Member Care Gap Report



Report Date:	February 01, 2024	Enrolled in Months:	38	Demographic MRA:	0.452
PCP Name:	PCPNAME	Member Name:	MEMBER N	NAME(M000700461A0	1)
PCP ID:	956053124	Member ID:	M00070046	61A01 MBI :	C5F6FE17C5E
Payor Name:	Zeus Health Plans	Gender:	Μ	DOB:	February 01, 1954
Group Name:	Coordinated Senior Care(ZH_001)	RAF Type:	Community	Non-Dual (CN)	
Center Name:	ZH Medical Center(ZH_79909)	Active:	Active with	Full History (AH)	
Contract ID:	H9999 (4.0 stars)	State:	FL	County:	BROWARD

SUSPECTED HCC CODES

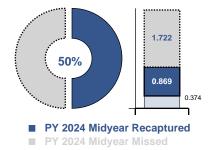
The following suspected HCC codes are collected regarding the member's previous claims/encounters. Please closely examine them and indicate the presence/absence of the listed conditions. If the condition exists currently, please document and code the condition that affected evaluation and treatment choices.

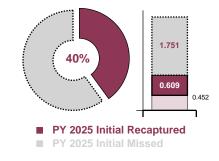
Blue: Captured in MOR and Not-Captured in either MAO-004 or RAPS for PY 2021, or Captured in MOR and Not-Captured in MAO-004 for PY

Payment Timeline	HCC Code	Chronic	Source	HCC Description	RAF	DX Codes	Observed
2023-F	47	Y	MOR	Disorders of Immunity	0.665	D8989	()Yes ()No
2023-F	55	Y	MOR	Substance Use Disorder, Moderate/Severe, or Substance Use with Complications	0.329	F1120	()Yes ()No
2023-F	161	Y	MOR	Chronic Ulcer of Skin, Except Pressure	0.515	-	()Yes ()No
2023-F	176	N	MOR	Complications of Specified Implanted Device or Graft	0.582	-	()Yes ()No
2024-M	47	Y	MOR	Disorders of Immunity	0.665	D8989	()Yes ()No
2024-M	55	Y	MOR	Substance Use Disorder, Moderate/Severe, or Substance Use with Complications	0.329	F1120	()Yes ()No
2024-M	161	Y	MOR	Chronic Ulcer of Skin, Except Pressure	0.515	-	()Yes ()No
2024-M	176	N	MOR	Complications of Specified Implanted Device or Graft	0.582	-	()Yes ()No
2025-I	47	Y	MOR	Disorders of Immunity	0.665	D8989	()Yes ()No
2025-I	55	Y	MOR	Substance Use Disorder, Moderate/Severe, or Substance Use with Complications	0.329	F1120	()Yes ()No
2025-I	161	Y	MOR	Chronic Ulcer of Skin, Except Pressure	0.515	-	() Yes () No
2025-I	176	N	MOR	Complications of Specified Implanted Device or Graft	0.582	-	()Yes ()No

2023 Final 2024 Initial 2024 Midyear 2025 Initial

50% 0.884 0.380 PY 2023 Final Recaptured PY 2023 Final Missed





Print Name of Completing This Form

Signature

Date