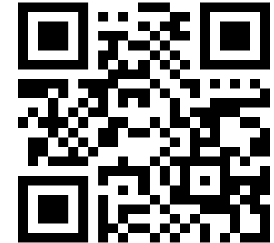
OPTUM®

2018 Healthcare Quality Patient Assessment Form

The HQPAF program is developed and administered by Optum on behalf of [_____ ________Client________ ___].
Use for 2018 date(s) of service; past screening documentation may be outside of this date range.



Participation is eligible for up to $XX when submitted accurately and **timely**.
See ► **Administrative Reimbursement**.

Submit via traceable carrier, PAF Uploader, or secure fax (1-877-889-5747).
See ► **Additional Instructions**

This form is eligible ✓ for CGAP ✓ for Secondary Submission

► Patient: MbrLastName, MbrFirstName

Member ID: XXXXXXXX **DOB: MM/DD/YYYY** **Phone: ###-###-####**

▷ Provider Information

Check box to confirm the provider completing the assessment. Enter name/NPI if not populated.

☐ **Provider:** PCP Name 1 **NPI:** __ __ __ __ __ __ __ __ __

☐ **Provider:** ________________ **NPI:** __ __ __ __ __ __ __ __ __

▷ Care Priority: 1

ⓘ Emergency Room visits (3), High Risk Medications (2), Medication Adherence Gap (1)

▷ Ongoing Assessment & Evaluation

ALL Potential Diagnoses must be addressed by checking the associated box.

Checking "Diagnosed at Visit/Yes" and "Diagnosed at Visit /Referred (to Specialist)" must be submitted with corresponding chart documentation **to be eligible for the CGAP**

Potential Diagnosis *Designate Specificity*	Risk Factors, Co-morbid Conditions or Screenings	Diagnosed at Visit Yes	No	Referred	Not Assessed
Acute Renal Failure (N17.--)	GFR test value was 57.9	☐	☐	☐	☐
Morbid Obesity (E66, Z68.4-)	Previously Coded: Morbid Obesity (E66.01)	☐	☐	☐	☐
Pressure Ulcer w/ Necrosis to Muscle, Tendon, Bone; consider location, laterality & stage (L89.--)	Previously Coded ICD-9: Aseptic Necrosis (733.--)	☐	☐	☐	☐
Seizure Disorders and Convulsions (G40, R56)	Member is taking TOPIRAMATE TAB 100 MG	☐	☐	☐	☐

▷ Preventive Medicine Screening

Indicate if screening/referral(s) were completed by checking the appropriate box.

The following screening(s) are due or overdue, as indicated by HEDIS & health plan data. **Evidence of results, referrals, and exclusions must be included in medical record documentation submitted with HQPAF.**

Screenings to Consider	Outcome				Exclusion
Body Mass Index (BMI & Weight required)	☐ Completed	☐ Unable to weigh	☐ Refused	☐ Age/Sex	☐ Pregnant
Breast Cancer Screening	☐ Completed	☐ Referred	☐ Refused	☐ Age/Sex	☐ Bilateral Mastectomy ☐ 2 Unilateral Mastectomies
Colorectal Cancer Screening	☐ Completed	☐ Referred	☐ Refused	☐ Age/Sex	☐ Colorectal Cancer ☐ Total Colectomy

▷ Managing Chronic Illness

Indicate actions performed by checking the appropriate box.

Per HEDIS guidelines, evidence of assessment or referral, for the conditions listed below are due or overdue and **must be included in medical record documentation submitted with HQPAF.**

Conditions	Suggested Action	Yes	N/A	No
Controlled Blood Pressure*	Blood Pressure Evaluation	☐	☐	☐
Diabetes Mellitus*	Diabetic Eye Exam (Yes indicates referral or completed)	☐	☐	☐
	HbA1c Testing NA, but control	☐	☐	☐
	Nephropathy Screening	☐	☐	☐
Rheumatoid Arthritis	Prescription Treatment	☐	☐	☐

*As of run date, member is not yet eligible for measure per HEDIS specifications; measure triggered based on member history.

