December 18, 2015

Dear Participating Provider:

Thank you for participating in the Healthcare Quality Patient Assessment Form/Patient Assessment Form (HQPAF/PAF) program. In our ongoing effort to make the PAF/HQPAF program more comprehensive and easier for you, we are excited to present significant program enhancements for 2016.

See below for the summary of changes to the Medicare Advantage (MA), Medicaid and Affordable Care Act (ACA) HQPAF/PAF programs:

Changes to the MA HQPAF/PAF program

In addition to the annual update to the clinical content of the HQPAF/PAF, we have revised the program reimbursement criteria in an effort to align provider reimbursement with timely use and submission of the form.

Administrative reimbursement model change

2015

1. All HQPAF/PAFs become ineligible for reimbursement 60 days following the end of the calendar year (in 2015 this date is 02/29/16 to return 1/1/15–12/31/15 dates of service)
2. Date of service (DOS) up to 60 days prior to the HQPAF/PAF run date are permissible; earlier dates of service rejected

2016

1. All HQPAF/PAFs become ineligible for reimbursement 60 days following the end of the calendar year (in 2016 this date is 3/1/17 to return 1/1/16–12/31/16 DOS)
2. HQPAF/PAFs must be returned within 60 days of the DOS with a current calendar year face to face encounter
3. MA HQPAF/PAF reimbursement amount is determined by timing of return:
    - Higher "timely" administrative reimbursement for forms returned within 60 days of the DOS
    - Lower administrative reimbursement for forms returned >60 days from the DOS
    - $0 for forms returned after the expiration date
    - Rules simplified: Run date is no longer a factor in the administrative reimbursement calculation

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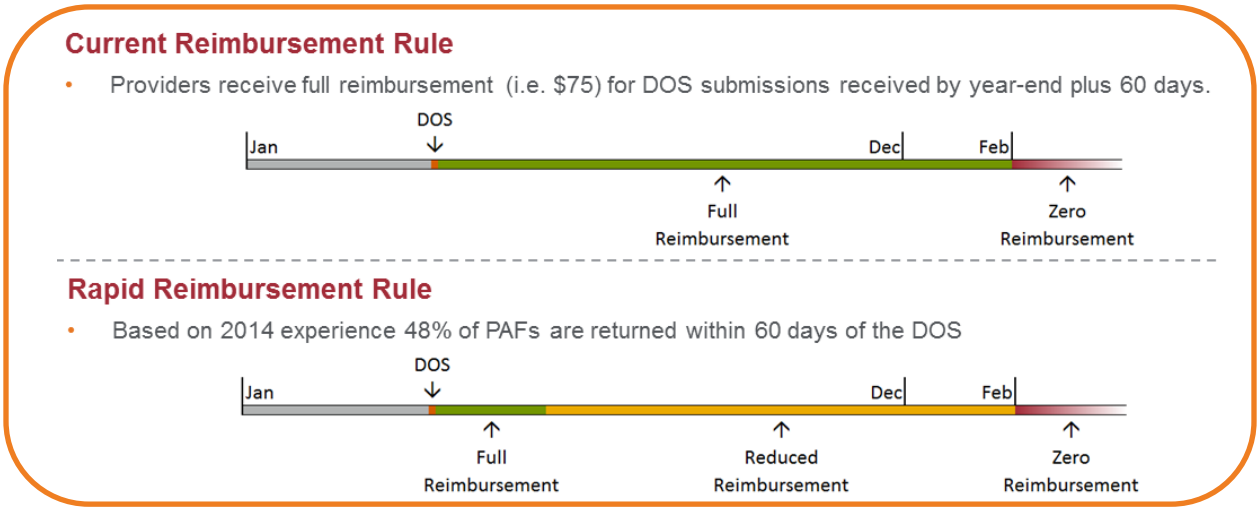
Key elements to rapid return reimbursement :

- Aligns reimbursement rate with prospective use and timely submission of the HQPAF/PAF.
    - Information on the HQPAF/PAF is intended to be used by the provider at the time of the member encounter to ensure optimal gap closure.
- Timely return of the data (HQPAF/PAF and accompanying documentation) within 60 days of the DOS will allow for prompt feedback on remaining risk suspects and care opportunities so that they can be addressed at the next member encounter.
- Additional DOS may be submitted along with the most recent DOS if there is evidence of gap closure from an earlier encounter.
- HQPAF/PAFs returned within 60 days of the DOS and subsequently rejected will be date-stamped with their original receipt date. The DOS of any resubmitted documentation will be compared to the original receipt date for consideration of reimbursement.
- Based on 2014 experience, 48 percent of participating providers already submit their forms within 60 days of the DOS.



