OPTUM™

Instructions for the Healthcare Quality Patient Assessment Form (HQPAF)/Patient Assessment Form (PAF) Programs

The Healthcare Quality Patient Assessment Form (HQPAF) and Patient Assessment Form (PAF) programs promote early detection and ongoing assessment of chronic conditions for our clients' Medicare Advantage members. The goal of the HQPAF program is to help ensure that these patients receive a complete and comprehensive annual assessment. Use the information on the HQPAF/PAF to ensure all care opportunities are addressed during the member encounter.

Key elements of the HQPAF program:

- The information on the HQPAF/PAF is intended to be used at the time of the member encounter.
- Timely submission of the HQPAF/PAF, and supporting documentation within 60 days of the latest date of service (DOS), allows for early recognition of remaining care opportunities and supports additional outreach to maximize quality of care.
- Submit supporting documentation including current year dates of service, as well as prior year evidence for multi-year care opportunities (for example, breast cancer screenings, colorectal screenings).

Instructions for completing the HQPAF

1. **Schedule** an annual assessment for the patient listed on the HQPAF/PAF or review the document during the patient's next office visit. It is important that you utilize your patient's HQPAF prospectively during the point of care. **Review and return the HQPAF/PAF, along with supporting medical record documentation, within 60 days of the latest DOS.** On some forms, patient information may extend to the second page. In these instances, you must submit both the first page and the second page. *Note: Certain types of procedures, including screenings and labs, may result in out-of-pocket expenses for the patient, depending on health plan benefits.*

2. **Document** in the progress note, including clear provider signature and credential(s), patient name and DOS. Results, referrals and any applicable exclusions must be documented in progress notes and returned with the HQPAF/PAF. *Note: Forms are only eligible for DOS within the calendar year. Some HEDIS screenings may occur outside the eligible dates of service.*

3. **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:

Traceable Carrier (*any carrier, such as UPS or FedEx, that provides a tracking number*):
Optum Prospective Programs Processing - 15458 North 28th Ave - Phoenix, AZ 85053

Secure File Transfer Protocol (SFTP):
Contact your local Healthcare Advocate or the Optum Provider Support Center at 1-877-751-9207 for implementation.

Secure Fax: 1-877-889-5747

4. All providers that qualify for HQPAF/PAF administrative reimbursement must receive their reimbursement via direct deposit. *Administrative reimbursement is now completely paperless and checks are no longer available.* To ensure that you do not experience delays in reimbursement, please visit optum.com/HQPAF or contact Electronic Payments & Statements (EPS) directly at 1-877-620-6194 to enroll.

Early Detection

The "Early Detection" section provides recommendations for screenings or chronic illness(es) based on previously reported risk factors and/or comorbid conditions. Providers should consider screening for the listed conditions and confirm in progress notes. This section also provides recommendations based on the Medicare Health Outcomes Survey (HOS).

HOS measure	Criteria for inclusion (based on HOS)
Risk of falls	Members with balance or walking problems or a fall will be surveyed about fall risk management. They will be asked whether their provider had a conversation with them about fall risk and fall management. • This measure will prompt for patients 65 years and older with certain risk factors (that is, functional impairment).
Physical activity	Patients will be surveyed about physical activity. All patients having a doctor's visit should have a discussion about exercise. • This measure will prompt for all patients 65 years and older.

Preventive Medicine Screening *(this section applies to HQPAF only)*

Screenings are included if data indicates that screenings are either due or overdue for the patient or triggered based on member history.

Screening	Criteria for inclusion
Breast cancer screening	Screening is recommended for female patients age 50–74 who have not had a mammogram in the 27 months prior to 12/31 of the current year.

Preventive Medicine Screening *(continued)*

Colorectal cancer screening	Screening is recommended for patients age 50-75, who have not had any of the following: • FOBT in the current calendar year • Flexible sigmoidoscopy in the current or 4 previous calendar years • Colonoscopy in the current or 9 previous calendar years
Body mass index (BMI and weight required)	Screening is recommended for all patients age 18-74. *Documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year.*

Managing Chronic Illness(es) *(this section applies to HQPAF only)*

Conditions included in this section have been identified through claims data. Providers should complete the suggested actions or send in medical record documentation that confirms the screening was already completed within the HEDIS specified timeline.

