



Provider Portal

Community Care of North Carolina

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Patient List

Patient Profile

Report Site

Medication

CCNC Info and Patient Mgmt Tools

If you are in need of assistance, please contact your Network Account Manager (NAM). [Click here for network lists and NAM information](#)

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Password

[Click here for terms and conditions](#)

I accept the terms and conditions

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Provider Portal

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If you are in need of assist

Terms and Conditions

I certify that I am an authorized user of the Provider Portal and have been granted access to the Provider Portal for purposes of providing patient care, or conducting quality assessment and improvement activities, including case management or care coordination, in connection with programs sponsored by a North Carolina Community Care Network or the North Carolina Department of Health and Human Services.

I certify that any patient for whom I am requesting information is a current or prospective patient of mine or my employer, or that I am providing patient care or conducting quality assessment or improvement activities that may include case management or care coordination, in connection with one or more health care quality initiative programs sponsored by Community Care of North Carolina or the North Carolina Department of Health and Human Services. I understand that inappropriate access to or disclosure of this information is a violation of state and/or federal law and may result in disciplinary action by my licensing board and/or revocation of Provider Portal access privileges.

Disclaimer: Information obtained from the Provider Portal may contain errors or omissions. Additional independent verification of the content and/or accuracy of the information may be prudent or necessary.

Close



Welcome: test capcp

Provider Portal

Community Care of North Carolina

Patient Search:

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Medicaid ID Clear All
 Last Name Birth Date
 Last Name First Name Birth Year

Search

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1 Practice

<input type="checkbox"/>	Practice	Street Address	City	State	Zip	County	Phone	Fax
<input type="checkbox"/>	Burke Primary Care	103 MEDICAL HEIGHTS DRIVE	MORGANTON	NC	28655-5197	BURKE	(828) 437-4211	(828) 437-0629

View Patients



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Patient Search:

<input checked="" type="radio"/> Medicaid ID	<input type="text"/>				Clear All
<input type="radio"/> Last Name	<input type="text" value="Exact"/>	Birth Date	<input type="text" value="mm/dd/yyyy"/>		
<input type="radio"/> Last Name	<input type="text" value="Partial"/>	First Name	<input type="text" value="Partial"/>	Birth Year	<input type="text" value="yyyy"/>
<input type="button" value="Search"/>					

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- [Patient Care Team Summary](#)
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- [Medication History](#)
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Patient:	Medicaid ID:	Gender: Female	Birth Date:	Age:
Address:		County: GUILFORD	Phone 1:	Phone 2:
Months Medicaid-Eligible: 12	Medicaid: Yes	Medicare: No	Other Insurance: No	Program Code: SADC

Carolina Access PCP: Alamance Family Practice	Phone: (336) 449-4030	Fax:
Carolina Access PCP Address: 812 W HAGGARD AVENUE, ELON, NC 27244-9134	PCP County: ALAMANCE	

Information displayed is obtained from claims processed by Medicaid. Services paid out-of-pocket or by 3rd parties, including Medicare, may not appear. Recent services may not appear, if claims have not yet been processed. Services related to substance abuse treatment by a substance abuse treatment program will not appear. Claims data may contain errors and omissions. Information may be used only for patient care, care coordination, and quality improvement purposes.

Care Coordination

[Print this Page](#)

Resources:

CCNC Network: AccessCare			
Care Manager: Monika Romero	Care Management Status: Deferred	Phone: 919-843-4423	Fax: 919-843-6544
Network Pharmacist:		Phone:	Fax:
Mental Health Local Management Entity (LME): Guilford LME		Phone: 1-800-853-5163	
Health Check Coordinator:		Phone:	



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Most Recent Service Providers:

Type	Name	Phone	Date Last Billed
Pharmacy	KERR HEALTH CARE SERVICES LLC	919-534-1385	7/7/2010
Home Health	CARESOUTH HHA HOLDINGS OF	910-274-6937	5/17/2010
Enhanced Mental Health Services	G AND D RESIDENTIAL SVCS LLC	336-254-6770	3/19/2010
Mental Health Services	EPILEPSY INSTITUTE OF NC	336-659-8205	1/20/2010

Most Recent Office Visit Providers:

Billing Provider	Billing Provider Phone	Attending Provider	Attending Provider Specialty	Date Last Billed
ACT MEDICAL GROUP PA	910-791-6767	BEITTEL,TIMOTHY,M	GENERAL/FAMILY PRACTICE	6/8/2010
ACT MEDICAL GROUP PA	910-791-6767	BOYLE,JOSEPH,H	PSYCHIATRY	5/26/2010
WOMENS HOSPITAL OF GREENSBORO OB	336-832-6873	COHEN,MICHAEL,I	GENERAL/FAMILY PRACTICE	5/5/2010
MOSES H CONE MEMORIAL HOSPI	336-884-3888	KHAN,KALSOOM,K	HEMATOLOGY	12/1/2009
GUILFORD CO DEPT PUBLIC HEALTH	336-641-7777	DIV OF HEALTH SERVICES	HEALTH DEPARTMENT/DEVELOPMENTAL EVALUATION CENTER (DEC)	11/19/2009
BREWINGTON JR,THOMAS,E	910-272-5628	BREWINGTON JR,THOMAS,E	OPHTHALMOLOGY	8/31/2009
COUNTY OF GUILFORD	336-641-4981	GRENINGER,LINDA,	MENTAL HEALTH NURSE PRACTITIONER	8/24/2009
EPILEPSY INSTITUTE OF NC	336-659-8205	DEAN,C,JOAN	NEUROLOGY	8/17/2009
ACT MEDICAL GROUP PA	910-791-6767	SOUFFRONT,WILFREDO,	INTERNAL MEDICINE	6/26/2009



