



PRESENTS THE

PATIENT CLINICAL SUMMARY

(PATENT PENDING)



This document contains trade secrets and information proprietary to MEDecision, Inc. Each recipient is entrusted to maintain its confidentiality. It should be disclosed only to those employees involved in reviewing the requested information for the sole purpose of selecting a care management system vendor. MEDecision assumes that you will handle this information with the same care you handle your own proprietary information. This information is assumed to be held in total confidence by your organization on a need-to-know basis and should never be shared with a MEDecision competitor.

Patient Summary

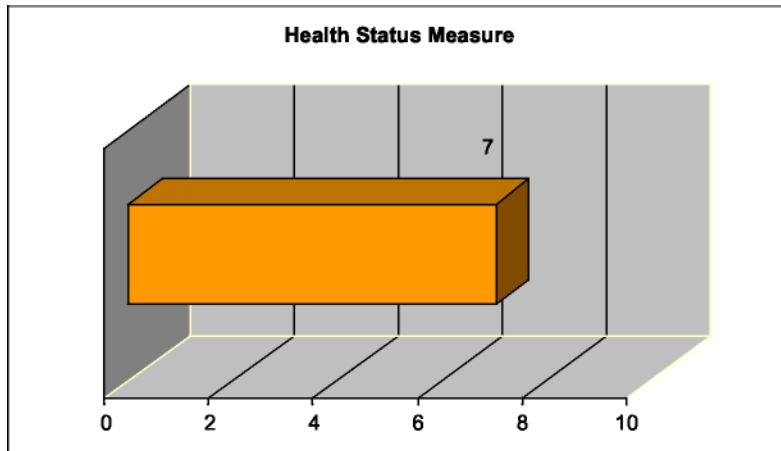
Name: SMITH, JOHN	ID: JM1QBZJ1H00	Eligibility: 01/01/2000 - 12/31/2006
Address: 548 WEADLEY ROAD GULPH MILLS, PA 19406	DOB: 01/01/1956	Phone (H): 610-995-9877
PCP: STELLA, BRIAN	Gender: M	Phone (W): 610-269-5200/1154
	PCP ID: 610687090	PCP phone: 215-463-5254

Program and Severity

Program	Severity	Start/Update
DIABETES	High	11/01/2005
CONGESTIVE HEART FAILURE	Medium	01/01/2006

Health Status Measure

The Health Status Measure indicates risk in the next 12 months. 1 is low 10 is high.



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Report generated on: 03/31/2006

Information provided by: MCO 1

Report based on services provided as of: 02/28/2006

Name: SMITH, JOHN

ID: JM1QBZJ1H00



DOB: 01/01/1956

Gender: M

Eligibility: 01/01/2000 - 12/31/2006

Medical Conditions

High Severity

Condition

DIABETES MELLITUS

Medium Severity

Condition

ULCERATIVE COLITIS

ISCHEMIC HEART DISEASE/ANGINA PECTORIS

HEART FAILURE (CHF)

Low Severity

Condition

NEUROMUSCULAR DISORDER

Inpatient Facility Admissions

Facility	Admit date	Disch. date	Days	Principal DX
KENTON LAFORGE	02/22/2005	03/02/2005	9	250.12 - DIABETES W/KETOACIDOSIS, TYPE II

