



## Gap in Care Action Plan Checklist

*Verify Connection or Current Needs for each Provider/Service*

\_\_\_\_\_ **PCP Appt**

**PCP** Primary Care Physician

*Physical, Annual Well-visit, Labs*

\_\_\_\_\_ **OBGYN Appt**

**OBGYN** Obstetrician-gynecologist

*Cancer Screening, Well-visit, Labs*

\_\_\_\_\_ **Dental Appt**

**Dental** General Dentist

*Well-visits, Preventative Care*

**Connection to a Primary Care Physician (PCP): ( Y / N )**

Name: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Note: \_\_\_\_\_

**Connection to a Dentist/Dental Provider: ( Y / N )**

Name: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Note: \_\_\_\_\_

**Connection to a Vision/Eye Provider: ( Y / N )**

Name: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Note: \_\_\_\_\_

\_\_\_\_\_ **PCP Appt (Med Adherence)**

**Medication (Med) Adherence**

*Pharmacy Connection, Prescription Re-fills  
Med Instruction Review with Care Team*

**Pharmacy/Delivery Services: ( Y / N )**

Name: \_\_\_\_\_ Last Pick-Up: \_\_\_\_\_ Next Refill: \_\_\_\_\_

\_\_\_\_\_ **PCP Appt (Cardiovascular Disease)**

**Cardiovascular Disease**

*CVD Care. Treatment/Therapy, Testing*

**Cardiologist or Specialist: ( Y / N / N/A )**

Name: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Note: \_\_\_\_\_

Quality Management Program, Gap in Care Action Initiative

\_\_\_\_\_ **PCP Appt (Diabetes Care)**

\_\_\_\_\_ **PCP Appt (Diabetes Screening)**

\_\_\_\_\_ **Eye/Vision Appt (Diabetes Care)**

**Diabetes Care Provider:** ( **Y** / **N** / **N/A** )

Name: \_\_\_\_\_

Labs (HbA1c): \_\_\_\_\_

Last Eye Exam (Date): \_\_\_\_\_

Neuropathy (Y/N): \_\_\_\_\_

Kidney Health Evaluation (Y/N): \_\_\_\_\_

**Diabetes Care** Diabetes Mellitus I/II  
*DM Care, Treatment and Monitoring*  
*Pharmacy Connection, Prescription Re-fills*

**Diabetes Screening**  
*Testing and Screening for DM*

**Podiatrist** Neuropathy  
**Eye/Vision** Ophthalmologist  
*Well-care visit, Screening*

**Connection to a Mental Health Care Provider:** ( **Y** or **N** or **N/A** )

Name: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Note: \_\_\_\_\_

\_\_\_\_\_ **MH Appt**

\_\_\_\_\_ **MH Appt (Med Adherence)**

**MH** Mental Health Care  
*Provider Connection, Adherence to Care*  
*Adherence to After-care/Discharge Plan*  
*Attendance to F/U Appointments, Services*

\_\_\_\_\_ **SUD Appt**

\_\_\_\_\_ **MAT Appt**

**SUD** Substance Use Disorder Treatment

**MAT** Medication-Assisted Treatment

**Connection to a SUD or MAT Service/Provider:** ( **Y** or **N** or **N/A** )

Name: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Note: \_\_\_\_\_

**Reminders:**

- ✓ **Link Gaps in Care Actions to Member Plan of Care (Goals, Tasks)**
- ✓ **Link New Encounters to Plan of Care (Goals, Tasks)**
- ✓ **Review and Verify Connection and Adherence to Linked Services**
- ✓ **Conduct Case Conference with Care Team**