked to sl inbox for review.

Tasked to OlgaE to start new notification for Bryan Hosp.

Case pending sl review.

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7/1/2022 - 3/31/2023

Sadaf D, RN

(58; M) IP 7/12 w/dx melena, anemia, thrombocytopenia, shock, fever, rash, diabetic foot wound. Transferred to new facility to receive platelets

7/21/2022 Per Faxed Clinical/Mary Lanning Mem Hosp: Per DC summary patient admitted on 7/11/22.

7/11/22

Brian Cates is a 58 y.o. male who arrived by Ambulance presented to the emergency department for 58-year-old male history of hypertension, diabetes, presents the ED for shortness of breath. Patient has had diarrhea, nausea, vomiting, was complaining of worsening shortness of breath today. He is not vaccinated for COVID. No other significant abnormalities. No chest pain.

Diagnosis:

Acute respiratory failure with hypoxia (HCC)

AKI (acute kidney injury) (HCC)

Diarrhea, unspecified type

Elevated troponin

Severe sepsis (HCC)

Enteritis

Disposition:

Patient's disposition: Admit to ICU

Patient's condition is serious.

Meets M-170 Gastroenteritis; PG-WS Wound and Skin Management GRG per MCG 26th Edition Guidelines for initial date of inpatient admission on 7/11/22 with continued current admission to 7/16/22 for total of 5 days. Fax to UM at Fac 402-461-5371@rcfax.com with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223.

LCM on case.

Closing to UM.

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7/1/2022 - 3/31/2023

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
1995415	False	Dulce Sanchez	H88012603101	10/13/1963		BRYANMEDICALCENTER
ICD9 Code 1 - K92.1 MELENA		ICD9 Code 2 - N17.9 ACUTE KIDNEY FAILURE, UNSPECIF		ICD9 Code 3 - I10 ESSENTIAL (PRIMARY) HYPERTENSI		

7/18/2022 Called Ph(402)481-1111, Left Voice mail advised I was calling to start INPT Auth for member that was transferred on 07/16/2022 auth can be handled started by any UR representative. Task sent to Follow UP.

7/18/2022 Initial screening process/TCF HW FAX: SUSAN P w/FAC PH# 402-481-0171 FAX# 402-481-3487 with , phone / BRYAN MEDICAL CENTER, phone 402 481 5791, NPI# 1245343409 RANDALL RAYMOND PLAMBECK 2300 S 16TH ST LINCOLN NE 68502 PH# 402-481-8566 FAX# 402-481-4783 requesting notification for procedure:

INP INPATIENT ADMISSION for 99223 INITIAL HOSPITAL CARE/DAY 70 MINUTES; ; ; ; ; with dx of K92.1 MELENA; N17.9 ACUTE KIDNEY FAILURE, UNSPECIF; I10 ESSENTIAL (PRIMARY) HYPERTENSI; R74.0 NONSPECIFIC ELEVATION OF LEVEL; D69.6 THROMBOCYTOPENIA, UNSPECIFIED; ; on 7/17/2022 to .

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
SPEC: 125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (919) 920-3900

Clinical requested to be sent to intake fax: (972) 764-7982, (469) 445-3180, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

7/19/2022 UR CASE ASSIGNED to Kathy C., LVN for IP admit dos 7/17/22. Task sent in CTD.

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7/1/2022 - 3/31/2023

- 7/19/2022 TCF: SUSAN P w/FAC PH# 402-481-0171 calling to make sure we rcvd her fax request for IP DOS 7/17/22 tranfer to fac Bryan Med Center. I advised her I started it last night and it is pending review. I provided case# and disclaimer
- 7/19/2022 Initial clinical review/Recd case from Intake for UM Non-Urgent Concurrent Review on 7/17/22.

Per GBAS: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK
**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO
NETWORK ONLY****
No specific information found

Per Website Dr R Plambeck is OON Hospitalist.

Per Faxed Clinical/Bryan MC:

7/17/22:

Patient presents to the hospital as a transfer from Mary Lanning Hospital secondary to concern for gi bleed.
Patient was admitted out there for a number of days secondary to septic shock (definitive source not identified). Patient was treated and did improve however yesterday 7/16/2022 he apparently had a large dark bowel movement concerning for GI bleed. Patient's platelets at that time were less than 30 and it was noted that his hemoglobin dropped a point and a half from yesterday morning to yesterday afternoon so he was sent to our facility for further evaluation. It was believed his thrombocytopenia were likely secondary to his acute infection. He did receive 1 unit of platelets prior to transfer to our facility.

With regards to most of the medical issues the patient had when he was admitted to Mary Lanning, they have essentially resolved. The patient was simply sent here for further evaluation from GI and because it was believed that he would need more platelet transfusions.

Patient's blood counts the afternoon of 7/16/2022 showed a hemoglobin of 9.4. Repeat here

Notes Monthly Status Report

7/1/2022 - 3/31/2023

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is 11.3. His platelets are noted to be 45. White blood cell count of 12.55 with a procalcitonin of 0.48.

Interestingly enough, patient does tell me that he has had intermittent dark stools for the better part of 10 years. He is unsure as to why they happen but he states he typically has a couple of darker bowel movements and then they will resolve for months on and. He is unsure as to why they happen. He does tell me that for quite some time he has been taking ibuprofen near dally.

Upon my evaluation, patient is laying in bed comfortably. He has essentially no complaints at this time. He tells me that his last bowel movement was the morning of 7/16/2022 and he believed it was normal.

According to notes, his last bowel movement was early in the morning 7/16 and apparently was dark and concerning for blood. His physical examination is normal except for morbid obesity and a laceration of the left plantar fifth toe however it does not appear infected or actively bleeding at this time.

Assessment/Plan:

Patient presents with concerns for GI bleed. It sounds like his last bowel movement was in fact dark and tarry. He does take NSAIDs daily so it certainly possible he could have an ulcer. We will ask GI to consult And keep him n.p.o. as he will very likely need at least an EGD if not EGD and colonoscopy. His hemoglobin here is 11.3 which is significantly better than it was at Mary Lanning. We will simply continue to monitor. His platelets are 45 however given that he may be bleeding, we will transfuse 1 more unit of platelets. I suspect these will continue to increase as his body heals from his recent septic shock.

Patient does have an elevated white blood cell count here as well as an elevated procalcitonin. Given his

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prior history with septic shock from unknown source, we will place him on cefepime however I again currently do not have a definitive infectious source.

Patient did have an acute kidney injury however this has resolved. Unknown what his baseline is. We will continue to monitor. He also has elevated liver enzymes however this has been ongoing since being admitted to Mary Lanning. Likely secondary to septic shock. We will continue to monitor.

Prior to admission, patient was a moderate to heavy drinker. He was placed on alcohol withdrawal protocol.

He did require some Ativan at that time. He is obviously not had a drink since being admitted to the hospital.

I do not believe that he will require continued treatment however we will place him on alcohol withdrawal protocol prophylactically.

Other medical history does include type 2 diabetes mellitus for which we will place him on a sliding scale now. Last A1c was 5.4%.

With regards to this laceration on the left toe, patient is unsure as to how he got there. Prior notes state that

it was lacerated down to the bone. Currently only soft tissue was exposed and it does not appear infected.

Simple wound care and bandages he is likely all he needs at this time.

#Melena

#Acute blood loss anemia

#Recent septic shock

#Thrombocytopenia

#Acute kidney injury- likely resolved

#Elevated LFTs

#Leukocytosis

#Type 2 diabetes mellitus

#Morbid obesity

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#Alcohol abuse
#Tobacco dependence
#Marijuana use

Melena

1. New onset melena that began on 7/16/2022 at outside facility. Goals have been loose and melanotic.

Suspect secondary to heavy ETOH abuse.