Welcome: Annette Dubard

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Patient: Medicaid ID: Birth Date: CA PCP: **Charles Drew CHC**

Medications listed reflect filled prescriptions paid by Medicaid. Recent fills may not appear, if claim has not yet been processed. Prescriptions paid out-of-pocket or under a Medicare Part D plan do not appear. If patient is dually eligible for Medicaid and Medicare, medication history is likely incomplete. The prescriber(s) listed below may occasionally be misstated due to pharmacy imputation errors when interpreting a prescriber's signature. In many cases the prescriber is unknown.

Medication Regimen - 25 prescriptions

[Medication Regimen Report](#) | [Pocket Medication List Report](#)

Fill Date	Drug Description	Qty	Days	Paid	Gap In Therapy	Adherence Index	Prescriber	Pharmacy	Source
7/5/2010	LANTUS 100 UNITS/ML VIAL	10	30	\$100.35			Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
7/5/2010	HUMULIN R 100 UNITS/ML VIAL	10	30	\$48.40			Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
7/5/2010	METFORMIN HCL 1,000 MG TABLET	60	30	\$5.92		0.93	Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
7/5/2010	METOPROLOL 100 MG TABLET	60	30	\$5.55		0.62	Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
6/17/2010	LEVAQUIN 500 MG TABLET	10	10	\$159.22			Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
6/9/2010	AGGRENOX CAPSULE SA	60	30	\$174.83		0.50	Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
5/28/2010	OMEPRAZOLE 20 MG CAPSULE DR	60	30	\$30.91	11	0.63	Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
5/28/2010	ACETAMINOPHEN/COD #3 TABLET	60	30	\$8.74			Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
5/17/2010	LISINAPRIL 40 MG TABLET	60	30	\$10.64	22	0.98	Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
5/7/2010	PROPOXY-N/APAP 100-650 TAB	20	5	\$4.22			Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
5/7/2010	COLCHICINE 0.6 MG TABLET	30	10	\$5.49			Prescriber Unknown	GLEN RAVEN PHARMACY INC	Claims
5/4/2010	ALPRAZOLAM 0.5 MG TABLET	120	30	\$8.93			HANSEN SU	GLEN RAVEN PHARMACY INC	Claims
5/4/2010	FLUTICASONE 50 MCG NASAL SPR	16	25	\$13.16				GLEN RAVEN PHARMACY INC	Claims
5/4/2010	AMLODIPINE BESYLATE 5 MG TAB	30	30	\$4.15	35*	0.96	LINDA M MILES	GLEN RAVEN PHARMACY INC	Claims
5/4/2010	SINGULAIR 10 MG TABLET	30	30	\$126.10	35*	1.05		GLEN RAVEN PHARMACY INC	Claims



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1	Drug: KLOR-CON M20 TABLET Common use: Potassium Prescriber: MEINDERT A NIEMEYER Directions:
2	Drug: OMEPRAZOLE DR 20 MG CAPSULE Common use: Stomach Prescriber: MARY A NOOE Directions:
3	Drug: LISINAPRIL 30 MG TABLET Common use: Heart Prescriber: MARY A NOOE Directions:
4	Drug: PHENYTOIN SOD EXT 100 MG CAP Common use: Seizures Prescriber: MARY A NOOE Directions:
5	Drug: METFORMIN HCL 1,000 MG TABLET Common use: High Blood Sugar Prescriber: MARY A NOOE

11	Drug: VESICARE 5 MG TABLET Common use: Urinary Frequency Prescriber: MEINDERT A NIEMEYER Directions:
12	Drug: SERTRALINE HCL 50 MG TABLET Common use: Mood Prescriber: CAPE FEAR MEDICAL Directions:
13	Drug: ZOLPIDEM TARTRATE 5 MG TABLET Common use: Sleep Prescriber: CAPE FEAR MEDICAL Directions:
14	Drug: TRIAMCINOLONE 0.5% CREAM Common use: Steroid Prescriber: MARY A NOOE Directions:
15	Drug: VENTOLIN HFA 90 MCG INHALER Common use: Breathing Prescriber: MEINDERT A NIEMEYER

Pocket Medication List



Community Care of North Carolina
AccessCare

Please carry this card with you at all times

08/05/2010

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North Carolina Community Care Networks Informatics Center Report Site (Alpha)

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Burke Primary Care 890112T

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|--|---|

Claims-derived Quality Measures, updated quarterly

North Carolina Community Care Networks Informatics Center Report Site (Beta)
 Home > Practice Standard Reports > [Redacted] >
QMAF Claims Practice Report

