Making it a success

- The HQPAF/PAF program is an annual program. At least once annually, Optum will generate new reports and information for the provider. The information includes an overview of the patient's status and ongoing progress.

- The HQPAF/PAF program is a prospective program. Our health plan clients want to ensure that their patients receive a comprehensive annual assessment and utilizing this form during the patient visit is an easy way to ensure each patient is receiving quality care.

- Optum can also assist providers with programs that encourage patients to schedule an annual assessment with your practice. These programs may include: call campaigns to patients that remind them to see their provider annually, assistance making an appointment and materials that help educate patients on chronic conditions and the importance of maintaining their health.

- Optum offers additional reports, clinical education and tools that help support this program as well as other programs relating to the identification, treatment and appropriate coding and documentation of services to patients with chronic conditions.

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

Who is Optum?

Optum is a health services company with more than 35,000 people dedicated to making the health system work better for everyone. Our solutions and services are used at every point in the health system, from provider selection to diagnosis and treatment, and from network management, administration and payments to the innovation of better medications, therapies and procedures.

Optum helps solve the fundamental challenges facing the health system with unmatched depth and breadth of capabilities, a diverse portfolio of innovative health services and technologies and the exceptional expertise of our people. Our solutions and capabilities:

- Provide physical and mental health information and services to more than 60 million Americans – helping them and other health organizations navigate the system, finance their health care needs and attain their goals

- Improve the performance of the health system with analytics, technology and services that enable better decisions and results

- Assist with clinical management and delivery of prescription medications and consumer health products.
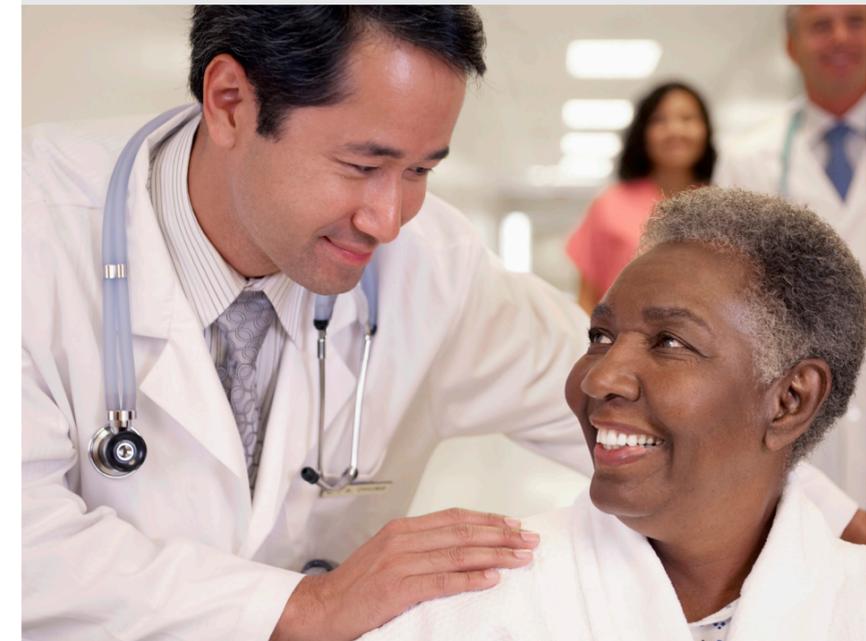
Every day, we shape how health care is managed, and how information and technology drives improvements in the system. Optum works with our clients and partners to improve the delivery, quality and cost effectiveness of health care in ways that support and empower more patient-centered, value-driven care.

1. HEDIS® is a registered tradmark of the National Committee for Quality Assurance (NCQA). Additional information can be found at: ncqa.org
2. Five-Star Quality Rating System is a registered tradmark of the Centers for Medicare and Medicaid Services (CMS). Additional information can be found at: cms.gov

---

Understanding the Healthcare Quality (HQPAF) and Patient Assessment Form (PAF) programs

Improving health outcomes and quality measures

OPTUM® **optum.com**

11000 Optum Circle, Eden Prairie, MN 55344

What are the HQPAF and 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, Medicaid Managed Care Plan and Affordable Care Act (ACA) members. The HQPAF/PAF should be used prospectively at the point of care. The goal of the HQPAF/PAF program is to help ensure that these patients receive an annual assessment and supports a variety of CMS quality programs, including The Healthcare Effectiveness Data and Information Set (HEDIS) and the Five-Star Quality Rating System.[1,2]

The HQPAF/PAF program provides historical information about patients to the healthcare provider. This health information may include:

- PCP, specialists and hospitalization history
- Prescription history
- Information on previously diagnosed conditions
- Potential gaps in preventive screenings or recommended chronic illness treatment

The HQPAF/PAF program allows for identification and accurate reporting of chronic conditions. Optum will work with you to determine which version of the HQPAF/PAF program is most suitable for your practice.

Why is the HQPAF/PAF program important to providers?

Routine exams and screenings can help identify and detect chronic conditions, often before your high-risk patients have any symptoms. These annual assessment are an important part of maintaining the quality of care and quality of life of your patients.

