OPTUM®

2018 Comprehensive Gap Assessment Program: Frequently Asked Questions

Frequently Asked Questions

Program Definition and Requirements

What is the purpose of the 2018 Comprehensive Gap Assessment Program (CGAP)?

- The goal of the CGAP is to help ensure patients receive a complete and comprehensive annual assessment. Use of the information on the Health Quality Patient Assessment Form (HQPAF)/Patient Assessment From (PAF) at the time of the patient encounter ensures that all care opportunities are addressed. Groups participating in this program have the opportunity to receive additional reimbursement for meeting the criteria, which can vary and are set by each participating health plan.

What requirements need to be met in order to qualify for CGAP reimbursement?

- **Timely Return Threshold:** The percentage of HQPAFs/PAFs that must be returned within 60 days of the date of service (DOS) submitted, to qualify for the CGAP. After the Timely Return Threshold is met, all HQPAFs/PAFs that achieve 'Coding Complete' status are eligible for the CGAP reimbursement.

  Note: The Timely Return Threshold varies by health plan. As per standard HQPAF/PAF program guidelines 'Coding Complete' indicates that the HQPAF/PAF submission met the criteria for abstraction of quality measures and risk coding

- **Gap Assessment Threshold:** The percentage of gaps, if any, must be assessed and documented to the highest degree of specificity, if diagnosed. One of the following dispositions must be submitted for each potential diagnosis and/or screening:

Section (as applicable)	Eligible Response	Non-eligible Response
Ongoing Assessment & Evaluation *(All potential diagnoses listed must be assessed)*	✓ **Yes, No, Referred**	☒ **Not Assessed**
Preventive Medicine Screening *(BMI and colorectal screening only)*	✓ **Completed, Exclusion or Referred**	☒ **Refused**
Managing Chronic Illness *(Controlled blood pressure and diabetes mellitus measures only)*	✓ **Yes or N/A**	☒ **No**
Care for Older Adults *(All screenings must be completed)*	✓ **Completed or Previously Executed**	☒ **Did not complete**

- **Cover Sheet:** The cover sheet must be returned for a submission to qualify for the incentive program. If no cover sheet is present, information received *will not* be counted towards the CGAP.
- **Documentation Verification:** Verifies that all diagnosed conditions, if any, are documented to the highest degree of specificity in the medical record submitted with the HQPAF/PAF and/or coded on claims from other encounters throughout the calendar year.
- **Secondary Submission:** Permits the closure of additional gaps in care, via the resubmission of the initial HQPAF/PAF cover sheet accompanied by documentation of a new DOS. If a new DOS is not included, subsequent submissions will be classified as 'Duplicates' and, therefore, will be ineligible for the CGAP. *Secondary submissions can be submitted any time after the initial submission.*

  Note: Secondary Submissions *are not eligible for the base reimbursement*; however they are factored into the Gap Assessment Threshold and Documentation Verification components of the CGAP.

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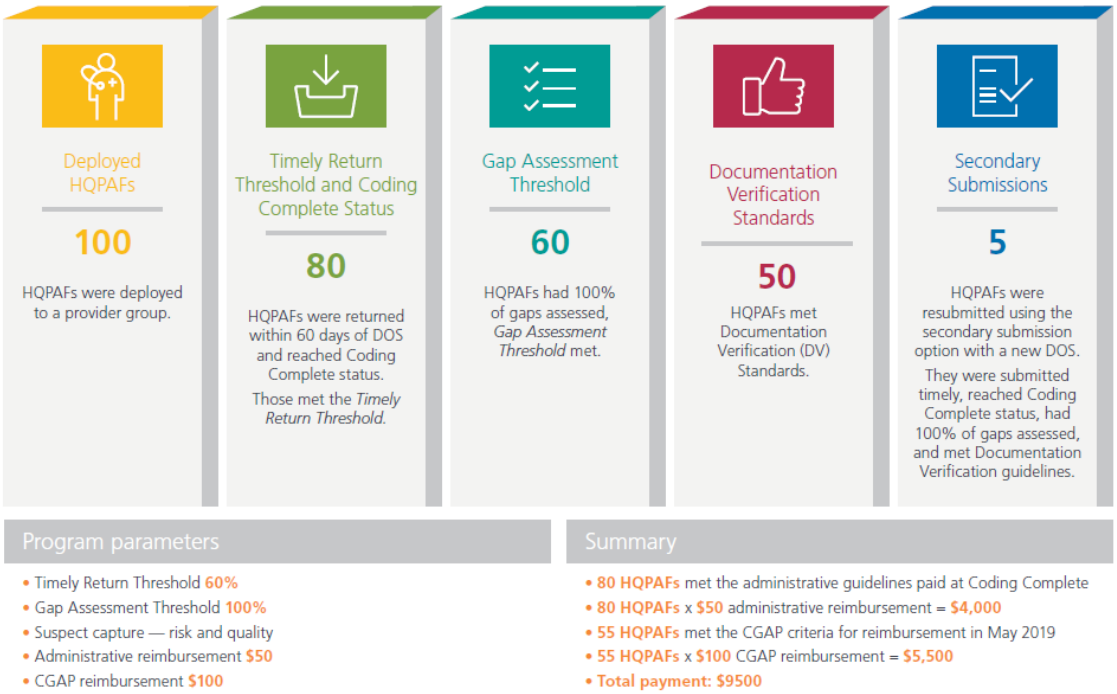
CGAP Reimbursement and Variable Rates