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New Subscription

Year Ending Dec 2009

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 **Community Care of North Carolina**
 Quality Measurement and Feedback Initiative
 Claims-Derived Measures, Year Ending Dec 2009 vs. Dec 2008
 Disease Management and Cancer Screening

Asthma	YEAR ENDING	ASTHMA PATIENT COUNT	MEMBER MONTHS	IP ASTHMA VISITS	ED ASTHMA VISITS	BETA AGONIST OVERUSE DENOM	IP ASTHMA PER 1000 MM	ED ASTHMA PER 1000 MM	BETA AGONIST OVERUSE PERCENT
[Redacted]	Dec 2008	27	310	0	2	26	0.0	6.5	0.0% *
[Redacted]	Dec 2009	29	346	0	2	29	0.0	5.8	0.0% *
BURKE COUNTY	Dec 2008	206	2,402	0	14	202	0.0	5.8	0.5%
BURKE COUNTY	Dec 2009	219	2,574	1	23	216	0.4	8.9	0.5%
ACCESSCARE	Dec 2008	5,143	60,092	56	450	5,029	0.9	7.5	1.2%
ACCESSCARE	Dec 2009	5,274	61,616	73	526	5,161	1.2	8.5	1.1%
ALL NETWORKS	Dec 2008	17,725	205,689	286	2,175	17,384	1.4	10.6	1.3%
ALL NETWORKS	Dec 2009	20,476	237,969	347	2,556	20,074	1.5	10.7	1.3%

Diabetes	YEAR ENDING	A1C TESTING DENOM	EYE EXAM DENOM	CHOLESTEROL SCREENING DENOM	NEPHROPATHY SCREENING DENOM	A1C %	EYE EXAM %	CHOLESTEROL SCREENING %	NEPHROPATHY SCREENING %
[Redacted]	Dec 2008	22	22	22	22	82% *	41% *	50% *	73% *
[Redacted]	Dec 2009	25	25	24	25	92% *	40% *	62% *	80% *
BURKE COUNTY	Dec 2008	101	100	93	100	87%	47%	52%	72%
BURKE COUNTY	Dec 2009	120	118	108	118	83%	41%	68%	74%
ACCESSCARE	Dec 2008	2,294	2,271	2,132	2,271	88%	52%	72%	81%
ACCESSCARE	Dec 2009	2,295	2,269	2,128	2,269	87%	53%	73%	81%
ALL NETWORKS	Dec 2008	11,530	11,415	10,887	11,418	86%	52%	73%	83%
ALL NETWORKS	Dec 2009	12,492	12,382	11,745	12,366	86%	54%	75%	83%

Heart Failure	YEAR ENDING	HEART FAILURE PATIENT COUNT	MEMBER MONTHS	IP CHF VISITS	IP CHF 30 DAY RE-ADMITS	LVF ASSESSMENT DENOM	IP CHF RATE PER 1000 MM	IP CHF 30 DAY RE-ADMISSION PERCENT	LVF ASSESSMENT PERCENT
[Redacted]	Dec 2008	2	23	0	0	2	0.0*		100.0% *
[Redacted]	Dec 2009	4	48	0	0	4	0.0		100.0% *
BURKE COUNTY	Dec 2008	12	142	0	0	12	0.0		100.0% *
BURKE COUNTY	Dec 2009	14	161	1	0	14	6.2	0.0% *	100.0% *

Annual Chart Review, Practice Report with Benchmarks



COMMUNITY CARE OF NORTH CAROLINA

Quality Measurement and Feedback Initiative
Final 2009 Chart Review Results with Benchmarks

PRACTICE

NETWORK Northwest Community Care

See Practice and County Reports for methodological details and counts of chart reviewed.

Rates based on small numbers are unstable and should be interpreted with caution.

* indicates <30 people in the denominator

External Benchmarks provided for reference, as available. Minor methodological differences across organizations preclude direct comparison of results.

2008 HEDIS Mean and 90th Percentile for Medicaid Managed Care Organizations <http://www.ncqa.org/tabid/59/Default.aspx>

NCQA Physician Recognition Program Goals <http://www.ncqa.org/tabid/74/Default.aspx>

Improving Performance in Practice Goals (IPIP is a part of NCHQA) <http://www.nchqa.org>

DIABETES

Practice / Network / CCNC	A1C Control < 7.0	A1C Control > 9.0	BP Control < 130/80	BP Control > 140/90	LDL Cholesterol Control < 100	LDL Cholesterol Control > 130	Foot exam
PRACTICE	25.6 %	39.5 %	26.0 %	52.6 %	26.9 %	51.9 %	94.9 %
NETWORK	37.7 %	28.0 %	40.5 %	28.7 %	44.8 %	38.5 %	86.3 %
CCNC	42.3 %	29.4 %	34.7 %	29.3 %	45.7 %	38.5 %	71.2 %
HEDIS Mean	31.6%	47.7%	29.6%		31.4%		
HEDIS 90th Percentile	42.5%	32.4%	41.2%		42.6%		
NCQA DPRP Goal	≥40%	≤15%	≥25%	≤35%	≥36%	≤37%	≥80%
IPIP Goal	>75%	<5%	>70%	≤10%	>70%	≤10%	>90%