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Changes to all HQPAFs/PAFs

Change to HQPAF/PAF	Description of change
Care priority	➢ Prioritization value added in first line of member clinical information. ➢ Based on open care opportunities to maximize outcomes. ➢ Encourages providers to quickly identify members in need of early intervention.
Clinical alerts	➢ A quick reference to subsequent pages of the HQPAF to inform the provider of patient history that may require attention: • Multiple ER visits • Use of high-risk medications • Medication adherence gap
Ongoing assessment & evaluation	➢ Allows provider to clearly indicate status of all suspects, including: • Condition assessed & documented • Not currently present • Condition not assessed
ICD-10 conversion	➢ Suspect conditions will include associated ICD-10 codes/ranges. ➢ Select ICD-9 are general by definition and do not map cleanly to an ICD-10 equivalent. ➢ In these select cases, the HQPAF will prompt the physician to provide the specificity required for ICD-10.
Account setup form (ASF) and W-9 policy	➢ Instituted a policy to enforce the submission of the ASF & W-9. ➢ ASF & W-9 forms not received by expiration the PAF will trigger forfeiture of reimbursement by the provider. ➢ Eliminates future outstanding accruals for the health plans.
Eligibility verification	➢ Prompt for verification of member eligibility prior to rendering services. ➢ HQPAFs should only be utilized when member is eligible on DOS submitted. ➢ Ineligible DOS will not receive administrative reimbursement.
Patient exclusion	➢ Added a patient exclusion option: “This patient is no longer seen at this practice.”
Medication adherence	➢ Added language to encourage 90-day refills. ➢ 90-day refills encourage higher medication adherence rates for applicable prescriptions. ➢ HQPAF reminds providers to consider a 90-day prescription if it is covered by the plan.
Diabetes treatment	➢ Removed section. ➢ Measure to be retired for Five-Star Quality Rating System

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	consideration.

Changes exclusive to MA HQPAF/PAF program

Change to MA PAF	Description of change
Urinary incontinence	➢ Removed from Early Detection of Chronic Illness section. ➢ Health Outcomes Survey (HOS) measure has been retired.
Early detection – HOS measures Early Detection section	➢ Added an indicator to clearly define fall risk and physical activity as HOS measures. ➢ Footnote provides additional background on why measures are prompted, encouraging provider discussion/education with patients.
Body mass index	➢ Added an outcome of "Unable to weigh". ➢ Some provider organizations lack the equipment to weigh immobile individuals; provides outcome selection option to accommodate.
High-risk medications (HRM)	➢ Provide clear indication that the medications prescribed to a member based on claims data can have significant negative impact on the member's health and encourage consideration of a suitable alternative.

Changes exclusive to ACA HQPAF/PAF program

Change to ACA PAF	Description of change
Preventive medicine	➢ Added in preparation for introduction of quality measures to the program, encouraging provider attention to needed screenings. ➢ Populated based on HEDIS (Healthcare Effectiveness Data and Information Set) specifications. ➢ Screenings are included if data indicates that screenings are either due or overdue for the patient.
Managing chronic illness	➢ Added in preparation for introduction of quality measures to the program, encouraging provider attention to needed screenings. ➢ 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 completed within the HEDIS specified timeline.
Medication adherence	➢ Added in preparation for introduction of quality measures to the program, encouraging provider attention to needed screenings. ➢ Medications monitored for adherence will be flagged with "GAP" when two or more fill dates present and total "days

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	supply" is less than 80% of the total days on the medication type. ➢ Encourages engagement with patients to discuss barriers to taking medication as directed.

New administrative reimbursement payment policies

Direct deposit:

As of January 1, 2016, all providers that qualify for HQPAF/PAF (Healthcare Quality Patient Assessment Form) administrative reimbursement **must** receive their reimbursement via direct deposit. Administrative reimbursement will be completely paperless and checks will no longer be available. Benefits your providers will experience as a result of direct deposit include:

- Elimination of the burden of having to manage and deposit checks
- Reimbursements will be received more quickly
- Email notification of deposited funds
- Remittance data is available via a secure web portal

Account setup forms (ASF) and W-9 submissions:

As of January 1, 2016, ASFs and W-9 must be submitted to Optum by the program year expiration date (e.g., March 1, 2017) or risk administrative reimbursement forfeiture for 2016 program year submissions.

Encourage your providers to take note of these important administrative reimbursement changes so that they do not experience delays in receiving their reimbursement.

New mailing address

Effective January 1, 2016, mail will no longer be picked up from the old address in Franklin, TN. Any mail delivered to the Franklin, TN, address will not be received by Optum. Additionally, be sure to note that the mailing address will change to:

Optum
Prospective Programs Processing
15458 North 28th Avenue
Phoenix, AZ 85053

Sincerely,

Optum Prospective Programs Operations

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