

Naming Convention:

To ensure THP Senior Care Options (SCO) member documents are saved in an organized manner, the following naming convention has been adopted:

Last.First.DateofBirth.DocumentType.DateofReceipt

Examples:

- Smith.John.01.31.34.H&P.02.21.20
- Doe.Jane.06.02.25.CLNOTE.02.05.19
- Rivera.Maria.12.25.46.RX.02.22.20

All documents should be dragged and dropped into Letters & Attachments (for the designated member) in CaseTrakker for access by the Primary Care Team.



For reporting purposes, COVID-19 Screening Assessments and Emergency Plans need to begin with **COVID19**, not the member's name.



In **Letters & Attachments**, there is a section at the bottom of the screen specifically for **History & Physical** (H&P) reports.



In **Assessment Summary**, there is a section at the bottom of the screen called **MDS Assessments** to attach the MDS 3.0. This assessment is for members residing in an institutional setting and is completed by the facility. The Clinical Nurse Liaison (CNL) or Continuing Care Partner (CCP) assigned to the facility is responsible for obtaining the MDS 3.0 quarterly and uploading it to CaseTrakker.



The MDS 3.0 is different from the MDS-HC, which is completed by the SCO RNCM for members living in the community. The MDS-HC is an assessment built into CaseTrakker and will not be uploaded as an attachment.



Any documents received that allow another individual to have access to some or all of the member's Protected Health Information (PHI) need to be forwarded to THPMP_Help_Desk@tufts-health.com for review and upload to MACCESS.

- These documents include:
 - Appointment of Representative form (AOR)
 - Authorization to Disclose Protected Health Information (HIPAA)
 - Power of Attorney/Durable Power of Attorney (POA/DPOA)
 - Health Care Proxy (HCP)

Standards to be used for Document Type

ADH	Adult Day Health referral	AFC	Adult Foster Care referral
AOD	Appointment of Representative form	BOH	Board of Hearing Appeals Right
BYRAMORDER	Byram Supply order form	CHARMORDER	Charm Supply order form
CHARMREF	Charm Supply patient referral	CLNOTE	Clinical Note
CLNOTEINT	Initial Clinical Note	CLNOTEANNL	Annual Clinical Note
DAY2HOSP	Day 2 Post-Hospital assessment	DAY7HOSP	Day 7 Post-Hospital assessment
DPOA	Durable Power of Attorney	FEW	Frail Elder Waiver
GAFC	Group Adult Foster Care referral	GRVNOTE	Grievance note
H&P	History & Physical	HCP	Health Care Proxy
HIPAA	Authorization to Disclose PHI form	HOSPCLN	Hospital Clinical
INPTCLN	Inpatient Clinical	IPC	Individualized Plan of Care
IPCSIGN	IPC signed by the member	LABS	Lab reports
NDMC	Notice of Denial of Medical Care	ODNOTE	Organization Determination note
OFCNOTE	Office note	OONAUTH	Out-of-Network authorization
PCA	Personal Care Attendant (PCA) referral	PCPLAN	Personal Care (PC) plan
POA	Power of Attorney	RFI	Request for Information
RX	Prescription	SUPPLYORDER	Generic order form
SVRPLANREV	Service Plan review	TPNOTE	Treatment Plan note
UTRLETTER	Unable to Reach (UTR) letter	VAR	Vaccine Administration Record