ASTHMA

Practice / Network / CCNC	Continued care visit with assessment of symptoms	Assessment of triggers	Action plan
PRACTICE	87.1 %	53.2 %	35.5 %
NETWORK	81.8 %	51.2 %	32.0 %
CCNC	68.9 %	46.9 %	29.2 %
IPIP Goal	>90%		>90%

PREVENTION AND MANAGEMENT OF CARDIOVASCULAR DISEASES

Practice / Network / CCNC	BP Control < 140/90	Aspirin use	Lipid testing	LDL control < 100	Smoking status and cessation advice
PRACTICE	47.2 %	67.3 %	70.9 %	35.4 %	92.0 %
NETWORK	65.5 %	71.9 %	79.6 %	45.6 %	88.1 %
CCNC	60.7 %	67.2 %	76.4 %	43.7 %	80.2 %
HEDIS Mean	53.4%		76.3%	38.3%	
HEDIS 90th Percentile	65.0%		86.3%	52.9%	
NCQA HSRP Goal	≥75%	≥80%	≥80%	≥50%	≥80%

HEART FAILURE

Practice / Network / CCNC	LVEF documented in PCP chart	ACE/ARB use	Beta Blocker use
PRACTICE	100.0% *	80.0% *	100.0% *
NETWORK	82.7 %	91.7% *	91.7% *
CCNC	81.9 %	87.6 %	90.4 %

Chart Review: Patient Result One-Pager

		Community Care of North Carolina Vista Family Health Chart Review Analysis - Patient Snapshot 2010	
Patient Name:	<input type="text"/>	Practice:	89014T0
Birth Date:	<input type="text"/>	Practice:	Vista Family Health
Medicaid ID:	<input type="text"/>	Practice County:	Buncombe
Gender:	M	Height date:	4/23/2008
Age at time of Last Office Visit:	66	Height value:	5'10"
Office Visit Date:	01/29/2009	Weight date:	1/29/2009
Chart Review Date:	04/08/2009	Weight value(lb):	176

Smoking status documented:	<input checked="" type="checkbox"/>	Asthma:	<input type="checkbox"/>
Current smoker?:	<input checked="" type="checkbox"/>	Diabetes:	<input checked="" type="checkbox"/>
Cessation recommended?:	<input checked="" type="checkbox"/>	Ischemic Vascular Disease:	<input checked="" type="checkbox"/>
Date of recommendation of smoking cessation:	01/19/2009	Hypertension:	<input checked="" type="checkbox"/>
		Heart Failure:	<input type="checkbox"/>

A1C documented?:	<input checked="" type="checkbox"/>	Asthma continued care visit:	<input type="text"/>
A1C date:	01/29/2009	Asthma continued care visit date:	<input type="text"/>
A1C value:	5.90	Asthma trigger assessment:	<input type="text"/>
		Asthma trigger assessment date:	<input type="text"/>
		Asthma action plan:	<input type="text"/>
		Asthma action plan date:	<input type="text"/>

BP documented?:	<input checked="" type="checkbox"/>	Lipid Profile Documented?:	<input checked="" type="checkbox"/>
BP date:	01/29/2009	LCL Date:	04/23/2008
SBP value:	164	LDL Value:	103
DBP value:	90	Comments:	<input type="text"/>

Aspirin use:	Documented
Foot Exam?:	<input checked="" type="checkbox"/>
Foot exam date:	11/24/2008
LV Functional Assessment?	<input type="text"/>
Most recent EF:	<input type="text"/>
ACE or ARB use:	<input type="text"/>
Beta blocker use:	<input type="text"/>

Parameterized List of ED Visits, updated with every claims payment cycle

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View Properties History Subscriptions

New Subscription

Hospital: BLUE RIDGE REGIONAL HOSPIT Timeframe: Past 60 Days, Past 61-365 Days View Report

Age: >=21, 0-20 ABD: Yes

Dual Eligibility Status: Dual, Non-Dual Paid Date: 7/22/2010, 7/13/2010, 7/7/2010

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Count of Patients returned 128
Count of Visits returned 315