How will the CGAP payment be calculated?

- *This example is not specific to any health plan.* Reimbursement rates will vary by health plan.



When should providers expect to receive their CGAP reimbursement?

- In order to receive the CGAP payments, Optum must have received the correct Account Set-Up Form (ASF) and W-9. Additionally, the provider must be actively enrolled in direct deposit. CGAP reimbursement will be issued by May 2019.

If a provider is participating in a health plan's Shared Savings Program and HQPAF, will the CGAP impact their shared saving or similar types of payments?

- Health plans sometimes factor HQPAF/PAF, CGAP and payments from similar programs into their shared savings and risk-based payments. Providers should contact the health plan directly for information on if and/or how the CGAP reimbursement will impact their shared savings and risk-based payments.

Where will the CGAP payment come from?

- 2018 CGAP payments will be processed by Optum and issued in accordance with standard provider reimbursement procedures. Specifically, an ASF and W-9 *must be* on file with Optum and direct deposit enrollment status must be 'Active' to receive CGAP payments.

Does a HQPAF/PAF have to be returned in a timely manner to be eligible for the CGAP payment?

- HQPAFs/PAFs must meet the Timely Return Threshold set by each health plan. Once that Timely Return Threshold is met, all HQPAFs/PAFs will be eligible for the CGAP.

If a provider has already submitted an HQPAF/PAF (and it is in coding complete), but did not mark the check boxes appropriately, can they resubmit before January 31, 2019 to receive the CGAP payment?

- For health plans that elect the secondary submission option, the provider can return the HQPAF/PAF coversheet with a new DOS showing where the suspect was addressed. *If they used the same DOS the submission would look like a duplicate and not be accepted.*

In OptumPAF™ (OPAF) a member was once active, but now is suppressed. Do they qualify for the CGAP reimbursement?

- If the provider printed the HQPAF/PAF when the member was active, saw the member, and returned the HQPAF with the progress note, the provider will be paid. If the member becomes suppressed without the HQPAF/PAF being printed, the member is ineligible for the program

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2018 second deployment of HQPAF/PAF

Why will some providers receive a second set of forms?

- Due to an unexpected technical error, some providers may receive two sets of HQPAFs/PAFs for the same members in 2018. The first set would have been received in February or March and any second set will likely be received beginning April 23, 2018. The second set of HQPAFs/PAFs will provide the most comprehensive view of all open gaps in care for which your members should be assessed.

Which form should providers return?

- Providers should prioritize the forms that will be deployed beginning April 23, 2018. If they choose to do so, they may also return the forms receive during February and March.

What criteria should be met to receive administrative payment for both forms?

- Each must be submitted with a unique DOS. *If both forms are returned with the same date of service, the submission will be considered a duplicate and will not qualify for reimbursement.*
- *The reimbursement rates printed on the first set of forms is no longer valid*. Reimbursement rates for these forms will be as follows: $50 (timely) and $10 (late). Although these forms will be included in the performance calculations for the CGAP, they will not generate incremental CGAP reimbursement.
- *The reimbursement rates printed on the second set of forms is valid* and reimbursement will be issued accordingly. Please refer to your HQPAFs/PAFs deployed beginning on or after April 23, 2018 for the correct reimbursement rates.
- Forms received during February and March must be returned no later than June 30th, 2018 to qualify for the Timely Reimbursement Rate.
  - The Timely Submission Policy will be waived for dates of service ranging from January 1, 2018 through May 31, 2018.
  - Forms submitted by June 30, with dates of service ranging from January 1, 2018, through May 31, 2018, that reach coding complete status, will receive the Timely Reimbursement Rate.
  - Rejected forms must be resubmitted by no later than August 30, 2018.
  - Initial submissions received after June 30, 2018 will automatically receive the late reimbursement rate.