▷ Medication Management

Consider these conditions indicated by Prescription usage and document in medical record if present.

Consider these Chronic Illnesses or Document Condition in Medical Record	Prescription Name	Diagnosed at Visit Yes	No	Referred	Not Assessed
Supply Indicating Diagnosis	Member is taking DIURETICS, ALPHA-BETA BLOCKERS	☐	☐	☐	☐

▷ Early Detection

Consider these conditions & submit medical record documentation if present.

Chronic Illnesses or Screenings to Consider	Risk Factors, Co-morbid Conditions or Screenings	Diagnosed at Visit Yes	No	Referred	Not Assessed
Abdominal Aortic Aneurysm	Current or Past Smoking	☐	☐	☐	☐
Cognitive Function	Screening using tool such as 6CIT®	☐	☐	☐	☐
Depression	Screening using tool such as PHQ-9©	☐	☐	☐	☐

This information is a summary of previously reported diagnoses, from multiple sources and is not intended to be used in place of medical diagnosis or treatment.
Any HIV/AIDS and substance abuse conditions, whether present or not, are not part of this Patient Assessment Form.

PATIENT & PROVIDER INFORMATION

Patient: MbrLastName, MbrFirstName	Provider: PCPName1
Member ID: XXXXXX DOB: MM/DD/YYYY	

▷ Patient Status Exceptions — No Reimbursement Will Be Made

If you are not able to complete the assessment: complete this section and return this page only.

- ☐ Patient does not respond to contact efforts.
- ☐ Invalid / incomplete contact information.
- ☐ This patient is deceased, as of ____/____/______.
  MM DD YYYY
- ☐ This patient is no longer seen at this practice.
- ☐ I am not interested in contacting this patient.

► Administrative Reimbursement

Completed forms with progress note(s) that meet CMS documentation requirements are eligible for administrative reimbursement under the following conditions:

2018 DOS Required	Timely: $XX	Late: $XX	After Expiration: $0
Documentation of one or more face to face encounter(s) in 2018	Returned within 60 days of the latest DOS submitted	Returned AFTER 60 days of the latest DOS submitted	Submissions after 01/31/2019 are not eligible for reimbursement.

Additional Reimbursement applies to this form:

Comprehensive Gap Assessment Program (CGAP): $XX additional reimbursement will apply when XX% of your groups deployed PAFs are returned timely and XX% *potential diagnoses* in the OA&E (if any) have been addressed. Note: If a section that is listed below is not on an individual HQPAF/PAF, that section will not apply to the CGAP. To qualify as addressed:

Section (as applicable)	Eligible Response	Non-eligible Response
Ongoing Assessment & Evaluation	Yes, No, or Referred	Not Assessed

If you or your organization is currently enrolled in the Enhanced Personal Healthcare (EPHC) or Freestanding Patient Centered Care (FPCC) program for which you are eligible for a portion of shared savings, the CGAP payment will be subtracted from your shared savings reimbursement, if any is received. Therefore, the CGAP payment will impact your shared savings payment.

Timely return will be calculated using the latest date of service submitted. Account Set-up Form (ASF) & W9 (available at www.optum.com/HQPAF) are a pre-requisite for reimbursement and must be HQPAF Reject expiration date (03/29/2019) or the administrative reimbursement for the program year will be forfeited.

► Additional Instructions

① **Schedule** a comprehensive exam for this patient's next office visit to allow for enough time to assess all gaps in care and screenings identified on the form and complete page one. ***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.***

② **Verify** member eligibility prior to rendering services, as members can be enrolled or disenrolled throughout the year. ***Forms with ineligible dates of service will not be reimbursed.***

③ **Document** in the progress note meeting CMS requirements, including clear provider signature & credential(s), patient name, and date of service.
This form expires – eligible dates of service for submission limited to 01/01/2018 through 12/31/2018 and can be submitted through 01/31/2019. **Rejected forms can be resubmitted by 03/29/2019.**

④ **Submit** the applicable page(s) of this form and progress note(s) to support all chronic conditions and co-morbid factors, documented to the highest level of specificity within 60 days of the latest date of service. Submission options:
1. **Traceable Carrier** (any commercial carrier with traceable delivery): OPTUM Prospective Programs Processing, 15458 North 28th Ave, Suite G, Phoenix, AZ 85053
2. **PAF Uploader:** To get started, please visit: optumupload.com
3. **Secure Fax:** 1-877-889-5747

For questions, visit www.optum.com/HQPAF or call 1-877-751-9207.