MID	Name	Billing Provider	Date Of Service	Admit Hour	Day of Week	Primary Diagnosis Code	Primary Diagnosis	Secondary Diagnosis Code	Secondary Diagnosis	Paid Amount	Paid Date
		GRACE HOSPITAL INC	07-10-2010	00:00	Saturday	311	DEPRESSIVE DISORDER NEC	3009	DISORDER	\$465.09	07-22-2010
		VALDESE GENERALHOSPITAL	07-08-2010	18:00	Thursday	53500	ACUTE GASTRITIS W/O HEMO	78906	ABDOMINAL PAIN, EPIGASTRIC	\$206.06	07-22-2010
		GRACE HOSPITAL INC	07-08-2010	15:00	Thursday	7019	SKIN HYPERTRO/ATROPH NOS			\$85.74	07-22-2010
		GRACE HOSPITAL INC	07-08-2010	14:00	Thursday	49121	OBS CHRONIC BROC W/ EXAC	78659	CHEST PAIN NEC	\$1,456.84	07-22-2010
		VALDESE GENERALHOSPITAL	07-04-2010	04:00	Sunday	78652	PAINFUL RESPIRATION	7241	PAIN IN THORACIC SPINE	\$136.00	07-22-2010
		GRACE HOSPITAL INC	07-02-2010	00:00	Friday	78652	PAINFUL RESPIRATION	V4589	POSTSURGICAL STATES NEC	\$359.42	07-22-2010
		FRYE REGIONAL MEDICAL CENTER	07-02-2010	21:00	Friday	29620	DEPRESS PSYCHOSIS-UNSPEC	V6284	SUICIDAL IDEATION	\$408.45	07-13-2010
		GRACE HOSPITAL INC	07-01-2010	03:00	Thursday	7840	HEADACHE	78702	NAUSEA ALONE	\$237.63	07-22-2010
		GRACE HOSPITAL INC	06-30-2010	23:00	Wednesday	38610	PERIPHERAL VERTIGO NOS	78079	OTHER MALAISE AND FATGUE	\$155.61	07-13-2010
		GRACE HOSPITAL INC	06-30-2010	14:00	Wednesday	78650	CHEST PAIN NOS	30002	GENERALIZED ANXIETY DIS	\$533.28	07-13-2010
		GRACE HOSPITAL INC	06-30-2010	11:00	Wednesday	34690	MIGRAINE UNSPEC. W/O INTRACT MIGRAINE W/O STATUS	78702	NAUSEA ALONE	\$235.26	07-13-2010
		GRACE HOSPITAL INC	06-27-2010	11:00	Sunday	8404	SPRAINS AND STRAINS SHOULDER UPPER A			\$128.45	07-13-2010
		VALDESE GENERALHOSPITAL	06-25-2010	14:00	Friday	4476	ARTERITIS NOS	V1209	PER HIS OTHER SPEC INFECT/PARA DISEASE	\$149.09	07-07-2010
		GRACE HOSPITAL INC	06-25-2010	21:00	Friday	49121	OBS CHRONIC BROC W/ EXAC	78605	SHORTNESS OF BREATH	\$229.25	07-13-2010
		GRACE HOSPITAL INC	06-25-2010	09:00	Friday	96509	POISONING-OPIATES NEC	4019	HYPERTENSION NOS	\$355.29	07-13-2010
		GRACE HOSPITAL INC	06-24-2010	18:00	Thursday	6929	DERMATITIS NOS			\$81.47	07-13-2010
		GRACE HOSPITAL INC	06-23-2010	09:00	Wednesday	78659	CHEST PAIN NEC	4019	HYPERTENSION NOS	\$8,576.06	07-07-2010
		GRACE HOSPITAL INC	06-23-2010	22:00	Wednesday	78652	PAINFUL RESPIRATION			\$198.78	07-07-2010
		GRACE HOSPITAL INC	06-19-2010	06:00	Saturday	81342	FX DISTAL RADIUS NEC-CL	920	CONTUSION FACE/SCALP/PNCK	\$356.77	07-07-2010
		GRACE HOSPITAL INC	06-19-2010	20:00	Saturday	57420	CHOLELITHIASIS NOS	78901	ABDOMINAL PAIN, RIGHT UPPER QUADRANT	\$272.37	07-07-2010
		GASTON MEMORIALHOSPITAL	06-18-2010	18:00	Friday	4553	EXTERNAL HEMORRHODS W/O COMPLICATION	5693	RECTAL & ANAL HEMORRHAGE	\$206.09	07-07-2010
		VALDESE GENERALHOSPITAL	06-18-2010	01:00	Friday	5589	NONINFECTIOUS GASTROENTERITIS NEC	78701	NAUSEA WITH VOMITING	\$250.91	07-07-2010

Parameterized List of Inpatient Visits, updated with every claims payment cycle

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New Subscription

Hospital	BROUGHTON HOSPITAL, CALDW	Date of Service Timeframe	Past 60 Days, Past 61-365 Days
Age	>=21, 0-20	ABD	Yes, No
Dual Eligibility Status	Dual, Non-Dual	Show only Patients with a 30 Day Readmit	Yes
Paid Date	7/22/2010, 7/13/2010, 7/7/2010		

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Count of Patients returned 16