Hemoglobin 9.4 at outside facility

PPI twice daily.

Consult to gastroenterology.

NPO.

2. Acute blood loss anemia

Etiology thought to be secondary to GI loss. Patient has had significant downtrend in hemoglobin since

previous admission at outside facility where his initial hemoglobin was around 18 on 7/11/2022.

Continue to monitor hemoglobins closely.

Transfuse for hemoglobin <7.0 or symptomatic.

3. Thrombocytopenia

Patient has had significant decrease in his platelet count since initial admission at outside hospital

where his initial platelet count was 251 and his currently 27. Patient did undergo

hematologic consult with

low HIT score. DIC was also ruled out. Hematology thought that this may be secondary to Zosyn or

infection and Zosyn was discontinued. Patient was transfused 1 units of platelets prior to being transferred.

Repeat CBC is pending.

Will transfuse based off of new laboratory findings.

Hematology consult

4. AKI

Initial serum creatinine on arrival was 3.2 but improved to 1.4. Baseline creatinine unknown. patient

underwent nephrology consult at outside hospital.

Awaiting repeat CMP.

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Continues IVF.

Avoid nephrotoxic agents.

Transaminitis

S. Etiology likely secondary to chronic EtOH abuse and shock liver. Abdominal ultrasound (7/12) at

outside facility showed severe fatty liver changes and antegrade portal venous flow. CT A/P (7/11) mild

fatty liver changes. Mild cholelithiasis noted.

LFTs have been improving at outside facility.

Repeat CMP pending.

Continue to monitor.

6. Type 2 diabetes mellitus

Hemoglobin A1c at outside hospital was 5.4.

Sliding scale insulin level 1.

AC/at bedtime Accu-Cheks.

7. Nontraumatic rhabdomyolysis.

Improving.

Repeat CK: Pending.

Continuous IVF.

8. Essential hypertension

Patient is not currently on antihypertensives at home. He was noted to be hypotensive initially during

his hospitalization and was on pressor support. It was reported that following resolution of his sepsis

patient did become hypotensive and was started on amlodipine and hydralazine.

Continue to monitor pressures.

Hydralazine as needed for systolic pressure >170.

9. Chronic colitis

CT imaging at outside hospital on 7/11 shows probable right ascending colon chronic colitis changes.

Continue to monitor.

Positive blood culture

1/2 blood cultures at outside facility S. epidermidis which is likely a contaminant. Patient was started on Levaquin.

Holding antibiotics at this time.

Repeat blood cultures: Pending

11. Diarrhea

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Patient reports continued diarrhea with melanotic stools. GI pathogen panel at outside facility was

unremarkable for infectious process.

Antidiarrheals as needed.

12. EtOH abuse

Patient reports that he drinks 3 beers in 2 mixed drinks daily and has been doing so for many years.

CIWA protocol.

Encourage cessation.

13. Laceration of fourth/fifth toe on left foot

Etiology unclear but x-rays from outside facility show no evidence of foreign body.

Continue bandages.

Consult wound care.

Meets M-180 Gastrointestinal Bleeding, Upper; MG-HEM Hematology GRG per MCG 26th Edition Guidelines for initial date of inpatient admission on 7/17/22 with continued current admission to 7/22/22 for total of 5 days. Fax to UM at Fac 402-481-3407@rcfax.com with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223.

Defer FMLA was just completed on prior case.

Defer Stop Loss letter was just completed on prior case and LCM assigned.

Case pending clinical update/lcm on case.

7/21/2022 LCM reviewed case

Tasked Kathryn C/UM RN that LCM is active

Case pending updated clinical

LCM set up a task to request further clinical

LCM sent CM notification letter to IP FAC

7/28/2022 HW FAX: SUSAN P w/FAC PH# 402-481-0171 FAX# 402-481-3487 for updated clinical

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7/29/2022 Received fax clinical from Bryan Medical Center (35 Pages)

Discharge summary by Lynette D Exum, MD 7/21/22 11:52AM

Discharge Summary

Admitting Provider: Alexander J Ryan, DO

Discharge Provider: Lynette D Exum, MD

Primary Care Physician at Discharge: Pcp No

Admission Date: 7/17/2022

Primary Discharge Diagnosis

Principal Problem: Melena

Active Hospital Problems:

Type 2 diabetes mellitus, without long-term current use of insulin (CMS/HCC)

Thrombocytopenia (CMS/HCC)

Primary hypertension

Class 3 severe obesity due to excess calories with serious comorbidity in adult (CMS/HCC)

Chronic colitis

ETOH abuse

Nicotine abuse

Marijuana use, continuous

Resolved Hospital Problems

Melena 7/21/2022

AKI (acute kidney injury) (CMS/HCC) 7/21/2022

Laceration of fifth toe of left foot 7/21/2022

Rash 7/21/2022

Transaminitis 7/21/2022

Non-traumatic rhabdomyolysis 7/21/2022

Diarrhea 7/21/2022

Acute blood loss anemia (ABLA) 7/21/2022

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All Consults Since Admission:

IP CONSULT TO GASTROENTEROLOGY
IP CONSULT TO HEMATOLOGY/ONCOLOGY
IP CONSULT TO WOUND OSTOMY CONTINENCE NURSE
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO DIABETES CENTER
IP CONSULT TO ANESTHESIOLOGY
IP CONSULT TO WOUND OSTOMY CONTINENCE NURSE
IP CONSULT TO DIABETES CENTER
IP CONSULT TO CARE MANAGEMENT

Chief Complaint:

No chief complaint on file.

58-year-old male transferred from Hastings Nebraska after initial treatment for septic shock followed by melena. VVas also found to have a very low platelet count at 27,000. He received a transfusion of platelets and started on Protonix and transferred to our facility

Hospital Course:

Patient presented to the hospital as a transfer from Mary Lanning Hospital secondary to concern for GI bleed. Patient was admitted out there for a number of days secondary to septic shock (definitive source not identified). Patient was treated and did improve however yesterday 7/16/2022 he apparently had a large dark bowel movement concerning for GI bleed. Patient's platelets at that time were less than 30 and it was noted that his hemoglobin dropped a point and a half from yesterday morning to yesterday afternoon so he was sent to our facility for further evaluation. It was believed his thrombocytopenia were likely secondary to his acute infection. He did receive 1 unit of platelets prior to transfer to our facility.

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With regards to most of the medical issues the patient had when he was admitted to Mary Lanning, they have essentially resolved. The patient was simply sent here for further evaluation from GI and because it was believed that he would need more platelet transfusions.

Patient's blood counts the afternoon of 7/16/2022 showed a hemoglobin of 9.4. Repeat here is 11.3. His platelets are noted to be 45. White blood cell count of 12.55 with a procalcitonin of 0.48.

Patient's platelet count has improved. Hemoglobin is stable. Glucose is well controlled. EGD performed showed severe duodenal nodularity and ulceration suspicious for mucosal ischemic changes with biopsies obtained. The patient also had patchy erythema of the antrum with scattered erosions in the antrum and subepithelial hemorrhage in the gastric body consistent with gastritis. He also had a 4 mm ulcer at the GE junction consistent with LA grade a erosive ulcerative esophagitis. He is going to be on twice daily PPI therapy for 2 months then daily. He will need to be scheduled for an outpatient colonoscopy in a couple of months. He was also seen by oncology for his thrombocytopenia. This was thought to be due to sepsis and alcohol use. Recommendation was for the patient to follow-up with oncology in Hastings. Is also recommended for the patient to establish with a PCP in the Hastings area.