What is the deadline for submitting a form received beginning April 23, 2018?

- Forms received beginning Aril 23, 2018 can be returned through January 31, 2019. The Timely Submission Policy will be waived for dates of service ranging from January 1, 2018 through May 31, 2018. Submissions containing dates of services ranging from June 1, 2018, through December 31, 2018, must be returned within 60 days of the date of service to qualify for the Timely Reimbursement Rate.

What is the deadline for submitting rejected forms?

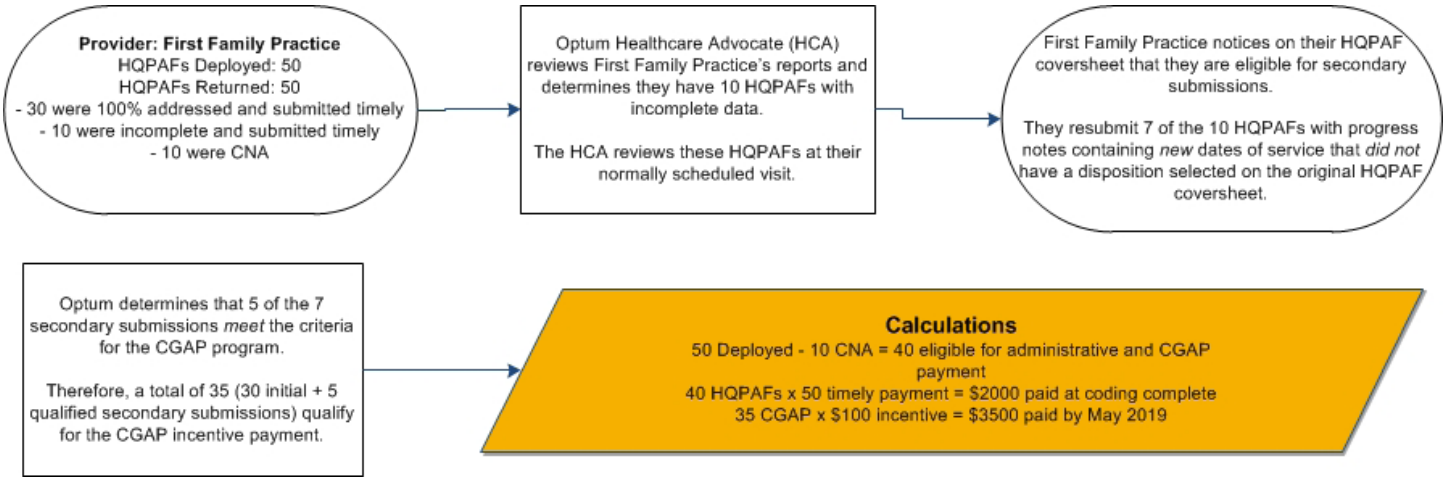
- The deadline for resubmitting rejected forms is March 29, 2019.

What will the impact be on the CGAP, if applicable?

- All submissions will count towards the Gap Assessment Threshold. Only one HQPAF/PAF, per member, will be included in the Timely Return Rate Threshold. Secondary submissions may be completed for the forms received on or after April 23, 2018.

Secondary Submissions, CNAs and Rejections

What does the secondary submission workflow process look like?



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2018 second deployment of HQPAF/PAF *(continued)*

Is there a limit to the number of secondary submissions that a provider can make?

- No. Please remember that a new date of service *must* be included with each secondary submission. Additionally, there is no reimbursement to the provider for secondary submissions.

When tracking an HQPAF/PAF, are both initial and secondary responses tracked for timely submission?

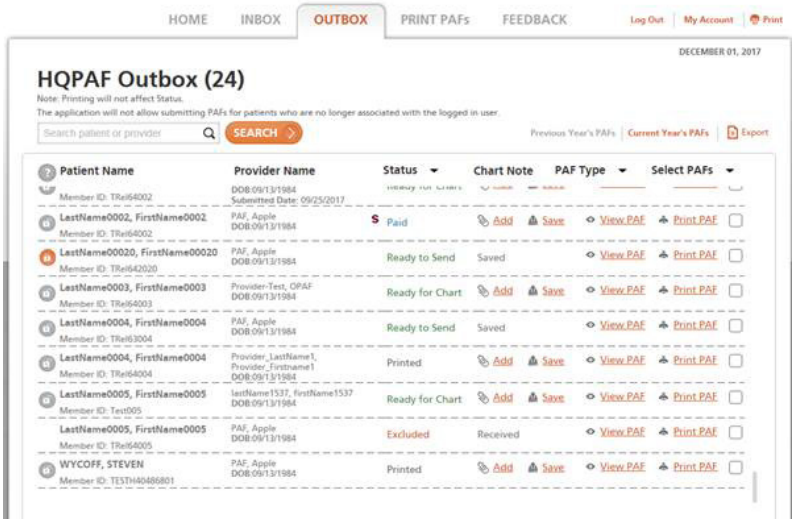
- Timely submissions are only tracked for the initial submission.