The relationship: Optum and our clients

Medicare Advantage, Medicaid Managed Care Plan and Affordable Care Act (ACA) health plans recognize Optum's expertise in the field of chronic condition patient identification, clinical programming support, quality monitoring and ongoing coding education. Our technology and data capabilities, coupled with our trained and knowledgeable staff, provide comprehensive programs and consultation to providers at no charge. This may include chronic condition identification and management, coding and documentation and risk adjustment activities.

The HQPAF/PAF and reimbursement

When you accurately complete and submit your HQPAFs/PAFs, you may be eligible for reimbursement.

> *All HQPAF/PAF reimbursement is issued via direct deposit.*

To ensure accurate and timely reimbursement, the following is required:

- submit a copy of your W-9 to Optum
- return a completed "Account Set-Up form" (provided by Optum).
- the "Pay To" TIN on the "Account Set-Up form" must match the TIN on your W-9
- your completed "Account Set-Up form" and your W-9 must be submitted prior to submission of a completed HQPAF/PAF to ensure that your reimbursement account setup has been completed by Optum
- Account Setup Forms (ASFs) and W-9s are required to qualify for HQPAF/PAF reimbursement and MUST be submitted to Optum by the HQPAF/PAF Reject Resubmission deadline (for example. March 29, 2019). Failure to timely submit your ASF and W-9 acts as a waiver of any and all claims for 2018 program year reimbursement.

For additional information about reimbursement, please ask your Optum Healthcare Advocate for a copy of our *HQPAF/PAF reimbursement guidelines* brochure or our *Patient Assessment Form (PAF) reimbursements and direct deposit* sheet.

What patients are included in the HQPAF/PAF program?

- The patients are all members of our clients' health plans. Our clients are all Medicare Advantage, Managed Medicaid and/or Affordable Care Act (ACA) organizations.
- Your Optum Healthcare Advocate can work with you to determine which of your patients are eligible for this program.
- The HQPAF/PAF program may be customized to target those members of particular concern for your practice. These categories may include:
  - members who have not been to your practice within the past twelve months,
  - members who have potential gaps in preventive and/or chronic condition care,
  - members at high risk for chronic diseases or
  - all members.

Your Healthcare Advocate can help you choose the program that is right for your practice.

Why is the HQPAF/PAF program important to our clients' members?

The Optum HQPAF/PAF program helps ensure that patients receive a complete and comprehensive annual assessment. This annual assessment can help the provider identify and address chronic conditions that may otherwise go undiagnosed and/or untreated. The HQPAF/PAF program will:

- provide a comprehensive summary of your patient's care and an overview of treatment information relating to that patient's chronic conditions
- assists the provider in determining a treatment plan, including appropriate preventive and wellness care
- provide a summary of the patient's known past and present conditions, acute and chronic, as well as a medication summary

Before you begin the HQPAF/PAF program

Your Optum Healthcare Advocate will:

- validate that your practice is serving patients represented by our health plan clients
- verify that your contact information is correct
- review the various delivery options for you to receive your HQPAF/PAFs

The information will always be delivered securely and in accordance with all HIPAA standards.

Starting the HQPAF/PAF program*

At the time of a patient visit, review the HQPAF/PAF that was sent to you by Optum. This HQPAF/PAF includes prior, current and suspected conditions that have been identified for that patient.

- ☐ In the medical record progress note, document all conditions evaluated, monitored and treated during the visit to the highest level of specificity.
- ☐ At the time of visit, please review all clinical information provided on the form, including all prior, current and suspected conditions identified.
- ☐ Consider the following:
  - ☐ Screening for chronic illnesses, if appropriate
  - ☐ Screening for chronic illnesses not previously diagnosed, based on identified risk factors and/or comorbidities
  - ☐ Addressing any suspected conditions or gaps in care identified
  - ☐ Addressing any suspected gaps in preventive or chronic condition care, including potential gaps in medication therapy
- ☐ For any conditions listed in the "Potential Diagnosis" box in the **Ongoing Assessment and Evaluation** section, indicate the current status:
  - ☐ If the condition is active and confirmed during the encounter, check "Daignosed at Visit/Yes" and document to the highest level of specificity in the progress note.
  - ☐ If the condition is no longer active check "Daignosed at Visit/No"
  - ☐ If the condition requires additional follow-up or referral, check "Diagnosed at Visit/Referred"
  - ☐ If the condition cannot be assessed at the time of the patient encounter, check "Not Assessed". A progress note should still be returned with the form even if the "Not Assessed" box is checked.
- ☐ Include all progress notes providing evidence that all care opportunities reported on the HQPAF/PAF have been addressed. You can use progress notes from any and all DOS from the current calendar year. Screening documentation may fall outside of the eligible date range. In these cases, make sure that at least one of the progress notes is from an encounter from the current calendar year.
- ☐ Attach the progress note and all supporting medical record documentation and submit with all completed pages of the HQPAF/PAF within 60 days from the DOS. Corresponding claims billed to the health plan for the same date of service should include all appropriate diagnosis codes for the visit.
- ☐ Send the HQPAF/PAF coversheet and all supporting documentation via traceable carrier (a traceable carrier is any carrier, such as UPS or FedEx, that provides a tracking number), PAF Uploader or fax server.

*This is not meant to be a complete list of all steps and processes involved with the HQPAF/PAF program. Your Optum Healthcare Advocate will review the program in its entirety with you.