Instructions for the Medicaid Patient Assessment Form (PAF)

Medicaid PAF provider instructions

The Medicaid Patient Assessment Form (PAF) program promotes early detection and ongoing assessment of chronic conditions for our clients' Medicaid Managed Care Plan members. The goal of the PAF program is to help ensure that these patients receive a complete and comprehensive health assessment at least once per year.

All Medicaid PAFs are reviewed against claims submitted to the plan for the same date(s) of service. In the event a diagnosis is identified on the PAF, which was not coded on the claim received by the plan, you may be asked to verify those diagnoses at a later date.

Instructions for completing the PAF

1. **Schedule** an annual assessment for the patient listed on the PAF or review the document during the patient's next office visit. Complete and return the first page of the PAF along with supporting medical record documentation. It is important that you utilize your patient's PAF during the point of care. On some forms, patient information may extend to the second page. In these instances, you must complete and return both the first page and the second page.
2. **Verify** member eligibility prior to rendering services, as members can be enrolled or disenrolled throughout the year.
3. **Document** in the progress note, including clear provider signature & credential(s), patient name and date of service. Results, referrals and any applicable exclusions must be documented in progress notes and returned with the PAF. *Note: Each form must be returned within a certain time frame. Check the PAF for the eligible dates of service for submission.* **Forms must be returned to and received by Optum™ within sixty (60) days of the date of service.**
4. **Submit** the applicable pages of the form and progress note(s) to support all chronic conditions and comorbid factors, documented to the highest level of specificity. Submission options:

Secure Fax Server: 1-877-889-5747 *or*

Traceable Carrier: Optum - Attn. Prospective Programs Processing - 7105 Moores Lane, Suite 200 - Brentwood, TN 37027

Early detection of chronic illnesses: The early detection of chronic illness section provides recommendations for screenings for chronic illness(es) based on previously reported risk factors and/or comorbid conditions. Provider should consider screening for the listed conditions and confirm in progress notes. *Screenings may result in out-of-pocket expense for the patient, depending on health plan benefits.*

Ongoing assessment & evaluation: The ongoing assessment section provides potential diagnosis information for the patient based on risk factors or comorbid conditions. Providers should assess the patient to determine if the condition currently exists and send supporting documentation in accompanying progress notes.

Medical history reported to health plan: This section is to be retained for your records and is populated based on data received from all providers, including specialists and pharmacies.

Screening	Criteria for inclusion
Office visits	A list of the providers the patient has seen at least twice over the course of the previous 24 months is included (outpatient office visits only, with specialties excluded)
Date of last annual exam ____/____/____	Allows immediate identification of patients who are overdue for an annual exam by providing the date of the patient's last annual exam as well as the name of the treating provider. Note: annual exam identified using the Optum definition
ER visits	List of dates the patient visited an emergency room during the previous 24 months; visit did not result in an admission
Hospitalizations	A history of hospitalizations the patient has had over the course of the previous 36 months
Three-year condition list	Provides a list of chronic and non-chronic conditions that have been submitted based on claims for the patient within the previous three years. A legend is provided that shows whether diagnosis came from inpatient, provider office or a combination of provider types.
ACEI or ARB, statins and oral diabetes medications — monitored for patient adherence	Medications monitored for adherence will be flagged with "GAP" when two or more fill dates present and total "Day's Supply" is less than 80% of the total days on the medication type. Consider engaging patient to discuss barriers to taking medication as directed.
Diabetes treatment	Alerts providers if patients who are both diabetic and hypertensive are missing an Rx for either condition
Prescriptions	Any other prescription medications not in the aforementioned sections

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