► Keys to Success

✓ Be sure to include the following when submitting a HQPAF:
1. Page one of the HQPAF; if patient information extends to a second page, you must complete and return both the first and the second page.
2. All pages of completed progress note for a visit between 01/01/2018 and 12/31/2018.
3. Additional documentation (potentially outside of date range above) supporting past screenings

✓ Progress notes must meet Optum coding standards and CMS Documentation requirements, including:
1. Provider name, credentials and signature must appear at the end of each documented patient visit in the progress note
2. Provider signature log should be on file
3. If printing from EMR, appropriate authentication language, such as "Signed by" or "Authenticated by", must be present
4. Member name and date of birth (on all pages)
5. Date of service

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PATIENT & PROVIDER INFORMATION

Patient:	MbrLastName, MbrFirstName			Provider:	PCPName1
Member ID:	XXXXXX	DOB:	MM/DD/YYYY		

► Medical History Reported to Health Plan

Retain for your records

Information below is based on data received from all providers, including specialists.

Office Visits

2 or more visits in past 24 months or single annual exam

Physician	Specialty	Visits	Last Visit
John Jones, MD	Annual Exam*	1	02/25/2017
Jane Smith, MD	Endocrinology	3	05/15/2016
Margaret Elizabeth Murkowski-Doe, MD	Cardiology	2	07/15/2016

*Optum identified as date of last annual exam

ER Visits

Past 24 months, no admission

Date
01/01/2016
07/04/2016
09/07/2016

Hospitalizations

Past 36 months

Admit	Discharge
08/01/2017	08/05/2017
11/01/2017	11/08/2017
11/23/2017*	11/27/2017

*Readmission w/in 30 days

Three-Year Condition List

Place of Service Legend: Inpatient, Provider Office, Other

Chronic

Diagnosis Coded / *HCC if applicable*	Year 17	16	15
250.00 DB W/O COMP TYPE II/UNS NOT UNCNTRL E11.9 Type 2 diabetes mellitus without complications *019 Diabetes without Complication*	●	●	●
250.02 DB W/O COMP TYPE II/UNS UNCNTRL E11.65 Type 2 diabetes mellitus with hyperglycemia *019 Diabetes without Complication*		●	
272.4 OTHER&UNSPECIFIED HYPERLIPIDEMIA E78.4 Other hyperlipidemia E78.5 Hyperlipidemia, unspecified			●
281.9 UNSPECIFIED DEFICIENCY ANEMIA D53.9 Nutritional anemia, unspecified		●	
285.9 UNSPECIFIED ANEMIA D64.9 Anemia, unspecified		●	●
374.30 UNSPECIFIED PTOSIS OF EYELID H02.409 Unspecified ptosis of unspecified eyelid			●
557.0 ACUTE VASCULAR INSUFF INTESTINE K55.0 Acute vascular disorders of intestine *107 Vascular Disease w/Complications*		●	●