Emergency Room Visits

PATIENT HAS HAD 0 EMERGENCY ROOM VISITS IN THE PAST 12 MONTHS

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Monitored Services

Service	# of services	Last service date	Most recent servicing provider	Phone #
HEMOGLOBIN A1C	3	07/31/2005	BRIAN STELLA	215-463-5254
GLUCOSE TESTING, BLOOD	5	07/31/2005	BRIAN STELLA	215-463-5254
CHEM./METABOLIC PANEL TESTING	5	07/25/2005	DIANA GUSSMAN	215-644-5468
CARDIAC MONITORING (HOLTER)	1	06/20/2005	WENDELL VENDETTI	610-249-5587
SURGICAL PATHOLOGY	1	04/30/2005	DIANA GUSSMAN	215-644-5468
ABDOMINAL ULTRASOUND EXAMS	2	04/17/2005	HEATH SUDDUTH	215-646-9872
URINALYSIS	4	04/16/2005	DIANA GUSSMAN	215-644-5468
AMYLASE (SERUM) ASSAY	2	04/16/2005	DAINA GUSSMAN	215-644-5468
CBC AND COMPONENT COUNTS	4	04/16/2005	DIANA GUSSMAN	215-644-5468
ELECTROCARDIOGRAM (ECG)	1	04/05/2005	WENDELL VENDETTI	610-249-5587
HEART ECHO EXAM	3	03/01/2005	WENDELL VENDETTI	610-249-5587
CALCIUM ASSAY	4	02/23/2005	DIANA GUSSMAN	215-644-5468
CARDIOVASCULAR STRESS TEST	2	02/22/2005	WENDELL VENDETTI	610-249-5587

Medications

Medication class	# fills	Last fill date
CARVEDILOL/COREG	9	12/28/2005
ACE INHIBITORS	9	12/28/2005
LANSOPRAZOLE/PREVAZOL	7	12/10/2005
AMOXICILLIN PREPARATIONS	1	04/29/2005
OSMOTIC LAXATIVE/BOWEL PREPS	1	04/17/2005
LOOP DIURETICS	3	04/13/2005
INSULIN	2	03/26/2005
NEEDLES & SYRINGES	12	03/09/2005
AMOX K CLAVULANATE/AUGMENTIN	1	03/02/2005
AMLODIPINE/NORVASC	1	01/25/2005

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Providers Seen

Provider name	Specialty	Phone #	Last service date
WENDELL VENDETTI	CARDIOLOGY	610-249-5587	09/06/2005
BRIAN STELLA	FAMILY PRACTICE	215-463-5254	07/31/2005
LAWRENCE URBINA	EMERGENCY MEDICINE	610-723 -4452	04/17/2005
KASEY CLONINGER	INTERNAL MEDICINE	215-828-1960	04/01/2005
DIANA GUSSMAN	ENDOCRINOLOGIST	215-644-5468	02/22/2005

Clinical Flags

Treatment Opportunities

- Diabetes and no Eye Exam in the past 12 Months
- Diabetic age 40 or older not on statin medication

Preventative Health and Wellness

- Age 50 to 52 and no colonoscopy in the past 2 years
- No blood test for cholesterol in the past 2 years

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Active Care Management Summary

Problem: Testing frequency may be inconsistent with guidelines for A1C

Open: 11/02/2005	DM – Diabetes	Case ID: 1234567-0001
Goal(s): <ul style="list-style-type: none"> Member will seek A1C testing every 3-6 months. Member will demonstrate understanding of importance of A1C testing in monitoring diabetes care. 		

Problem: Overweight/Obesity with diabetes

Open: 01/10/2006	DM – Diabetes	Case ID: 1234567-0001
Goal(s): <ul style="list-style-type: none"> Member will demonstrate understanding of risk factors for condition/behavior. Member will set first weight loss goal at 10% of body weight. Member will increase physical activity to increase daily calorie deficit. 		

Closed Care Management Summary

Problem: Current Tobacco User

Open: 11/02/2005	DM – Diabetes	Case ID: 1234567-0001
Closed: 01/10/2006		
Goal(s): <ul style="list-style-type: none"> Member will seek assistance of support group. Member will demonstrate understanding of the treatment options that are available to help them. Member will make incremental and consistent changes to reduce health risk. 		