Count of Visits returned 59

MID	Name	Billing Provider	Date Of Service	Discharge Date	Readmit 30 Days	Primary Diagnosis Code	Primary Diagnosis	Secondary Diagnosis Code	Secondary Diagnosis
		GRACE HOSPITAL INC	06-16-2009	06-17-2009		7336	TIETZE'S DISEASE	6826	CELLULITIS OF LEG
		GRACE HOSPITAL INC	07-04-2009	07-05-2009	Yes	2766	FLUID OVERLOAD	6826	CELLULITIS OF LEG
		GRACE HOSPITAL INC	11-03-2009	11-09-2009		29654	BIPOL DEPR-SEV W PSYCH	V6284	SUICIDAL IDEATION
		GRACE HOSPITAL INC	11-30-2009	12-02-2009	Yes	51884	ACUTE AND CHRONIC RESPIRATORY FAILURE	49122	WITH ACUTE BRONCHITIS
		GRACE HOSPITAL INC	01-11-2010	01-14-2010		29654	BIPOL DEPR-SEV W PSYCH	V6284	SUICIDAL IDEATION
		GRACE HOSPITAL INC	06-06-2010	06-07-2010		41400	CORONARY ATHEROSCLEROSIS UNSP. VESSEL	73342	ASEPTIC NECROSIS FEMUR
		FRYE REGIONAL MEDICAL CENTER	07-11-2009	07-20-2009		29690	UNSPECIFIED EPISODIC DISORDER	2920	DRUG WITHDRAWAL
		GRACE HOSPITAL INC	07-27-2009	07-27-2009	Yes	9752	ADV EFF OTH AGNT AFFECT MUSCULOSKEL	5070	FOOD/VOMIT PNEUMONITIS
		GRACE HOSPITAL INC	07-27-2009	07-29-2009		29620	DEPRESS PSYCHOSIS-UNSPEC	3017	ANTISOCIAL PERSONALITY
		GRACE HOSPITAL INC	04-23-2010	04-26-2010		29620	DEPRESS PSYCHOSIS-UNSPEC	20280	LYMPHOMA NEC UNSPEC SITE
		DUKE UNIVERSITY HOSPITAL	05-11-2009	05-22-2009		9986	PERSIST POSTOP FISTULA	9974	DIGESTIVE SYSTEM COMPLICATIONS
		DUKE UNIVERSITY HOSPITAL	06-05-2009	06-16-2009	Yes	99859	OTHER POSTOPERATIVE INFECTION	07054	CHRONIC HEP C W/O HEPATIC COMA
		CALDWELL MEMORIAL HOSPITAL INC	02-02-2010	02-04-2010		4430	RAYNAUD'S SYNDROME	5856	END STAGE RENAL DISEASE
		CALDWELL MEMORIAL HOSPITAL INC	02-25-2010	03-05-2010	Yes	486	PNEUMONIA, ORGANISM NOS	42823	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
		GRACE HOSPITAL INC	07-25-2009	07-26-2009		9690	ADVERSE EFF ANTIDEPRESSANTS	5771	CHRONIC PANCREATITIS
		GRACE HOSPITAL INC	07-26-2009	07-30-2009		29680	BIPOLAR DISORDER UNSPECIFIED	V6284	SUICIDAL IDEATION



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Provider Portal

Community Care of North Carolina

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 Last Name First Name Birth Year

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Welcome

Meducation is a medication instruction and counseling resource for healthcare professionals. Meducation allows you to address low health literacy, improve the readability of documents for the elderly and visually impaired, and better serve your limited English speaking patients. If you are new to Meducation, please start with the online lessons in the Training section.

FDA MedWatch Safety Alert RSS Feed

Qualaquin (quinine sulfate): New Risk Evaluation and Mitigation Strategy - Risk of serious hematological reactions - New

Wednesday, August 04, 2010

UPDATE 08/04/2010. Dear Healthcare Professional Letter issued. New Risk Management Plan. Reports of serious side effects in patients using Qualaquin "off-label" for night time leg cramps. Originally posted 07/08/2010

Cook brand Ciaglia Blue Rhino/Ciaglia Blue Dolphin Percutaneous Tracheostomy Introducer Sets and Trays - New

Wednesday, August 04, 2010

UPDATE 08/04/2010. Recall classified as Class I - balloon inflation assembly may not hold air. Originally posted 07/22/2010

Nimodipine Oral Capsules: Medication Errors - IV Administration May Result in Death, Serious Harms

Monday, August 02, 2010

IV injection can result in cardiac arrest, severe falls in blood pressure, and other heart-related complications.

NeoProfen (ibuprofen lysine) Injection: Recall and Shortage - Risk of Particulate Matter

Monday, August 02, 2010

Potential for particulate matter to result in serious adverse effects.

News & Announcements

New – Print cards for all demos in any language. Click on Demos in the menu above, choose a language, and then click on the link labeled "Print all cards" on the right side of the Demos page.

Learn how to use Meducation in this series of short training lessons. Click on the "Training" tab in the menu above.

Meducation Updates

Total database entries: 1,537

Unique medicines: 635

Recently added meds:

- Acetaminophen with Codeine #3 Tablet 300 mg/30 mg
- Acetaminophen with Codeine #4 Tablet 300 mg/60 mg
- Aciphex Tablet 20 mg
- Actonel Tablet 75 mg
- Acyclovir Tablet 200 mg



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Menu | **Player**

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- Arabic
- Cantonese
- French
- Italian
- Korean
- Mandarin (Simplified)
- Mandarin (Traditional)
- Russian

Inhalers

- [Advair Diskus Inhaler](#)
- [Advair HFA](#)
- [Aerobid](#)
- [Asmanex Twisthaler](#)
- [Atrovent HFA](#)
- [Azmacort](#)
- [Combivent](#)
- [Flovent HFA](#)
- [Foradil Aerolizer](#)
- [MDI \(general\)](#)
- [MDI w/spacer](#)
- [Nebulizer \(general\)](#)
- [ProAir HFA](#)
- [Proventil HFA](#)
- [Pulmicort Flexhaler](#)
- [Serevent Diskus Inhaler](#)