Outpatient Follow-Up:

Follow-up with primary care physician (PCP)

1 week

Follow-up with provider

Gastroenterology Specialties
4545 R Street, #100

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Lincoln NE 68503
402-465-4545

Call today

Follow up in office in 2 months. IND: Chronic colitis. Please call 402-465-4545 to arrange.

Follow-up with primary care physician (PCP)

Schedule an appointment as soon as possible for a visit in 1 week(s)

You need to establish care with a primary care physician and make an appointment to be seen for hospital follow up.

Dr. Soe Min Tun

Morrison Cancer Center

815 N Kansas Ave

Hastings, NE 68901

402-460-5899

Follow up on 8/24/2022

Check in at 9:15AM for a 9:30AM appointment.

The office may be calling you prior to the appointment to complete new patient paperwork.

Discharge Instructions:

Please see AVS for discharge instructions given to the patient.

Discharge Disposition: Home with no services

Discharge condition: good

Time Spent on Discharge: greater than 30 minutes

Gastroenterology Service has completed care and is signing off the care team for Melvin B

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Cates.

This is a 58-year-old male we have been asked to see for melena. Patient was in his normal state of health until 7/10 when he acutely developed nausea, vomiting, diarrhea after eating at Sonic. Symptoms progressed until he became dehydrated with a syncopal episode. When he awoke he was able to call 911 and was taken to his local ED in Mary Lanning on 7/11. He was found to have sepsis of unknown origin and multiorgan failure. He required aggressive IV fluid resuscitation, pressor therapy and IV antibiotics. CT of abdomen/pelvis with IV contrast showed possible partial bowel obstruction, possible chronic colitis, and cholelithiasis. GI path panel was negative. Urine culture is negative. Blood culture positive for *S. epidermidis* felt to be contaminant. He was initiated on Zosyn. He was evaluated by general surgery did not feel there is any significant bowel pathology and he was tolerating a diet. He was evaluated by nephrology for admission creatinine of 3.2 with concerns for mild rhabdo. He had resolution of his shock/fever/bandemia. Unfortunately throughout the hospitalization he began having worsening thrombocytopenia. He was found to have a low HIT score and it was felt this was due to either Zosyn or infection. He was transition to Levaquin. On the morning of 7/16 he developed black tarry stools x1 with a platelet count of 27. DIC panel was negative. He was infused with 1 unit of platelets. Repeat platelet count was 36. Given these findings it was felt he needed higher level of care and he was transferred to Bryan East on 7/16. Upon arrival lab work revealed WBC 12.55, hemoglobin 11.3, hematocrit 33.5, MCV 89.1 and platelet count 45. Total bili 2.0, alkaline phosphatase 171, AST 76, ALT 406. His antibiotics were discontinued and repeat blood cultures are pending. Patient does have a longstanding Gastroenterology Service has completed care and is signing off the care team for Melvin B

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Cates.

history of alcohol abuse. Over the past 10 years he has been drinking 3 16oz beers and 2 bourbons (half full solo cup) daily. He admits to heavier drinking in the past. No history of IV drug use. No history of blood transfusions. No herbal supplements. He does utilize marijuana. He denies any history of elevated liver enzymes or advanced liver disease. Denies history of pancreatitis, hepatitis, scleral icterus, jaundice or gallbladder disease. In regards to his melena he states he has had intermittent dark black tarry stools and bright red rectal bleeding over the past 10 years. Symptoms resolve spontaneously without intervention. He attributed this to hemorrhoids. He has been taking 1 Bayer aspirin, 4 ibuprofen, and 4 Tylenol per day for knee pain. He has never required PPI therapy in the past. He has never had an EGD/colonoscopy. EGD with MAC anesthesia by Dr. Sorrell, 7/18/2022:

1. Severe duodenal nodularity and ulceration suspicious for mucosal ischemia biopsies obtained.
2. Patchy erythema of the antrum with scattered erosions in the antrum and localized circular areas of subepithelial hemorrhage in the gastric body consistent with gastritis biopsies of the antrum/body were obtained.
3. 4mm ulcer at the GE junction consistent with LA grade a erosive/ulcerative esophagitis. Plan: The patient will be on twice daily PPI therapy x2 months then once daily PPI therapy indefinitely. We will recommend an outpatient colonoscopy to evaluate his evidence of chronic colitis on CAT scan. We will arrange for an outpatient follow-up in 2 months to further assess his symptoms and potentially schedule the outpatient colonoscopy.

GI will sign off. Please contact us if needed.

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Authenticated by Kylee Fitch, APRN-NP at 07/20/22, 4:17 PM

ONCOLOGY/HEMATOLOGY SPECIALTY SIGNOFF

1. Thrombocytopenia, improved
2. Anemia
3. Melena- s/p egd-esophagitis, severe duodenal nodularity and ulceration suspicious for mucosal ischemia.
4. ETOH abuse

Platelet count wnl. Thrombocytopenia was likely secondary to infection, antibiotics and possible alcohol use.

Outpatient colonoscopy has been recommended. Case was reviewed with Dr.Zahoor. At this time we are recommending outpatient follow-up with hematology locally given anemia and low haptoglobin. | discussed this with the patient today who is receptive to outpatient hematology follow-up. This appointment has been as scheduled. This may be secondary to underlying liver disease however short term follow-up would be warranted. Hematology will sign off at this time. Please call if we can be of further service.

Melissa A Cetak, APRN-NP 7/21/2022

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
CDM-2726126	False	Markesha Walker	H88012603101	10/13/1963		
ICD9 Code 1 - E11.65 TYPE 2 DIABETES MELLITUS WITH						
10/4/2022 Pharmacy Report generated and linked to case. Tasked to requesting staff member.			ICD9 Code 2 -		ICD9 Code 3 -	
10/19/2022 Created Intro Letter and tasked to mail with CDM Flyer/FAQ.						
10/26/2022 Prepared CDM mailings : CDM Intro Letter with CDM Flyer						
Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
LCM-2016564	False	Lindsay Wendling	H88012603101	10/13/1963		
ICD9 Code 1 - D69.6 THROMBOCYTOPENIA, UNSPECIFIED						
Prognosis 1 - Good [8/16/2022]			ICD9 Code 2 - K92.1 MELENA		ICD9 Code 3 - D64.9 ANEMIA, UNSPECIFIED	
Prognosis 2 - []			Prognosis 3 - []			

7/20/2022 Per verbal staffing with CM Nurse designee, LCM case created and tasked/assigned to

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Sadaf D, RN

- Rationale/criteria: Member w/complex medical needs
- Referral info: IP 7/12 w/dx melena, anemia, thrombocytopenia, shock, fever, rash, diabetic foot wound. Transferred to new facility to receive platelets
- Referral Source: UM 1944493

Tasked Rx Request Inbox for RX Report. Created and tasked Intro letter for mailing w/ LCM flyer, 3rd Party and Medical Release, and return envelope.

7/21/2022 File reviewed to open for Case Management. Member information and plan documents reviewed.