PATIENT CLINICAL SUMMARY

TERMS AND CONDITIONS FOR SECURITY AND CONFIDENTIALITY OF PATIENT RECORDS AND INFORMATION

1. **General.** An authorized provider (“Provider” or “You”) are permitted to access certain patient care information for patients whom Provider treats in connection with Payor’s care management program. Payor maintains confidential patient records and information that can be accessed through the Patient Clinical Summary software tools (“PCS System”). The PCS System is licensed to Payor by MEDDecision, Inc. (“MEDDecision”) pursuant to a licensing agreement (“License Agreement”). MEDDecision shall have the same rights against any Provider using the PCS System as it has against Payor under the License Agreement. Provider is placed in a unique position of trust since a major responsibility of Provider is the security and confidentiality of patient records and information. Security and confidentiality concern all providers who have access to confidential patient information. The purpose of these terms and conditions (“Terms and Conditions”) is to clarify the Provider’s responsibilities when utilizing the PCS System in connection with Payor’s care management program. By accessing and utilizing this information, you agree to the Terms and Conditions of this agreement (“Agreement”). If you do not agree with these Terms and Conditions or you have inadvertently accessed this information, you should immediately cease using this information.
2. **Scope of Use.** Subject to the terms of this Agreement and for the sole purpose of assisting in the evaluation and treatment of patients, Provider is permitted to access and use the PCS System. Provider may use the PCS System and Confidential Patient Information (defined below) made available thereunder only upon patient consent and as authorized or required by applicable federal and state law, including, without limitation, the privacy and security regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). You should refer to Payor’s Privacy Policy for limitations on your right to use and disclose Confidential Patient Information in connection with Payor’s care management program and to determine if a use or disclosure of such Confidential Health Information is otherwise permitted hereunder. You agree you have read and understand Payor’s Privacy Policy. Use of Confidential Patient Information is permitted only for Provider’s internal use on the PCS System in the ordinary course of business in connection with Payor’s care management program, and such Confidential Patient Information shall not be used directly or indirectly on behalf of any other party. Further, notwithstanding anything to the contrary in these Terms and Conditions, Provider may not (a) use or otherwise disclose Confidential Patient Information for any other purpose other than a purpose expressly stated in these Terms and Conditions; or (b) use or disclose Confidential Patient Information in the manner that violates or would violate applicable federal or state law. Within these parameters, Providers may use Confidential Patient Information for, in, and on a single computer unit used by Provider (the “Work Station”).
3. **Security Key.** Provider may activate and use the PCS System provided that Provider is a participating provider of Payor and has been issued an appropriate access code and password. Provider shall keep such access code and password secure from unauthorized access by and disclosure to any third party.
4. **Confidentiality.** In general, Provider must treat all patient records, materials, information and Protected Health Information (“PHI”) accessed on or through the PCS System as confidential (collectively, “Confidential Patient Information”), and not use or disclose such Confidential Patient Information except as permitted hereunder. PHI means individually identifiable health information that is transmitted electronically or maintained in electronic or other medium. The term “individually identifiable health information” means health information, including demographic information collected from an individual that: (i) is created or received by a health care provider, health plan, employer or health care clearinghouse; and (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (a) identifies the individual; or (b) creates a reasonable basis to believe the information can be used to identify the individual. The term “health information” means any form of oral or written information that: (i) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Provider shall not, for any reason, either directly or indirectly, divulge any Confidential Patient Information to any third party or use such Confidential Patient Information for Provider’s own benefit.
5. **Expressly Prohibited Uses.** Provider agrees that Provider (a) shall not make or permit unauthorized use or disclosure of any Confidential Patient Information maintained or stored on the PCS System or accessed by Provider through the PCS System; (b) shall not seek personal benefit or allow others to benefit personally by knowledge of any Confidential Patient Information which has come to him by virtue of his access to the PCS System; (c) shall not exhibit or divulge the contents of any record or report a false, inaccurate, or misleading entry; nor shall Provider knowingly expunge or cause to be expunged in any record or report a data entry; (d) shall not remove any official record or report or copy thereof from where it is maintained; (e) shall not aid, abet nor act in conspiracy with another to violate any part of these Terms and Conditions; (f) make unauthorized use or disclosure of the Confidential Patient Information; (g) disassemble, decompile, recast, or reverse engineer the PCS System or create a substantially similar system; (h) distribute any Confidential Patient Information for commercial gain or otherwise; (e) copy the Confidential Patient Information in any form except as necessary to use such Confidential Patient Information in accordance with this Agreement; or (f) modify, alter, delete or obscure any Confidential Patient Information. Provider shall ensure his compliance with this Agreement and shall bear the responsibility for any breach of this Agreement by him. Any knowledge of a violation of these Terms and Conditions shall immediately be reported to Payor. If Provider breaches any of the Terms or Conditions of this Agreement, Provider’s access to this information shall be terminated immediately. Violation of these Terms and Conditions may also lead to reprimand, suspension or termination of Provider from Payor, consistent with Payor’s credentialing policies.
6. **Authorization for Use Compliance Verification.** Provider expressly authorizes Payor to electronically access, from time to time, the Work Station to verify Provider’s compliance with Section 2 hereof. In connection with such access, Payor shall have the right to verify: (a) the name of Provider; (b) the name of Provider’s registered user number; (c) the internet address of the Work Station; and (d) the name of the registered user on the network.

