Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) Checklist and Frequently Asked Questions

PAF/HQPAF CHECKLIST FOR YOUR MEDICARE ADVANTAGE PATIENTS

Getting started:

- ❑ Locate the patient name toward the top of each PAF/HQPAF.
- ❑ Check to see if the patient has already been in for their Annual Wellness Visit (AWV).
- ❑ If the patient has already been in, review the medical record with the PAF/HQPAF to determine if all care opportunities were closed during that encounter.
- ❑ If all care opportunities have been closed, print or copy the progress note and submit per the instructions with the completed PAF/HQPAF. Forms are only eligible for dates of service (DOS) within the calendar year. Some HEDIS screenings may occur outside the eligible DOS and should be included with a current calendar year progress note. Refer to instructions on the form to determine if timely or late reimbursement applies for the date(s) of service submitted.
- ❑ If all care opportunities were not addressed, file the PAF/HQPAF in the patient's chart to be completed during the next visit.
- ❑ If the member has not yet been seen, schedule an appointment for an annual assessment and review the PAF/HQPAF at the time of the patient encounter to ensure all care opportunities are addressed and documented.

Preparing progress notes:

- ❑ Assess & document in the progress note all active care opportunities assessed during the encounter. Be sure to include clear provider signature and credential(s), patient name and DOS. Document all chronic conditions and comorbid factors to the highest level of specificity.
- ❑ Include all progress notes providing evidence that care opportunities have been addressed. You can use progress notes from any and all DOS from the current calendar year.
- ❑ If you are unable to attach a progress note for the eligible date range, select one of the exclusion checkboxes located under ***Patient Status Exceptions*** section of the PAF/HQPAF. A progress note is not required if you have checked one of the exclusions. "Patient Status Exceptions" are not eligible for reimbursement.
- ❑ Screening documentation may fall outside of the eligible date range. If submitting more than one progress note as supporting documentation, please make sure that at least one of the progress notes is from a current calendar year encounter.

Submitting PAFs/HQPAFs

Before submitting PAFs/HQPAFs, follow these guidelines to avoid rejected PAFs/HQPAFs:

- ❑ Attach the progress note and all supporting medical record documentation and submit with the completed page one of the PAF/HQPAF. *With some forms, patient information may extend to a second page. In these instances, you must submit both the first page and the second page.* Corresponding claims sent to the health plan for the same date of service should include all appropriate diagnosis codes as documented for the visit.
- ❑ Ensure that the most recent DOS is within the current calendar year. If it is not, check the date of their last AWV and schedule them for their annual assessment around the same time.
- ❑ Ensure the provider's signature is legible and included on the progress note. PAFs/HQPAFs are rejected for noncompliant/illegible signatures. If using an EMR, ensure the signature on file has been authenticated and is Centers for Medicare & Medicaid (CMS) compliant.
- ❑ Submit the PAF/HQPAF with eligible progress notes within 60 days of the max DOS to receive full administrative reimbursement, if applicable.
- ❑ Submit a signature log to Optum™ for your group, even if using an EMR. This proactively assists in validating the signers credentials. We cannot process PAFs/HQPAFs if credentials are not present on the EMR and/or if a digital signature is used on the EMR.
- ❑ Ensure the DOS is written legibly on the first page of the progress note. Check to make sure it is not cut off in the margins if faxing.

The PAF/HQPAF program can help providers identify and address chronic conditions that may otherwise go undiagnosed and/or untreated.

How do I submit PAFs/HQPAFs?

Please submit PAFs/HQPAFs and all supporting documentation via:

- Traceable carrier (any carrier, such as UPS or FedEx, that provides a tracking number):
  Optum Prospective Programs Processing
  15458 North 28th Avenue
  Phoenix, AZ 85053
- PAF Uploader:
  Contact your local Healthcare Advocate or Provider Support Center at 1-877-751-9207 for implementation
- Secure fax server:
  1-877-889-5747

Frequently asked questions

How does Optum pull patient data to populate PAFs/HQPAFs?
PAFs are pre-populated for each patient based on past claims data including primary care visits, specialists visits, hospitalizations and Rx claims.

All PAFs/HQPAFs are unique to each patient based on risk factors, emergency room visits, suspected conditions, and whether or not a patient is due for a Healthcare Effectiveness Data and Information Set (HEDIS)* specific screening (HQPAF only).

Does the PAF/HQPAF need to be filled out at the time of visit?
The PAF/HQPAF was created to act as a prospective tool. We encourage the provider to review the PAF/HQPAF prior to or during the patient's office visit to help address, assess and document all pertinent diagnoses and referrals. If the "Assessed" box is checked for a chronic condition in the ***Ongoing Assessment and Evaluation*** section, it must be documented in the progress note within an eligible DOS.

How does Optum define a timely return?
Optum will use the latest DOS submitted and the receipt date by Optum to determine if the PAF/HQPAF was submitted within 60 days from the DOS. Multiple DOS service may be submitted with the PAF/HQPAF to support the closure of all care opportunities. The latest DOS will be the one used to calculate the timely return. For example, if progress notes with DOS of 01/20/16 and 05/20/16 were submitted with the PAF/HQPAF, the 05/20/16 will be the DOS used to calculate timely. For this example, if the PAF/HQPAF is received by Optum on or before 07/19/16, if applicable, full administrative reimbursement would apply to this form.

Will a PAF/HQPAF received within 60 days from the DOS, but then rejected, receive the timely reimbursement when resubmitted?
Yes, the original receipt date will be date stamped on the PAF/HQPAF and will be the date used in the calculation to determine timeliness.

If a PAF/HQPAF receives a late reimbursement rate, can it be resubmitted with a new DOS to receive the timely reimbursement?
No. At this time, each PAF/HQPAF is eligible for a single submission (which may include multiple dates of service), unless the original submission is rejected. Optum cannot receive or consider additional reimbursement for a subsequent submission after the initial submission has been processed.

What happens if we can't schedule an appointment with the patient?
If you are unable, or unwilling, to schedule an appointment with the patient, indicate why an assessment could not be performed by completing the ***Patient Status Exceptions*** section and return the form to Optum.

What other tools does Optum offer that support the HQPAF/PAF program?
Optum wants to encourage and support your success with the PAF/HQPAF program. We offer additional reports, clinical and coding tools, a monthly PAF eBlast and more — all of which may help you with the PAF/HQPAF program. These reports and tools also support other programs related to the identification, treatment and appropriate coding and documentation of services for your patients that have chronic conditions.

Ask your Optum Healthcare Advocate how we can support your practice.

What is the Patient Assessment Form (PAF) program?

The PAF program is designed to help providers ensure that all chronic conditions are being addressed and documented to the highest level of specificity at least once per calendar year for all Medicare Advantage, Medicaid Managed Care Plan and Affordable Care Act patients.

What is the Healthcare Quality Patient Assessment Form (HQPAF) program?

The HQPAF includes all content in the PAF as well as sections to address patient quality of care (Preventive Medicine Screening, Managing Chronic Illness, and trifurcation of prescriptions for monitoring of High Risk Meds and Medication Adherence) and Care for Older Adults when generated for a Special Needs Plan (SNP) member.

Additional PAF/HQPAF tools

Talk to your local Optum Healthcare Advocate for additional tools on the PAF and HQPAF program. This includes the HQPAF Provider Instructions and the HQPAF Provider brochure.

Who can I contact if I have questions?

For questions, please contact the Optum Provider Support Center at 1-877-751-9207, or contact your local Healthcare Advocate.

For additional information as well as publications and products available for HEDIS, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org.

OPTUM™ optum.com

11000 Optum Circle, Eden Prairie, MN 55344