Group: HICKORY FOODS INC

Stop Loss: ACCURISK SOLUTIONS/NATIONWIDE

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

PBM: CanaRx, ProAct, PharmWatch

Specialty Pharmacy: PaydHealth - (877) 869-7772

Rx Fill Limits: None listed per GBAS

Claims Examiner: Alice Hoover, Delia Hernandez

Account Manager: Kim Thomason

Admin Rep: ANN LOCHA

NGFP; WC; VCP-Pull; UCM; KIS; Regenexx (No DM/MM)

Specific deductible: \$125,000

Annual / lifetime maximum: unlimited

Cardholder: self/ H87093304081

Renewal Date: 04/01/23

Options on plan policy: PLAN A

Mental/Nervous: GPA

Transplants: Tokio Marine HCC (888) 449-2377

ELAP: YES

Care Management

KIS Imaging: 888-458-8746 or getkisx.com

Nurse Navigator

Regenexx

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Pre Pay with Virtual Card Program
PaydHealth - (877) 869-7772

FMLA letter: Yes completed on 7/14/22 by user KXC (Verified in GBAS)
Stop Loss letter: 7/21/22
Member effective date: 04/01/22
Acuity Level: 1

Patient History: 58 y/o man w/ a hx of DM, HTN, alcohol abuse, and obesity who presented to Mary Lanning memorial hospital on 7/12/22 w/ a constellation of rash, diarrhea, nausea/vomiting, and multiple falls and was found to have sepsis w/ fever, shock, liver, renal failure, shock w/ transient need for pressor, and respiratory failure. His admitting CT PET/CT abdomen/pelvis w/ iv contrast imaging ultimately showed possible partial small bowel obstruction, possible chronic colitis, and cholelithiasis. General surgery Dr. Todorov was involved for this, but ultimately felt no significant bowel pathology and he tolerated diet w/o issue. While inpatient, member developed worsening thrombocytopenia and hematology was involved. member noted to have black stools w/ platelets of 27. 1 unit of platelets transfused for platelets goal of 50. Platelets rechecked and the platelet count 36. The fac had limited platelets. Member was transferred to another facility with platelets available on 7/16/22 to Bryan Hospital. Member remains inpatient approved for dos 7/16-7/22. LCM will follow up on the UM notification

LCM conducted review of clinical information, GBAS Billed Charges, and per review, patient is currently treating with the following providers:
LCM will verify treating providers upon successful patient contact

Description of claims:

#	Clm	Description	Incurred	ICD	ProcTyp	ProcOpt	S			
1	0001	ELEVATION OF LEVELS OF LIVER T	07/11/2022	R7401				I	N	O

Spec utilized:

No specific information provided per GBAS

Notification Required:
Inpatient Admission
Inpatient Hospice
Outpatient Surgery

Contact Requested:
Maternity
Chemo/Rad/Dialysis/Infusion
Transplant Evaluation

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Select Diagnostic (except ultrasound,
echo & sonography)

KIS Imaging

Day Treatment Fac

*No notification required for treatment/
diagnostic imaging ordered by Regenexx

7/21/2022 Initial Action Plan:

- Send all intro letters to claimant and providers.
- Will request and review updates during IP stay to assess for discharge planning needs as appropriate.
- Will call claimant to introduce self as LCM and to explain LCM role, to obtain health status, educational needs, current tx plan following DC from IP FAC
- Attempt to obtain signed medical release from claimant in 2 weeks from IP discharge date
- LCM will review APS within 5 business days to assess treatment plan
- Recheck pharmacy report and assess medications in 3 months
- Send stop loss update today and every 30 days as needed
- Continue to follow for LCM needs for IP discharge needs

7/21/2022 Case opening SLL created, LCM tasked Danielle C./HWS to send SLL

7/21/2022 Care plan updated per new information noted in clinical review. See Care Plan Tree for details

7/21/2022 Assessment comments: N/A-patient status is inpatient at this time

Section: LCM Patient Update

Question: Contact Status

Objective Answer: N/A - patient status is inpatient at this time

Question: Method of Outreach

Objective Answer: Other

Question: Intent of Outreach

Objective Answer: Other

Question: As the RN Case Manager, review the above information. Does this information or recent information present any known barriers to the patient's physical, medical, functional, emotional, financial, psychosocial, behavioral, spiritual, and other

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needs.

Objective Answer: No

Question: Care Plan Status

Objective Answer: Above information does not warrant creation/modification of care plan. LCM to continue collaboration within role as identified

7/27/2022 Pharmacy report request generated no claims for specified time period. Nothing uploaded to case. RN informed.

7/27/2022 Mailed Nurse Intro Letter + Medical Release + Third Party Release + LCM Flyer mailed.

7/28/2022 LCM requested rx report, no claims for specified time period. Nothing uploaded to case. LCM will request rx report at the follow up task

7/29/2022 Assessment comments: LCM called member at 919-920-3900, the call went to VM. LCM lvm with LCM name and contact information and requested member for a callback

Section: Patient Contact

Question: Specific Claimant Outreach Information

Objective Answer: Preferred Phone: (919) 920-3900

Question: Outreach (for initial case opening process only)

Objective Answer: First Outreach

Question: Intent of Outreach

Objective Answer: LCM Introduction

Objective Answer: LCM General Assessment

Objective Answer: LCM Medication Assessment

Objective Answer: LCM Depression Assessment

Objective Answer: Post-discharge call

Question: Contact Status

Objective Answer: Unsuccessful

Question: Have there been any medication changes in the last 5 days or since our last contact?

Objective Answer: Unable to assess

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Question: Have there been any changes to your treatment plan in the last 5 days or since our last contact?

Objective Answer: Unable to assess

Question: Was education provided during communication that was related to reason/diagnosis patient is in CM as well as education that is disease-specific for patient's comorbidities?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response

Objective Answer: N/A - no education provided

Question: Was follow-up for a previous LCM action item/intervention completed during this communication?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response to previous intervention

Objective Answer: N/A - no previous intervention requiring follow-up at this time

Question: LCM planned follow-up for effectiveness of education or intervention?

Objective Answer: N/A – patient contact unsuccessful

Question: Are there any questions or needs that I have not covered during this communication?

Objective Answer: Unable to assess

Question: Are there new barriers/problems identified or LCM interventions from summary of communication?

Objective Answer: No new barriers/problems identified or new interventions warranted at this time

Question: Is patient aware, understanding, and in agreement with RN interventions and care plan?

Objective Answer: N/A – patient contact unsuccessful

Question: As the RN Case Manager, review the above information. Does this

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information or recent information present any known barriers to the patient's physical, medical, functional, emotional, financial, psychosocial, behavioral, spiritual, and other needs.

Objective Answer: No

Question: Care Plan Status

Objective Answer: Above information does not warrant creation/modification of care plan. LCM to continue collaboration within role as identified

8/2/2022 Assessment comments: LCM called member at 919-920-3900, the call went to VM. LCM lvm with LCM name and contact information and requested member for a callback

Section: Patient Contact

Question: Specific Claimant Outreach Information

Objective Answer: Preferred Phone: (919) 920-3900

Question: Outreach (for initial case opening process only)

Objective Answer: Second Outreach

Question: Intent of Outreach

Objective Answer: LCM Introduction

Objective Answer: LCM General Assessment

Objective Answer: LCM Medication Assessment

Objective Answer: Post-discharge call

Question: Contact Status

Objective Answer: Unsuccessful

Question: Have there been any medication changes in the last 5 days or since our last contact?

Objective Answer: Unable to assess

Question: Have there been any changes to your treatment plan in the last 5 days or since our last contact?

Objective Answer: Unable to assess

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Question: Was education provided during communication that was related to reason/diagnosis patient is in CM as well as education that is disease-specific for patient's comorbidities?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response

Objective Answer: N/A - no education provided

Question: Was follow-up for a previous LCM action item/intervention completed during this communication?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response to previous intervention

Objective Answer: N/A - no previous intervention requiring follow-up at this time

Question: LCM planned follow-up for effectiveness of education or intervention?

Objective Answer: N/A – patient contact unsuccessful

Question: Are there any questions or needs that I have not covered during this communication?

Objective Answer: Unable to assess

Question: Are there new barriers/problems identified or LCM interventions from summary of communication?