7. Warranty Disclaimer. PROVIDER UNDERSTANDS AND AGREES THAT (A) ANY INFORMATION MADE AVAILABLE IS PROVIDED TO PROVIDER "AS IS" AND (B) MEDECISION AND PAYOR EXPRESSLY DISCLAIM, ANY AND ALL REPRESENTATIONS AND WARRANTIES, WHETHER EXPRESS OR IMPLIED, WHETHER ARISING BY STATUTE, COURSE OF DEALING, USAGE, OR TRADE, INCLUDING BUT NOT LIMITED TO ANY WARRANTY OF ACCURACY, COMPLETENESS, PERFORMANCE, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, NON-INFRINGEMENT OR TITLE.

8. Limitation of Liability. UNDER NO CIRCUMSTANCES WILL MEDECISION OR THE PAYOR BE LIABLE FOR ANY INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR IN CONNECTION WITH THIS INFORMATION MEDECISION'S AND PAYOR'S LIABILITY FOR ANY CAUSE OF ACTION ARISING UNDER OR IN CONNECTION WITH THIS INFORMATION OR OTHERWISE (WHETHER ARISING IN TORT, CONTRACT OR OTHERWISE) WILL BE LIMITED TO THE AMOUNT OF LICENSE FEES RECEIVED BY MEDECISION UNDER THE LICENSE AGREEMENT.

9. Patient Care Responsibility. Provider acknowledges and agrees that MEDDecision is not engaged in the rendering of medical, health or psychological diagnosis, treatment, evaluation, patient care or any other kind of personal professional services in licensing the PCS System to Payor. The PCS System and the information to be made available are to be used as a tool to assist Provider in connection with Payor's care management program. MEDDecision expressly disclaims all responsibility for any liability, loss or risk which is incurred as a consequence, directly or indirectly, of Payor's use of the PCS System.

10. Indemnification. Provider hereby agrees, at Provider's own expense, to indemnify, defend and hold harmless MEDDecision and Payor from and against any loss, cost, damages, liability, or expense arising out of or relating to (a) a breach by Provider of the Terms and Conditions of this Agreement, or (b) any violation of any law, regulation or rights of a third party.

11. Miscellaneous. Neither party shall be responsible for any delay or failure of performance resulting from causes beyond its control. This Agreement may be modified and updated from time to time and Provider will be informed of such changes. This Agreement is governed by Pennsylvania law. Provider consents to jurisdiction of the courts in Pennsylvania. Provider may not assign this Agreement. Any noun or pronoun used in this Agreement shall be construed in masculine, feminine or neuter as its sense and use may require.

12. Survival. The provisions of Sections 4, 7, 8, 9, 10, 11, and this Section 12 shall survive termination of this Agreement.

By accessing this information, you represent that you have the authority to do so and acknowledge and agree that you have received a copy of, have read, do understand, and will comply with these Terms and Conditions for Security and Confidentiality of Patient Records and Information.