What happens if the check box responses submitted with a secondary submission was changed from the original?

- Secondary submissions were designed to allow providers the opportunity to submit additional information to address gaps in care that remain open *after* the original submission and to prevent a conflict between compliance with the timely submission requirement and accurate, thorough documentation. This is especially critical to support gap closure for Care Priority 1 and 2 members who may have a high volume of gaps that need to be addressed.
- The secondary submission process is not intended to encourage or provide additional opportunities to change responses to the conditions populated on the HQPAF/PAF. Providers may use a secondary submission (accompanied by a new DOS) for the following situations:
  - Provide responses to conditions for which no dispositions were previously supplied (left blank).
  - Change 'Not Diagnosed' to 'Diagnosed' or 'Referred'.
  - Change 'Referred' to 'Diagnosed' or 'Not Diagnosed' in the original submission.
- *Note:* Providers *may not* use a secondary submission to change responses from 'Diagnosed' to 'Not Diagnosed' or 'Referred'. *Those changes will not be accepted for the CGAP.*

Where do I click in OPAF to submit a secondary submission?

- In OPAF, the secondary submission flag is visible in the 'Outbox' as a red 'S'. Secondary submission HQPAFs/PAFs in the 'Outbox' are allowed to add new chart notes and submit the form again, even if it has reached a 'Paid' status



How will HQPAF/PAF rejections be managed?

- Rejected HQPAFs/PAFs will not count toward the CGAP calculations. Provider groups are encouraged to work all rejected forms to ensure items are resolved and resubmitted prior to the HQPAF/PAF reject deadline of March 29, 2019. Rejections that are not resolved prior to the HQPAF/PAF submission deadline will not be included in the 2018 CGAP program calculation. If a CNA is submitted and patient is assessed at a later date, the HQPAF/PAF can be submitted and will be included in the calculations for the provider.

What if providers received an HQPAF/PAF for a patient that is not being treated in their practice?

- If a group is deployed an HQPAF/PAF for a patient that is no longer being treated in their practice, the group should utilize the 'Patient Status Exceptions (CNA)' section on the HQPAF/PAF to designate why the HQPAF/PAF cannot be completed. Remind the group that any submitted CNAs will be removed from the numerator and denominator when calculating the 2018 CGAP payment.

Should a provider's office hold CNA's to the end of the year in case a member decides to come back in?

- If a provider has sent in a paper CNA form, it can be resubmitted at any time throughout the year. If the provider submits a CNA via OPAF, it will remain a CNA as they cannot be resubmitted via the OPAF portal.

What if a provider received an HQPAF/PAF without an 'Ongoing Assessment & Evaluation' (OA&E) or 'Quality' section to be completed?

- Forms that do not contain an 'OA&E' or 'Quality' section are still eligible for CGAP reimbursement. Compliance with the Gap Assessment Threshold will be assessed at 100% for forms that do not contain an 'OA&E' or 'Quality' section.

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CGAP Reporting

When will CGAP reports be available?

- The CGAP reports will be available after HQPAFs/PAFs are deployed. As HQPAFs/PAFs are deployed, the data will be updated.

How often will the CGAP data be refreshed?

- Data will be refreshed weekly.

Can groups participate in the CGAP through multiple health plans? If so, how will this be reflected in the CGAP reports?

- Groups may participate in multiple CGAPs simultaneously, throughout the program year. Reports will be supplied on a per health plan basis to minimize confusion and ensure ease of use.

How does a provider obtain access to their CGAP report?

- Contact the Optum Provider Support Center at 1-877-751-9207.
    - Provide your Taxpayer Identification Number (TIN) and, if you already have an Optum ID, have that available as well.

If a provider signed up last year to receive Pay for Prospective HQPAF/PAF progress reports, do they need to sign up to receive CGAP progress reports this year?

- No. All provider access will transfer over as of February 16, 2018.

How will I be able to differentiate between my first and second set of HQPAFs/PAFs in the CGAP progress report?

- This will be noted in the 'Member Details' section under 'Submission Type' (Sub Type) as 'Initial2'.

If you have further questions in regards to the Comprehensive Gap Assessment Program, please reach out to your Optum Healthcare Advocate or contact the Optum Provider Support Center at 1-877-751-9207.

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