Nose

- [Fortical nasal spray](#)
- [Imitrex nasal spray](#)
- [Miacalcin nasal spray](#)
- [Nasal spray \(general\)](#)
- [Veramyst nasal spray](#)

Eyes

- [Cosopt eye drops](#)
- [Eye drops \(general\)](#)
- [Eye ointment \(general\)](#)
- [Restasis eye drops](#)

Rectal

- [Suppository](#)

Labs

- [Urine sample \(female\)](#)
- [Urine sample \(male\)](#)

Devices

- [Glucose meter \(C\)](#)
- [Peak Flow Meter \(C\)](#)



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Patient Search:

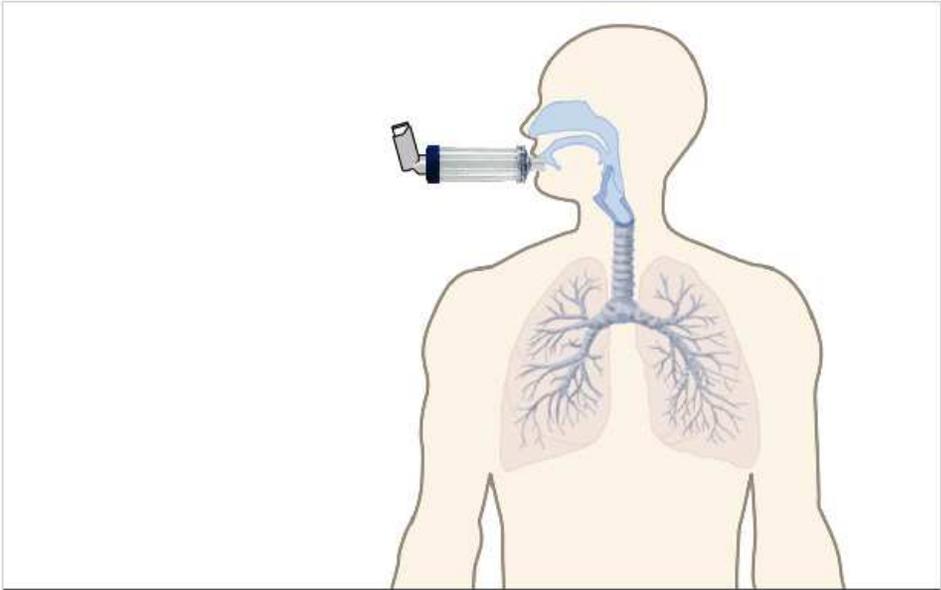
<input checked="" type="radio"/> Medicaid ID	<input type="text" value="Exact"/>			Clear All
<input type="radio"/> Last Name	<input type="text" value="Exact"/>	Birth Date	<input type="text" value="mm/dd/yyyy"/>	
<input type="radio"/> Last Name	<input type="text" value="Partial"/>	First Name	<input type="text" value="Partial"/>	Birth Year <input type="text" value="yyyy"/>

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Select a language:

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► **Review the medicine instruction. Press Accept to add it to your list of medicines.***

Abilify Tablet 10 mg

This medicine is used to improve mood and minimize mood changes.

How to take medicine

Take the medicine by mouth each night at bedtime.

			
Morning	Noon	Evening	Bedtime
			1

Take one (1) pill each time.

You should keep taking this medicine until you are told to stop.

Instructions

Swallow the medicine without crushing or chewing it.

This medicine may be taken with or without food.

It is very important that you take the medicine at about the same time every day. It will work best if you do this.

Keep the medicine at room temperature. Avoid heat and light.

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- Cantonese
- French
- Italian
- Korean
- Mandarin (Simplified)
- Mandarin (Traditional)
- Russian



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<input checked="" type="radio"/> Medicaid ID	<input type="text" value="Exact"/>			Clear All
<input type="radio"/> Last Name	<input type="text" value="Exact"/>	Birth Date	<input type="text" value="mm/dd/yyyy"/>	
<input type="radio"/> Last Name	<input type="text" value="Partial"/>	First Name	<input type="text" value="Partial"/>	Birth Year <input type="text" value="yyyy"/>

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Patient Education Overview

- Materials are organized by body system or topic, but can be searched by keyword as well.
- Click on the name of the document to link to the document.
- Click on the  icon for information about the document including source, suitability score, etc.
- Download an [Excel Spreadsheet](#) of Sections and Conditions.
- These materials are to be used to enhance patient conversations with a health care professional and are not a substitute for advice from a clinician.
- If you do not find what you are looking for here, try this list of [trusted sites](#).
- Please [email](#) suggestions for improvements/additions.
- More information about this site can be found [here](#).

[Show All](#) **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z** [Show All](#)

-  [Diabetes-Eating-Plate Method Comic /pqs \(learningaboutdiabetes.org\) - Spanish](#)
-  [Diabetes-Portion Size-your helpful hands \(learningaboutdiabetes.org\)- English](#)
-  [Diabetes-Portion Size-your helpful hands \(learningaboutdiabetes.org\)- Spanish](#)
-  [Diabetes-Prevention and Control Guide for Hispanic Americans 32pqs \(ACP\)- English](#)
-  [Diabetes-Prevention and Control Guide for Hispanic Americans 32pqs \(ACP\)- Spanish](#)
-  [Diabetes-Sick Days- what to do \(CCNC\)- English](#)
-  [Diabetic retinopathy \(healthinfotranslations.com\)- English p. 1&3, Spanish p.2&4](#)
-  [Pills for Type 2 Diabetes- a Guide for Adults \(AHRQ\)- English](#)



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Additional visit history and care alerts will be added to the Provider Portal in Fall 2010...

