Primary Care Quality Measures for Medicaid Home Health Beneficiaries

Patient Name _____ Date of Review_____
Medicaid ID Number _____
Date of Birth _____ MD Name _____

Diagnosis Codes ICD10s **E10.10-E13.9 or code Z79.4**

Measure 1	Hemoglobin A1C - most recent value in last 12 months Date obtained_____ Result_____ A1C not performed_____
Measure 2	HDL – Cholesterol - most recent value in last 12 months Date obtained_____ Result_____ LDL – Cholesterol - most recent value in last 12 months Date obtained_____ Result_____ Triglycerides - most recent values in last 12 months Date obtained_____ Result_____ Lipids not obtained_____
Measure 3	Blood Pressure - most recent value in last 12 months Date measured_____ Result_____ Systolic BP range_____ Diastolic BP range_____ BP not performed_____

Health Care Utilization

Frequency of MD visits _____

Date of last MD visit _____

Emergent care this cert period - Yes____ No_____ Date of service_____

Chief complaint _____

Recent hospital admission for DM - Yes_____ No_____ Date of service_____

Eye exam, date of last examination _____

Foot exam, date of last examination _____

Last flu vaccine _____ Last pneumococcal vaccine _____

Height _____ Weight _____ Desired weight_____

Change in treatment regimen - Yes_____ No _____

RECOMMENDED TESTS	TARGET LEVELS	FREQUENCY
Hemoglobin A1C	Less than 7%	Every 3 to 6 months
Blood pressure	Less than 130/80	Every visit
Lipids: HDL (good cholesterol) LDL (bad cholesterol) Triglycerides	 Over 40 (men); Over 50 (women) Less than 100 (less than 70 if you have heart disease) Less than 150	 At least every year
Eye exam		Every year
Foot exam (visual)		Every visit to your healthcare provider
Foot exam (with sensory testing)		Every year

Nurse Signature _____ Date _____

MD Signature _____ Date _____