Objective Answer: No new barriers/problems identified or new interventions warranted at this time

Question: Is patient aware, understanding, and in agreement with RN interventions and care plan?

Objective Answer: N/A – patient contact unsuccessful

Question: As the RN Case Manager, review the above information. Does this information or recent information present any known barriers to the patient's physical, medical, functional, emotional, financial, psychosocial, behavioral, spiritual, and other needs.

Objective Answer: No

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Question: Care Plan Status

Objective Answer: Above information does not warrant creation/modification of care plan. LCM to continue collaboration within role as identified

8/9/2022 Assessment comments: LCM called member at 919-920-3900 and the call went to VM. LCM lvm with lcm name and contact information and requested member for a callback

Section: Patient Contact

Question: Specific Claimant Outreach Information

Objective Answer: Preferred Phone: (919) 920-3900

Question: Outreach (for initial case opening process only)

Objective Answer: Third Outreach

Question: Intent of Outreach

Objective Answer: LCM Introduction

Objective Answer: LCM General Assessment

Objective Answer: LCM Medication Assessment

Objective Answer: LCM Depression Assessment

Objective Answer: Post-discharge call

Question: Contact Status

Objective Answer: Unsuccessful

Question: Have there been any medication changes in the last 5 days or since our last contact?

Objective Answer: Unable to assess

Question: Have there been any changes to your treatment plan in the last 5 days or since our last contact?

Objective Answer: Unable to assess

Question: Was education provided during communication that was related to reason/diagnosis patient is in CM as well as education that is disease-specific for patient's comorbidities?

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Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response

Objective Answer: N/A - no education provided

Question: Was follow-up for a previous LCM action item/intervention completed during this communication?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response to previous intervention

Objective Answer: N/A - no previous intervention requiring follow-up at this time

Question: LCM planned follow-up for effectiveness of education or intervention?

Objective Answer: N/A – patient contact unsuccessful

Question: Are there any questions or needs that I have not covered during this communication?

Objective Answer: Unable to assess

Question: Are there new barriers/problems identified or LCM interventions from summary of communication?

Objective Answer: No new barriers/problems identified or new interventions warranted at this time

Question: Is patient aware, understanding, and in agreement with RN interventions and care plan?

Objective Answer: N/A – patient contact unsuccessful

Question: As the RN Case Manager, review the above information. Does this information or recent information present any known barriers to the patient's physical, medical, functional, emotional, financial, psychosocial, behavioral, spiritual, and other needs.

Objective Answer: No

Question: Care Plan Status

Objective Answer: Above information does not warrant creation/modification of

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care plan. LCM to continue collaboration within role as identified

8/10/2022 LCM tasked Danielle C./HWS to verify network status and request standard APS

LYNETTE D EXUM, MD/Internal Medicine/TIN# 03-0378185/2300 S 16th St, Lincoln, NE 68502/P: (402) 481-4136

8/10/2022 LCM unable to reach the member after third attempt, LCM tasked HWS mailings to send patient follow up letter

8/15/2022 Network verification check - Sw: Anggie

PHCS- OON

TCT- LYNETTE D EXUM, MD/Internal Medicine/TIN# 03-0378185/2300 S 16th St, Lincoln, NE 68502/P: (402) 481-4136 Fx: 402-481-8805

8/15/2022 STANDARD APS- Sw: Anggie

TCT- LYNETTE D EXUM, MD/Internal Medicine/TIN# 03-0378185/2300 S 16th St, Lincoln, NE 68502/P: (402) 481-4136 Fx: 402-481-8805

8/16/2022 LCM noted network status update

8/17/2022 Received APS from Dr.LYNETTE D EXUM, MD/Internal Medicine 8/16 and linked to case.

Diagnosis: Melena, Thrombocytopenia

Anticipated surgery, if applicable: None

Anticipated diagnostics: None

Current medications: Pantoprazole sodium, propylene glycol 0.6%

Current treatment plan: Establish PCP and hematologist

Recent abnormal lab values/testing results: hgb 9.9, platelets 83, WBC 10.9, Ca 7.9, Alk Phos 171, AST 76, ALT 106, T bili, 1.0

Next appointment or date discharged from care: 8/24/2022

Has patient been referred to another provider? Please provide name and number: Dr Soe Min Tun 402-460-5899

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Prognosis: Good

8/17/2022 Mailed Patient Follow Up Letter

8/23/2022 Acuity level Level 2 Reason/Rationale OP Follow up

Diagnoses: Melena, Thrombocytopenia

Prognosis: Good per Dr LYNETTE D EXUM, MD/Internal Medicine 8/16

Current treatment plan: Establish PCP and hematologist

Additional treatment plan: unable to reach member, LCM will request next OV note from Dr LYNETTE D EXUM

Projected future treatment plan: TBD

Completed Treatment: IP Hospitalization 7/17-7/21, IP hospitalization 7/11-7/16

Current treating providers:

LYNETTE D EXUM, MD/Internal Medicine/TIN# 03-0378185/2300 S 16th St, Lincoln, NE 68502/P: (402) 481-4136 Fx: 402-481-8805

Summary of current status: Member presented to Mary Lanning memorial hospital on 7/12/22 w/ a constellation of rash, diarrhea, nausea/vomiting, and multiple falls and was found to have sepsis w/ fever, shock, liver, renal failure, shock w/ transient need for pressor, and respiratory failure. His admitting CT PET/CT abdomen/pelvis w/ iv contrast imaging ultimately showed possible partial small bowel obstruction, possible chronic colitis, and cholelithiasis. General surgery Dr. Todorov was involved for this, but ultimately felt no significant bowel pathology and he tolerated diet w/o issue. While inpatient, member developed worsening thrombocytopenia and hematology was involved. Member received 1 unit of platelets at the hospital and then was transferred to another hospital where additional platelets were available. Currently, LCM pending patient contact. LCM will request next OV note from Dr LYNETTE D EXUM.

History: 58 y/o man w/ a hx of DM, HTN, alcohol abuse, and obesity who presented to Mary Lanning memorial hospital on 7/12/22 w/ a constellation of rash, diarrhea, nausea/vomiting,

Notes Monthly Status Report

7/1/2022 - 3/31/2023

and multiple falls and was found to have sepsis w/ fever, shock, liver, renal failure, shock w/ transient need for pressor, and respiratory failure. His admitting CT PET/CT abdomen/pelvis w/ iv contrast imaging ultimately showed possible partial small bowel obstruction, possible chronic colitis, and cholelithiasis. General surgery Dr. Todorov was involved for this, but ultimately felt no significant bowel pathology and he tolerated diet w/o issue. While inpatient, member developed worsening thrombocytopenia and hematology was involved. member noted to have black stools w/ platelets of 27. 1 unit of platelets transfused for platelets goal of 50. Platelets rechecked and the platelet count 36. The fac had limited platelets. Member was transferred to another facility with platelets available on 7/16/22 to Bryan Hospital

Verified eligibility in GBAS.

Stop Loss carrier: AccuRisk Solutions

Specific Deductible: 125,000

PPO network: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

Pharmacy Vendor: CanaRx, ProAct, Inc., PharmWatch

Transplant Vendor: Tokio Marine HCC (888) 449-2377

The spec utilized is:

Fund	Contract Period	Spec	Paid	Over	Reimb	
188126	07/01/2022-06/30/2023	125000	27201.06	0.00	0.00	

Diagnoses per GBAS claims history:

# Clm	Description	Incurred	ICD	ProcTyp	ProcOpt	S		
1	0001 ELEVATION OF LEVELS OF LIVER T	07/11/2022	R7401	I	N	O		
2	0002 ACUTE KIDNEY FAILURE, UNSPECIF	07/11/2022	N179	I	N	O		
3	0003 SEPSIS, UNSPECIFIED ORGANISM	07/11/2022	A419	I	N	O		
4	0004 GASTROINTESTINAL HEMORRHAGE, U	07/16/2022	K922	I	N	O		
5	0005 THROMBOCYTOPENIA, UNSPECIFIED	07/11/2022	D696	I	N	O		
6	0006 HW FEES	07/01/2022	R6889	I	N	O		

Billed charges reviewed in GBAS - (no or/new) treating providers identified:

8/23/2022 - Send all intro letters to claimant and providers.

