

### Remote Patient Monitoring Evaluation for Enrollment

SECTION A			
<b>Patient Name:</b>		<b>Date of Birth:</b>	
<b>Source of Recommendation:</b>	Primary Care Provider <input type="checkbox"/>	IDT/UR-UM <input type="checkbox"/>	TCM/CM/CCM <input type="checkbox"/>
	Specialty Care Provider <input type="checkbox"/>	Risk Stratification <input type="checkbox"/>	Post-Acute Coordinator <input type="checkbox"/>
<b>Payor:</b>		<b>Member ID:</b>	
<b>Admit Date:</b>		<b>Inpatient Facility:</b>	
<b>Anticipated Discharge Date:</b>		<b>Planned Discharge Location:</b>	
<b>Reason for recommendation (who is it for; what is it for; and what change is desired):</b>			

<b>Diagnosis:</b>	CHF <input type="checkbox"/>	COPD <input type="checkbox"/>	<b>Risk Score (RAF):</b>
<b>Primary Care Provider:</b>			
<b>Cardiologist:</b>	<b>Pulmonologist:</b>		

*Please review the following for potentially disqualifying criteria – if the answer is yes to any of the following please review to ensure goals for improving self-management of chronic disease process applies and explain in consideration box.*

SECTION B			
Potential Disqualifying Criteria from Program			
YES	NO	Problem List	If yes, please clarify for consideration
		Cognitive impairment affecting ability to participate in monitoring.	
		Cognitive impairment affecting ability to participate in self-management.	
		Cognitive impairment affecting ability to understand medication management.	
		Physical limitation to participate in monitoring to meet aim of equipment utilization.	
		Resides in a residential care facility to include: LTC	
		End stage disease process: <ul style="list-style-type: none"> <li>• Hospice services</li> <li>• Palliative focused care</li> <li>• DNR – no hospitalizations</li> </ul>	
		End stage disease process with need for Advance Care Planning discussions.	
		Renal Disease – Stage IV – End Stage / Dialysis <i>*Requires review with Medical Director for intervention review</i>	

*Recommendations for RPM will be reviewed for qualification of Complex Care Management services prior to enrollment by the Nurse Care Manager.*

SECTION C			
Enrollment Steps Completed	YES	NO	Comments if proceeding
Meets criteria for complex care management			
Ability to engage in client-management education			
Desire to engage in client-management education			
Goal of participation the client stated			
Primary care provider informed			
Care Plan established and provided to PCP and client			

Remote Patient Monitoring Implemented	
YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, reason:
<b>Nurse Care Manager:</b>	<b>Date:</b>