Condition	Suggested action	HEDIS specification
Chronic obstructive pulmonary disease (COPD)	Spirometry test	Patients 40 years and older with a new diagnosis of COPD or newly active COPD should receive appropriate spirometry testing to confirm the diagnosis (within 180 days of first COPD diagnosis).
Controlled blood pressure	Blood pressure evaluation	Patients 18-75 who were tested for BP and whose diagnosis of high blood pressure who receive treatment and are able to maintain a healthy pressure during the calendar year. Documentation must be from the provider managing the high blood pressure: • <140/90 for patients 18–59 years of age or patients 60–85 years of age with a diagnosis of diabetes • <150/90 for patients 60–85 years of age without a diagnosis of diabetes
Diabetes mellitus	Blood pressure evaluation	BP tested and most recent result controlled to <(140/90) mm Hg.
	Nephropathy screening	Medical attention to nephropathy to occur annually, such as a urine microalbumin test, referral to a nephrologist and/or an ACE/ARB prescription. Screening is recommended for patients with diabetes, age 18-75, who have not had a diabetic nephropathy screening in the current calendar year. *Patients seeing a nephrologist are excluded.*
	Diabetic eye exam	Exam is recommended for patients with diabetes, age 18-75, who have not had a dilated or retinal eye exam by an optometrist or an ophthalmologist in the current calendar year.
	HbA1c testing	Patients 18-75 with an HbA1c test performed during the current calendar year, with latest reading shown under control: • HbA1c Control <8% • HbA1c Poor Control >9% or missing results
Osteoporosis management	Bone density test (BDT) and/or prescription treatment	BDT for females 67-85 to check for osteoporosis. For those who experience a fracture, Bone Mineral Density (BMD) test within 6 months or a dispensed prescription to treat osteoporosis.
Rheumatoid arthritis	Prescription treatment	Those diagnosed with rheumatoid arthritis who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD) during the measurement year.

Ongoing Assessment & Evaluation

The "Ongoing Assessment & Evaluation" section provides potential diagnosis and related ICD-10-CM codes for the patient. These potential diagnoses are indicated by risk factors or comorbid conditions identified for the member based on claims from multiple data sources and may also include lab, pharmacy and HRA data. The provider performing the assessment should assess all reported conditions and document in the progress note. At times, potential diagnoses identified are no longer active (as they may have been triggered by acute condition or because the comorbid condition may not have manifested itself) or cannot be confirmed during the assessment (as other providers may be treating the patient for which you have no record). The provider must check the disposition of each condition on the HQPAF/PAF as it applies at the time of the encounter.

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Care for Older Adults *(this section applies to Special Needs Plan members only)*

Measure	Suggested action	HEDIS specification
Advanced care planning	Discussion with patient	Recommended during the calendar year for adults 66 years and older. Evidence of advance care planning during the measurement year. The advanced care plan or documentation of discussion with patient (including date) should be included in medical record. Providers should document in medical record if a member previously executed an advanced care plan.
Medication review	Annual review of medications	Recommended that adults 66 years and older have an annual review of all medications (prescriptions, OTC, herbal/supplemental therapies) and a documented medication list
Functional status assessment	Assess activities of daily living (ADL); instrumental activities daily living (IADL); other standardized assessment	Recommended that adults 66 years and older have at least one functional status assessment during the measurement year. Assessments of ADL or IADL should be documented in medical record. Examples of other standardized assessment includes: SF-36, Assessment of Living Skills and Resources (ALSAR), Barthel ADL Index Physical Self-Maintenance (ADLS) Scale, Bayer Activities of Daily Living (B-ADL) Scale, Barthel Index. Notation that at least 3 of the following 4 were assessed is compliant: cognitive status, sensory ability (hearing, vision, speech must be assessed) or other functional independence (that is, exercise, ability to perform a job).
Comprehensive pain screening	Comprehensive pain assessment	Recommended that adults 66 years and older have at least one pain screening. Documentation should include a result of pain assessment using a standardized assessment tool.

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 and some 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 Optum's 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.
High-risk medications *(this section applies to HQPAF only)*	A list of medications according to Pharmacy Quality Alliance that are considered to have a high risk of serious side effects for patients 65 and older. Please consider whether a safer drug choice is available. *Note: The medication list is limited to prescriptions filled using health plan coverage; self-pay prescription data not available.*
ACEI or ARB, statins and oral diabetes medications - monitored for patient adherence *(this section applies to HQPAF only)*	Medications monitored for adherence will be flagged with "GAP" when two or more fill dates present and total "Days Supply" is less than 80% of the total days on the medication type. Consider engaging patient to discuss barriers to taking medication as directed.
Other prescriptions	Any other prescription medications not in the aforementioned sections.

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