Notes Monthly Status Report

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- Will call claimant to introduce self as LCM and to explain LCM role, to obtain health status, educational needs, current tx plan
- Attempt to obtain signed medical release from claimant in 2 weeks
- LCM will review APS within 5 business days to assess treatment plan
- Recheck pharmacy report and assess medications in 3 months
- Send stop loss update today and every 30 days as needed
- Continue to follow for LCM needs for care coordination, treatment planning, education needs

8/23/2022 Care plan updated. No changes needed . See Care Plan Tree for details

8/23/2022 LCM tasked Danielle C./HWS staff to request recent OV note

LYNETTE D EXUM, MD/Internal Medicine/TIN# 03-0378185/2300 S 16th St, Lincoln, NE 68502/P: (402) 481-4136

8/26/2022 Request faxed for OV Notes

LYNETTE D EXUM, MD/Internal Medicine/TIN# 03-0378185/Ph: (402) 481-4136 Fx: 402-481-8805 • Verified (Previously) Per Phone Call, Created & Faxed

9/2/2022 2nd Refax Request faxed for OV Notes

LYNETTE D EXUM, MD/Internal Medicine/TIN# 03-0378185/Ph: (402) 481-4136 Fx: 402-481-8805 • Verified (Previously) Per Phone Call, Created & Faxed

9/6/2022 LCM received a fax clinical from LYNETTE D EXUM, MD/Internal Medicine stating that Dr Exum is a hospitalist and the office does not have records to send, LCM will proceed without an Office note

9/23/2022 Assessment comments: LCM called member at 919-920-3900 and the call went to VM. LCM lvm stating that LCM reviewed case and there are no active notifications on file, left details that case will be close at this time and can b reopened if services are further needed. LCM left direct contact number for member to call with any questions.

Section: Patient Contact

Question: Specific Claimant Outreach Information
Objective Answer: Preferred Phone: (919) 920-3900

Question: Intent of Outreach
Objective Answer: Monthly/Status Update

Question: Contact Status

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Objective Answer: Unsuccessful

Question: Have there been any medication changes in the last 5 days or since our last contact?

Objective Answer: Unable to assess

Question: Have there been any changes to your treatment plan in the last 5 days or since our last contact?

Objective Answer: Unable to assess

Question: Was education provided during communication that was related to reason/diagnosis patient is in CM as well as education that is disease-specific for patient's comorbidities?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response

Objective Answer: N/A - no education provided

Question: Was follow-up for a previous LCM action item/intervention completed during this communication?

Objective Answer: N/A – patient contact unsuccessful

Question: Patient Response to previous intervention

Objective Answer: N/A - no previous intervention requiring follow-up at this time

Question: LCM planned follow-up for effectiveness of education or intervention?

Objective Answer: N/A – patient contact unsuccessful

Question: Are there any questions or needs that I have not covered during this communication?

Objective Answer: Unable to assess

Question: Are there new barriers/problems identified or LCM interventions from summary of communication?

Objective Answer: No new barriers/problems identified or new interventions warranted at this time

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Question: Is patient aware, understanding, and in agreement with RN interventions and care plan?

Objective Answer: N/A – patient contact unsuccessful

Question: As the RN Case Manager, review the above information. Does this information or recent information present any known barriers to the patient's physical, medical, functional, emotional, financial, psychosocial, behavioral, spiritual, and other needs.

Objective Answer: No

Question: Care Plan Status

Objective Answer: Above information does not warrant creation/modification of care plan. LCM to continue collaboration within role as identified

9/26/2022 Reviewed file for closure.

Summary of patient condition and course throughout duration of Case Management services: 58 y/o man w/ a hx of DM, HTN, alcohol abuse, and obesity who presented to Mary Lanning memorial hospital on 7/12/22 w/ a constellation of rash, diarrhea, nausea/vomiting, and multiple falls and was found to have sepsis w/ fever, shock, liver, renal failure, shock w/ transient need for pressor, and respiratory failure. His admitting CT PET/CT abdomen/pelvis w/ iv contrast imaging ultimately showed possible partial small bowel obstruction, possible chronic colitis, and cholelithiasis. General surgery Dr. Todorov was involved for this, but ultimately felt no significant bowel pathology and he tolerated diet w/o issue. While inpatient, member developed worsening thrombocytopenia and hematology was involved. member noted to have black stools w/ platelets of 27. 1 unit of platelets transfused for platelets goal of 50. Platelets rechecked and the platelet count 36. The fac had limited platelets. Member was transferred to another facility with platelets available on 7/16/22 to Bryan Hospital. Member was discharged on 7/21/2022

Reason/Rationale/Criteria Met for Case Closure (based on objective data): LCM reviewed case. Current there are no active notifications pending, APS on file from Dr LYNETTE D EXUM, MD/Internal Medicine 8/16 and the prognosis is good. At this time, LCM will proceed with case closure, LCM cannot reach the member and no services has been identified. Case can reopen at a later time if needed. Case will be referred to DM due to noted hx of HTN and DM

Notes Monthly Status Report

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The member has completed treatment IP Hospitalization 7/17-7/21, IP hospitalization 7/11-7/16

Spec Utilized:

IFund	Contract Period	Spec	Paid	Over	Reimb
!88126	07/01/2022-06/30/2023	125000	30454.38	0.00	0.00

No further goals or interventions identified related to Case Management services. Care Plan updated including status of goals. See care plan tree for details.

File will be closed to LCM at this time. Can be re-opened in the future if warranted.

Reviewed diagnosis history – task sent to Lisa C to review for DM due to noted history of HTN and DM

9/26/2022 Case closure SLL created, LCM tasked Danielle C./HWS to send SLL

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2140180	False	Luisana Rojas	H88012603141	2/9/1976		MERCY HOSPITAL NORTHWEST ARKAN

ICD9 Code 1 - K59.04 CHRONIC IDIOPATHIC CONSTIPATIO	ICD9 Code 2 - R10.9 UNSPECIFIED ABDOMINAL PAIN	ICD9 Code 3 - R14.0 ABDOMINAL DISTENSION (GASEOUS)
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8/2/2022 TCF STACIA P/FAC PH#405-752-3525 FAX#479-338-4162 with ROBERT T WELLS, phone / MERCY HOSPITAL NORTHWEST ARKAN , phone 866 434 4423, requesting notification for procedure:

MNT MED-NEC for 45378 COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFR; 45380 COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE; 45384 COLSC FLX W/REMOVAL LESION BY HOT BX FOR; 45385 COLSC FLX W/RMVL OF TUMOR POLYP LESION S; ; with dx of K59.04 CHRONIC IDIOPATHIC CONSTIPATIO; R10.9 UNSPECIFIED ABDOMINAL PAIN; R14.0 ABDOMINAL DISTENSION (GASEOUS); ; on 8/5/2022 to 8/5/2022.

Patient's ph#

Reviewed "Claimants Notes All", no active LCM.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only

Notes Monthly Status Report

7/1/2022 - 3/31/2023

SPEC: 125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at 800-827-7223".

