

# Revised Care Gap Worksheet

## Important Clinical Information

Print this document and place it at the front of the member's medical record for review by a health care professional

### Care Gap Worksheet

**Member:**

**Name:** Jane Doe  
**ID #:** 543322123  
**Age/DOB:** 45 9/2/66  
**SSN (Last 4):** 4529  
**Phone:** 843 215 1122

**PCP Assigned:**

**Name:** DR Joe Smith  
**Address:** 123 Anywhere St  
 Charleston, SC 29401  
**Phone:** 843 554 4435

**\*\*Claims Processed Through End of Month May 2012\*\***

**Alert Service(s) -Due Soon/Over Due/Missing- Response Required**

These three statuses require a response. Complete and return this

Condition	Service Due	Last Service	Last Value	Status	Frequency	Date Done	Result	Date Referred
Critical Quality Incentive	Diabetes-LDL	5/10/10	122	Overdue	At least once a year			

**At Risk /Risk Service(s) – Informational Only**

These services require your attention but there is no need to return the worksheet.

Remember to fill these in!

Condition	Service Due	Status	Frequency
Preventive Health Screens	Annual Dental Visit 2-21 years	Risk	At least once a year

**Up-to-Date Service(s) – Informational Only**

No need to return the worksheet

Condition	Service Due	Status	Frequency
Preventive Health Screens	Cervical Cancer Screen	Up To Date	At least once every 3 years

Would you like help outreaching to this member?

Let our staff know what specific type of outreach help we can provide for this

Yes, please help with the following: \_\_\_\_\_

**Fax completed sheets.**

To update the member data, complete the columns in the "response required" section above. Sign below and fax a copy of the updated worksheet to 866-550-4220

Physician Signature

**Remember to sign and date**

Date

\*\*Data source: The data in the Care Gap Worksheet is derived from claims information submitted to and processed by the Health Plan. The information may lag behind the actual delivery of services depending on when the claim was submitted and processed.