Non-Chronic

Diagnosis Coded / *HCC if applicable*	Year 17	16	15
374.87 DERMATOCHALASIS H02.839 Dermatochalasis of unspecified eye, unspecified eyelid	●	●	●
375.15 UNSPECIFIED TEAR FILM INSUFFICIENCY H04.129 Dry eye syndrome of unspecified lacrimal gland		●	
401.1 ESSENTIAL HYPERTENSION, BENIGN I10 Essential (primary) hypertension		●	●
401.9 UNSPECIFIED ESSENTIAL HYPERTENSION I10 Essential (primary) hypertension			●
558.9 UNS NONINF GASTROENTERIT&COLITIS K52.89 Other specified noninfective gastroenteritis and colitis K52.9 Noninfective gastroenteritis and colitis, unspecified			●
562.10 DIVERTICULOSIS OF COLON K57.30 Diverticulosis of large intestine without perforation or abscess without bleeding		●	
569.3 HEMORRHAGE OF RECTUM AND ANUS K62.5 Hemorrhage of anus and rectum		●	●
578.1 BLOOD IN STOOL K92.1 Melena			●
578.9 UNSPEC HEMORRHAGE GI TRACT K92.2 Gastrointestinal hemorrhage, unspecified			●
599.0 UTI SITE NOT SPECIFIED N39.0 Urinary tract infection, site not specified		●	
787.01 NAUSEA WITH VOMITING R11.2 Nausea with vomiting, unspecified	●	●	●
788.41 URINARY FREQUENCY R35.0 Frequency of micturition		●	
789.00 ABDOMINAL PAIN, UNSPECIFIED SITE R10.9 Unspecified abdominal pain			●

Note: Chronic determination made by reference to Agency for Healthcare Research and Quality - Healthcare Cost and Utilization Project (HCUP) Chronic Condition Indicator File. *All HCCs listed reflect CMS Medicare Advantage HCC Model V22; except those with the prefix "A" which reflect the V12 model.*

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Member ID:	XXXXXX	DOB:	MM/DD/YYYY		

High Risk Medications

The use of HRM can lead to increased morbidity, decreased quality of life, & preventable healthcare costs. The CMS, American Geriatric Society & NCQA CAUTION the use of the following medication(s) found in this patient's profile. Please consider a suitable alternative.

Drug Name	Classification	Filled	Days Supply	Qty
EXAMPLE HIGH RISK DRUG 150 mg	EXAMPLE HIGH RISK CLASS	08/28/2017	30	1
		10/07/2016	30	1
		12/12/2015	30	1
		05/06/2015	30	1
EXAMPLE HIGH RISK DRUG 2 10 mg	EXAMPLE HIGH RISK CLASS	09/01/2017	90	90
		11/24/2016	90	90
EXAMPLE HIGH RISK DRUG 3 2 mg	EXAMPLE HIGH RISK CLASS	11/24/2017	40	120
		03/10/2017	40	120
		02/27/2017	40	120

Note: Medication list 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

The following medications are monitored for adherence, and will be flagged with "GAP→" when two or more fill dates are present and total "Days Supply" is less than 80% of total days on the medication type. Engage patient, discuss barriers & encourage 90 day refills.

Adherence Gap	Drug Name	Classification	Filled	Days Supply	Qty
GAP→	EXAMPLE DRUG 150 MG	SULFONYLUREAS	11/12/2015	30	1
			12/11/2014	30	1
			04/01/2014	30	1
			05/06/2014	30	1
	EXAMPLE DRUG 10 MG	SULFONYLUREAS	08/26/2015	90	90
			11/24/2015	90	90
GAP→	LIALDA TER 1.2 GM	MISCELLANEOUS G.I.	11/24/2015	40	120
			01/27/2015	40	120
			03/30/2015	40	120

Note: Medication list limited to prescriptions filled using health plan coverage; self-pay prescription data not available.

Other Prescriptions

Drug Name	Classification	Filled	Days Supply	Qty
EXAMPLE OTHER DRUG 150 MG	Non-RISKY	11/12/2015	30	3
		12/11/2015	30	3
		04/01/2015	30	3
		05/06/2015	30	3
EXAMPLE OTHER DRUG 10 MG	SULFONYLUREAS	08/26/2015	90	90
		11/24/2015	90	90
HUMALOG MIX 50/50 ING 50/50 U/ML	INSULINS INJ	11/24/2015	40	120
		01/27/2015	40	120
		03/30/2015	40	120

Note: Medication list limited to prescriptions filled using health plan coverage; self-pay prescription data not available.

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