Clinical History

- Inpatient Visits
- ED Visits
- Observation Stays
- Office Visits
- Imaging
- ST/PT/OT visits
- DME Supplies
- Lab Results (via Labcorps)

Care Alerts

Category	
Asthma	Rescue inhaler overuse
	Consider controller medication
	ED visit for asthma
	Hospitalization for asthma
Diabetes	Consider HbA1c
	Consider LDL-C
	Consider eye exam
	Consider nephropathy screening
CHF	Consider LVF assessment
	Hospitalization for CHF
	30-day readmission for CHF
CAD with prior MI	Consider lipid management
	Consider beta blocker therapy
Health maintenance	Consider mammogram
	Consider Pap test
	Consider colorectal cancer screening
	Consider recommending annual dental visit
	Consider well child visit
	Consider dental varnishing

Patient: Joe Smith	Medicaid ID: 123456789A	Gender: Male	Birth Date: 12/2/1960	Age: 49
Address: 1000 Main Street, Burlington, NC 27215	County: Alamance	Phone 1: (919) 999-9999	Phone 2: (919) 888-7777	
Months Medicaid-Eligible *: 12	Medicaid: Yes	Medicare: Yes	Other Insurance: Yes	Program Code: MAD

Carolina Access PCP: CLECO MEDICAL CENTER OF SHELBY	Phone: (704) 480-1087	Fax: (704) 123-1234
Carolina Access PCP Address: 808 Schenck Street, Shelby, NC 281503934	PCP County: Alamance	

12 Month Claim History:

Care Alerts: <u>5</u>	Inpatient Visits: <u>4</u>	Hospital Observation Stays: <u>2</u>
ED Visits: <u>3</u>	Imaging: <u>2</u>	Office Visits: <u>9</u>
Lab Values: <u>6</u>	Medications: <u>11</u>	Medication Fill History: <u>99</u>
ST/PT/OT: <u>3</u>	DME Supplies: <u>2</u>	Medicaid Cost/Month: <u>\$3,200</u>

Care Coordination

 [Print this Page](#)

Resources:

CCNC Network: Carolina Community Health Partnership				
Care Manager: CCNC Care Manager Name	Care Mgmt. Status: Heavy	Phone: (123) 123-1234	Fax: (123) 123-1234	
Network Pharmacist: Network Pharmacist Name		Phone: (123) 123-1234	Fax: (123) 123-1234	
Mental Health Local Management Entity (LME): LME Name		Phone: (123) 123-1234		
Health Check Coordinator: Name		Phone: (123) 123-1234		

Most Recent Service Providers:

Type	Name	Phone	Date Last Billed
Pharmacy	Name Goes Here	(919) 123-4567	3/1/2010
Home Health	Name Goes Here	(919) 123-4567	3/1/2010
Personal Care Services	Name Goes Here	(919) 123-4567	3/1/2010
Enhanced Mental Health Services	Name Goes Here	(919) 123-4567	3/1/2010
Residential Mental Health Services	Name Goes Here	(919) 123-4567	3/1/2010
Mental Health Services	Name Goes Here	(919) 123-4567	3/1/2010
Targeted Case Manager	Name Goes Here	(919) 123-4567	3/1/2010

Most Recent Office Visit Providers:

Billing Provider	Billing Provider Phone	Attending Provider	Attending Provider Specialty	Date Last Billed
Name Goes Here	(919) 123-4567	Name Goes Here	Specialty Goes Here	3/1/2010
Name Goes Here	(919) 123-4567	Name Goes Here	Specialty Goes Here	3/1/2010
Name Goes Here	(919) 123-4567	Name Goes Here	Specialty Goes Here	3/1/2010
Name Goes Here	(919) 123-4567	Name Goes Here	Specialty Goes Here	3/1/2010

Patient: Joe Smith

Medicaid ID: 123456789A

DOB: 12/2/1960

PCP: CLECO Medical Center of Shell

 [Print selected sections](#)

Care Alerts: **5**

IP Visits *: **4**

ED Visits *: **3**

Imaging *: **2**

Office Visits *: **9**

Labs: **6**

* indicates "in the past 12 months"

Care Alerts	
Condition	Description

Inpatient Visits					
Admit Date		Discharge Date		Facility	
Diagnoses	1.	2.	3.		

Admit Date		Discharge Date		Facility	
Diagnoses	1.	2.	3.		

Admit Date		Discharge Date		Facility	
Diagnoses	1.	2.	3.		

Emergency Department Visits			
Date	Primary Diagnosis	Secondary Diagnosis	Facility

Imaging			
Date	Procedure	Primary Diagnosis	Billing Provider

Office Visits			
Date	Primary Diagnosis	Attending Provider	Specialty

Labs			
Date	Test	Result	Ordering physician