Instructed caller to complete notification by faxing clinical to intake fax: (469) 619-8435.

Informed if DOS change to notify HW, phone number given. Case pending for date. Contact phone and /or fax read back and confirmed.

Bariatric Surgery/Surgeon: N/A

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer, create follow up task.

8/8/2022 TCT STACIA P/FAC PH#405-752-3525 calling to confirm attendance, pt did have procedure on 8/5/22. Task to request results in 5 days.

8/15/2022 Request for COLONOSCOPY/PATH Results

08/15/2022

Provider: MERCY HOSPITAL NORTHWEST ARKAN/ROBERT T WELLS,MD

ATTN: NURSE/MR DEPT

Fax: 479-338-4162

8/22/2022 #2Request for COLONOSCOPY/PATH Results

08/22/2022

Provider: MERCY HOSPITAL NORTHWEST ARKAN/ROBERT T WELLS,MD

ATTN: NURSE/MR DEPT

Fax: 479-338-4162

8/29/2022 Unable to obtain results. Task sent to Samantha G, RN to notify.

8/29/2022 Final request for results faxed to 479-338-4162

9/6/2022 No results received after multiple attempts

Case closed to UM

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
BR-3548692	False	Diana Castro	H88012603163	5/18/2017		HASTINGS SURGICAL CENTER, LLC

ICD9 Code 1 - K02.9 DENTAL CARIES, UNSPECIFIED	ICD9 Code 2 - F41.8 OTHER SPECIFIED ANXIETY DISORD	ICD9 Code 3 -
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12/20/2022 Retro review received from Carla Summers/claims for dental treatment code 00170 . Case set up and tasked to Benefit Review inbox.

1/3/2023 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review

Per GBAS:

Fund	Contract Period	Spec	Paid	Over	Reimb	!
!88126	07/01/2022-06/30/2023	125000	361.30	0.00	0.00	

Per CIGNA Website is a Network Provider.

Per Faxed Clinical/MDO:

7/6/22

5 yo female with comprehensive oral rehabilitation under general anesthesia due to the extent of the dental treatment needed, her inability to cooperate in a traditional dental setting to maintain the form and function of her oral cavity.

Meets Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) MCG 26th Edition Guidelines for retro OP Anesthesia for complex dental procedures on 7/6/22.

Email to Carla Summers Correspondence team to notify. Email linked to case

Note placed into GBAS: BR -3548692 PRED CASE REVIEWED BY UM DEPARTMENT MEETS HEAD AND NECK SURGERY OR PROCEDURE GRG GRG: SG-HNS (ISC GRG) MCG 26TH EDITION GUIDELINES FOR RETRO OP ANESTHESIA CHARGED FOR COMPLEX DENTAL PROCEDURES CPT 00170 FOR DOS 7/6/22.

Case Closed

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
MX-0330603	False	Kimberly McCalmont, RN	H88012603191	5/11/1976		
ICD9 Code 1 - Z12.10 ENCOUNTER FOR SCREENING FOR MA		ICD9 Code 2 -		ICD9 Code 3 -		

2/2/2023 MX Intake Questionnaire Results

Active Med Mgmt Case: No
Source: Maccess Service Form
Provide MX Request To: Member
Caller Information: Maccess Case 27063464

Caller Phone: (706) 362-7691
Caller Email: SETHBIALAS@GMAIL.COM

Comment: PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK
Elap Type: FAC MAX FULL + PROF PLUS OON

Maccess Case 27063464

If not established, and the provider won't accept the plan, please ask: Would you like us to conduct a search for a list of provider options? YES
What is the Specialty (Type of Doctor) of this provider? GASTROENTEROLOGY
What is the Preferred City & Zip?: 30635
What is the Preferred Mile Radius for Search?: 50 MILES
What is the Gender Preference?: MALES
What is the medical reason for Visit: COLONOSCOPY
Additional WC Requests:
MX Call Reason: RN Assessment
Request Type: Non-Clinical - no current symptoms

Assessed by Nurse (for Assignment) Results

Priority of Request: P2 (within 24 hours)

Notes Monthly Status Report

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Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
2840017	False	Debbie Perrin	H88012603211	2/8/1970		JACKSONVILLE CENTER FOR ENDOSC
ICD9Code1 - Z12.11 ENCOUNTER FOR SCREENING FOR MA		ICD9 Code 2 -		ICD9 Code 3 -		

10/11/2022 Initial screening process/TCF KAWANA S/ PH #904-300-1120 NO X/MDO/FAX #904-296-1222 with SCOTT T COOPER, phone / JACKSONVILLE CENTER FOR ENDOSC, phone , requesting notification for procedure:

OPS OUTPATIENT SURGERY for 45378 COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFR; 45380 COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE; 45384 COLSC FLX W/REMOVAL LESION BY HOT BX FOR; 45385 COLSC FLX W/RMVL OF TUMOR POLYP LESION S; 45390 COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RES; with dx of Z12.11 ENCOUNTER FOR SCREENING FOR MA; ; ; ; ; 45398 45388 on 10/18/2022 to 10/18/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: ELAP Facility Max Full + Professional Plus OON, PHCS Physician Only
 SPEC: \$125,000

Contact #'s confirmed and/or fax number and caller will fax clinical.

Clinical requested to be sent to intake fax: (972) 808-3122, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

11/9/2022 After 15 days, no clinical rcvd, LOI event completed, case denied LOI canceled and closed.

Notes Monthly Status Report

7/1/2022 - 3/31/2023

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
3342420	False	Gabriela Castro	H88012603421	1/8/1968		CENTER ONE SURGERY CENTER
ICD9Code1-M47.812SPONDYLOSISWITHOUTMYELOPATHY		ICD9 Code 2 -		ICD9 Code 3 -		

11/30/2022 Initial screening process/TCF LORENA G./MDO 904 593 5187 DIRECT FAX 904 736 2303 DIRECT with DR JOHN E CAREY phone 904 223 3321 / AT JAX SPINE & PAIN CENTERS phone 904 223 3321, requesting notification for procedure:

OPS OUTPATIENT FACET INJ #1/AT DR'S OFFICE for 64490 NJX DX/THER AGT PVRT FACET JT CRV/THRC 1; 64491 NJX DX/THER AGT PVRT FACET JT CRV/THRC 2; 64492 NJX DX/THER AGT PVRT FACET JT CRV/THRC 3; ; ; with dx of M47.812 SPONDYLOSIS WITHOUT MYELOPATHY; ; ; ; ; on 12/2/2022 to 12/31/2022.

Per summary of benefits and eligibility screen pt does have active coverage and the notification process is required with reference # and disclaimer was given. "This is a review for medical necessity and is not a guarantee of coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need coverage, payment, or benefit information please contact our member services department at 800-827-7223." Reviewed "Claimants Notes All." Advised caller to verify benefits.

PPO: PHCS PRACTITIONER & ANCILLARY ONLY, ELAP YES
SPEC: \$125K

Contact #'s confirmed and/or fax number and caller will fax clinical.
Patient's ph# (904) 910-8495

Clinical requested to be sent to intake fax: (972) 619-2547, advised caller clinical must be rec'd within 24 hrs.

No active LCM.

Bariatric Surgery/Surgeon: No

11/30/2022 CLINICAL linked to case. Task sent to UTILIZATION INBOX

12/1/2022 FAST TRACK assigned to Liz P, RN for OP INJ's 12/2; task/email sent to RN.

