Dear health care provider:

Welcome to the 2020 Optum® in-office assessment program, formerly known as the Healthcare Quality Patient Assessment Form/Patient Assessment Form (HQPAF/PAF) program. This program name change reflects the significant technology advancements Optum has made over the past few years moving from a paper form-based program to digitally and securely exchange clinical information with providers through multiple digital modalities.

In our ongoing effort to improve program efficacy and ease of use, we are eager to highlight our 2020 program enhancements. The 2020 program builds on the foundation that was put in place in 2019 and includes additional features and refinements.

The details below summarize the 2020 enhancements to the Medicare Advantage (MA), Affordable Care Act (ACA) and Medicaid Managed Care (MCAID) in-office assessment programs:

<table>
<thead>
<tr>
<th>Enhancement</th>
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<th>ACA</th>
<th>MCAID</th>
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<tr>
<td>Optum in-office assessment program</td>
<td>Although our program name has changed to the Optum in-office assessment program, our goal remains the same: to provide the right tools to help improve the health outcomes of patients by prospectively focusing on early detection, ongoing assessment and accurate reporting of chronic conditions. Optum strives to meet you where you are, now offering multiple electronic modalities to digitally and securely exchange information in 2020. If you are interested in learning about the electronic modalities available, please contact your Optum representative or the Optum Provider Support Center at 1-877-751-9207, 8 a.m.–7 p.m. ET, Monday–Friday.</td>
<td>X</td>
<td>X</td>
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</table>
| Fax number and address updates | Please note the following.  
• For returns via fax (if applicable), utilize our new fax number: 1-972-957-2145  
• For returns via traceable carrier (if applicable), utilize the address below: Optum Prospective Programs Processing 2222 W. Dunlap Ave. Phoenix, AZ 85021  
• Our website address has been updated: [https://www.optum.com/in-office-assessment.html](https://www.optum.com/in-office-assessment.html) Here you can find answers to frequently asked questions, the Account Setup Form (ASF), Signature Log, information on direct deposit and much more! | X | X | X |
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<td><strong>Ongoing Assessment &amp; Evaluation section: HCC column added</strong></td>
<td>Within the <em>Ongoing Assessment &amp; Evaluation</em> section, the Hierarchical Condition Category (HCC) number related to the potential diagnosis listed has been added to the left of the <em>Potential Diagnosis</em> column. The goal in providing this information is to assist you in accurately completing your assessments.</td>
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| **Ongoing Assessment & Evaluation section: Part C HCC focus** | Part D HCCs have been suppressed from the *Ongoing Assessment & Evaluation* section in an effort to focus on Part C HCCs, as Part D suspects have a high likelihood to be closed through the course of the year without including them as part of the program. Some examples of Part D HCCs that will be suppressed in 2020 include Disorders of Lipoid Metabolism, Hypertension and Esophageal Reflux.  

Please note: If a Part D screening is available for the patient, the screening will still appear within the *Early Detection* section on the assessment. For example, Depression is an item to be screened for early detection. Major Depression is a Part C condition and may have a Part D HCC Depression as well. While the Part D HCC Depression should no longer be presented in the *Ongoing Assessment & Evaluation* section, the Part D Depression screening will remain (if applicable) within the *Early Detection* section on the assessment. | X  |     |       |
| **Ongoing Assessment & Evaluation section: updated selections** | In an effort to clarify selection verbiage within the *Ongoing Assessment & Evaluation* section, the selections have been updated:  
  - From Yes to **Assessed and Diagnosed**  
    - Selecting **Assessed and Diagnosed** indicates the condition was evaluated, present and appropriately documented during a 2020 encounter and must be supported in the medical record provided.  
  - From No to **Assessed and Not Diagnosed**  
    - Selecting **Assessed and Not Diagnosed** indicates the condition was evaluated but the patient does not have the condition.  
  - No changes to **Referred and Not Assessed**                                                                                                                                                                                                                                                                                                                                                     | X  | X   | X     |
### Comprehensive Gap Assessment Program (CGAP): update to eligibility criteria*

The requirements to meet eligibility for the Comprehensive Gap Assessment Program (CGAP) have been updated as follows:

- If any suspected condition in the *Ongoing Assessment & Evaluation section* is reported as *Assessed and Not Diagnosed*, the Evaluating Practitioner Name and Date of Service must be reported in the section underneath the Potential Diagnosis covering all conditions assessed during the encounter to be eligible for CGAP.

*Note: Not all health plans have elected to participate in CGAP. Please refer to your in-office assessment or contact your Optum representative or the Optum Provider Support Center at 1-877-751-9207, 8 a.m.–7 p.m. ET, Monday–Friday to learn more about this program as well as receive health plan-specific program requirements.*

### Preventive Medicine Screening section: added Medicaid measures

In addition to the quality measures currently available for the Medicaid Managed Care in-office assessment program, the following added measures will be included in the *Preventive Medicine Screening* section if the patient meets eligibility:

- Chlamydia Screening in Women
- Childhood Immunization Status (Combo 10)
- Immunizations for Adolescents (Combo 2)

### Managing Chronic Illness section: added Medicaid measures

In addition to the quality measures currently available for the Medicaid Managed Care in-office assessment program, the following added measures will be included within the *Managing Chronic Illness* section if the patient meets eligibility:

- Antidepressant Medication Management — Continuation Phase
- Appropriate Testing for Children With Pharyngitis
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Adults)
- Follow-Up Care for Children Prescribed ADHD Medication — Continuation Phase
- Pharmacotherapy Management of COPD Exacerbation
- Statin Therapy for Patients with Cardiovascular Disease
- Statin Therapy for Patients With Diabetes
- Use of Imaging Studies for Low Back Pain

### Managing Chronic Illness section: instructions clarified

The instructions within the *Managing Chronic Illness* section have been updated as follows:

“The following action(s) are due or overdue, as indicated by HEDIS & health plan data. Evidence of assessment or a referral (where applicable) must be included in the medical record documentation submitted with this assessment.”

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<td>In addition to the quality measures currently available for the Medicaid Managed Care in-office assessment program, the following added measures will be included within the <em>Managing Chronic Illness</em> section if the patient meets eligibility:</td>
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Sincerely,

Optum Prospective Programs Operations

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