12/1/2022 Initial clinical review/Recd case from Intake for UM Non-urgent Prospective Review

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7/1/2022 - 3/31/2023

Per GBAS:

PPO: PHCS PRACTITIONER & ANCILLARY ONLY NETWORK (877) 952-7427

reduced benefits apply non-ppo Yes (Physician only) No X

**** ELAP COST PLUS PROGRAM/ NO IP PPO NETWORK/ HAVE OUT-PT PPO NETWORK ONLY****

DS: NO SPECIFIC INFORMATION FOUND

Per PHCS Website John Carey is NOT a Network Provider. Per GBAS combined with level 1

Per Faxed Clinical/MDO: 11/29/2022

HPI: Ms. Schindler presents with complaints of neck pain. She presents today for a follow up and medication management. She reports that her pain is a 6/10 today. Her neck pain has been present since 2011 after a fall. Her pain has been greatly increased since MVA on 10/15/21. She denies any radiating pain stemming from the neck. States her pain is mainly within the neck itself on the right side and around her right shoulder blade and trapezius. She describes the pain as an intermittent dull ache. She does report having headaches every day along with the pain and endorses this has become more severe since MVA. Her pain is made worse by rotation, flexion, and extension. The pain is alleviated with ice, heat, PT, and medications. She does admit to decreased ROM. She has been doing PT on her right wrist and neck 3x/week since 10/18/21 and is finding helpful. She is doing traction, ice, heat, and TENS with PT with mild relief temporarily. She has also been seeing a chiropractor, and they are using an activator for adjustments which is temporarily helpful. Patient denies any associated weakness, numbness, tingling, bladder incontinence, or bowel incontinence. She continues and has failed conservative medical management including PT (2-3x/week for 6 weeks), application of ice/heat, and oral analgesics within the last 6 months.

Exam: TENDERNESS: TTP over paraspinal muscles, over trapezius, right side only.

RANGE OF MOTION: limited rotation; limited extension with pain, facet loading positive.

Dx: Cervical spondylosis

Plan: Right C3-4, C4-5, C5-6 MBB

Previous treatment plan: 9/20/2022

-Patient presents for follow-up of neck pain with associated medication Management.

-Patient reports worsening neck pain which is causing significant increase in difficulty with ADLs. She states that she will not have insurance during the month of October and is concerned about being out of medication until she is able to come back in November. At

Notes Monthly Status Report

7/1/2022 - 3/31/2023

that time, she should be able to start interventions for her neck pain.

- Discussed sending a Medrol Dosepak to help with increased cervical spine pain and patient agrees.
- We will also increase hydrocodone to 10 mg and provide a 30-day prescription 1 time. We will decrease back to 7.5 mg next visit.
- UDT and Eforcse reviewed and appropriate. We will obtain UDT next visit.
- Follow-up in 6 weeks for neck and low back pain with med management

11/1/2022

- Patient presents for follow-up of neck pain with associated medication management.
- Patient had a change of insurance, but it was not verified prior to her appointment. Will hopefully order her cervical MBBs at next visit in order to treat her mechanical neck pain.
- Due to insurance issues, will wait on obtaining UDT until next visit.
- Previous UDT and eforcse reviewed and appropriate
- Refill Hydrocodone-APAP with decrease back to 7.5-325 mg
- Follow-up 4 weeks neck and medication management

Meets Facet Joint Injection ACG: A-0695 (AC) MCG 26th Edition Guidelines for outpatient Right C3-4, C4-5, C5-6 MBB on 12/1/2022. Faxed Lorena/MDO/904-736-2303 with approval, reference # given with disclaimer : This is a review for medical necessity only and is not a guarantee of eligibility, coverage, payment, or benefits. The claim coverage is determined at the time the claim is received. Should you need benefit information, please contact our member services department at 800-827-7223. Confirmed she will notify pt and fac of notification # with medical necessity approval. Notified that we are date-specific and provided my name/direct number.

Accident notification sent to Delia H

No pulse referral indicated as DOS is less than 3 business days

Case pending procedure date, tasked Tina S to verify and close

12/7/2022 called Dr. Joh E Carey 904-223-3321 and spoke with Ellen and she confirmed that patient is not scheduled

12/12/2022 TCT: Dr. Carey 904-223-3321 s/ w Wanette and confirmed patient's appt is 12/23/22.

Wanette was unsure if this appt is for an injection. Task created to followup. CTD updated

1/3/2023 TCT: Dr. Carey 904-223-3321 to verify if injection was completed on 12/23/22. S/w April and

Notes Monthly Status Report

7/1/2022 - 3/31/2023

I was advised that MBB has not been completed and it has not been scheduled at this time.
Task sent to Liz P to notify.

1/3/2023 Case closed due to member not being scheduled for procedure

1/18/2023 Rec'd email from Lorena Granda/MDO with updated DOS to 2/6/2023. CTD updated and faxed auth to 904-736-2303

Case pending procedure date, tasked Cristina S to verify and close

2/13/2023 Call to LORENA G./MDO 904 593 5187 DIRECT FAX 904 736 2303 unable to make contact- unable to leave VM...cs

2/13/2023 Confirm YES/NO Patient Did Show 02/06/3

02/13/2023

Provider: JOHN E CAREY, MD
ATTN: NURSE/LORENA
Fax: 904-736-2303

2/15/2023 Call to LORENA G./MDO 904 593 5187 DIRECT FAX 904 736 2303 DIRECT confirmed pt cxd & not re-scheduled at the time- case voided until further notice from MDO...cs

3/9/2023 Rec'd VM from Lorena/MDO/904-593-5187 requesting to changes DOS and facility

RCT Lorena who said new DOS is 4/4/2023 and facility is Center One in Jacksonville FL.
CTD updated and new auth faxed to 904-736-2303

Case pending procedure date, tasked Cristina S to verify and close

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0735645	False	Dulce Sanchez	H88012603521	8/21/1991		
ICD9 Code 1 -		ICD9 Code 2 -		ICD9 Code 3 -		
3/14/2023	TCF Kendra V X 5417 with Care Navigator calling to check and see if auth is on file for Surgery and CT scan. I advised auth would be required and there is nothing on file.					

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7/1/2022 - 3/31/2023

Case Number	Confidential Flag	Case Mgr	Patient	DOB	Specialist	Service Provider
0797028	False	Gabriela Castro	H88012603541	8/17/1995		SOUTHEAST ORTHOPEDIC SPECIAL
ICD9 Code 1 - M54.12 RADICULOPATHY, CERVICAL REGION		ICD9 Code 2 -		ICD9 Code 3 -		

3/20/2023 TCF LYLA A./MDO 904 394 1307 DIRECT FAX 904 854 8046 with DR SINA KASRAEIAN phone 904 634 0640 / AT SOUTHEAST ORTHOPEDIC SPECIAL phone 904 634 0640, requesting notification for procedure:

MNT MED-NEC/MRI AT DR'S OFFICE for 72141 MRI SPINAL CANAL CERVICAL W/O CONTRAST M; ; ; ; with dx of M54.12 RADICULOPATHY, CERVICAL REGION; ; ; ; ; on 3/23/2023 to 3/23/2023.

Patient's ph# (904) 614-4208

Reviewed "Claimants Notes All", no active LCM.
 PPO: PHCS PRACTITIONER & ANCILLARY ONLY, ELAP YES
 SPEC: \$125K

Per the eligibility screen the patient has coverage. Per the summary of benefits the notification process is necessary with disclaimer given. "This is a notification and is not a guarantee of eligibility, coverage, payment or benefits. The claim coverage is determined at the time the claim is received. Should you need this information, please contact our member services department at the number on the back of the member's card".

Informed if DOS change to notify UM

Bariatric Surgery/Surgeon: No

Procedure meets GPA HW MIS OP Workflow for requested procedure, gave reference approval number with disclaimer. MIS APPROVED. CLOSE CASE.