

Pain and functional assessment for older adults

What is the Care for Older Adults pain and functional assessment form?

The National Committee for Quality Assurance (NCQA) has developed a set of metrics called the Healthcare Effectiveness Data and Information Set (HEDIS®). Under the HEDIS umbrella is a set of measurements specific to the care for older adults. The measurements look for evidence of advance care planning, medication review, functional status assessment and pain assessment. This form can be used to provide evidence of:

- Pain assessment
- Functional status assessment

Who is considered for the Care for Older Adults pain and functional assessment?

- Patients 66 years old and older enrolled in a Special Needs Plan (SNP)
- Patients enrolled in a SNP and are either dual-eligible for Medicare and Medicaid and/or have a chronic condition

To determine if a Humana-covered patient is enrolled in a SNP, please check his or her eligibility and benefits.

Why should I complete this form?

- This form serves as a tool to assess and address issues identified as common among older adults who are dual-eligible for Medicare and Medicaid and/or are chronically ill.
- This form allows Humana to improve care coordination for its members.

Who can complete this form?

This form can be filled out and submitted to Humana by an individual employed by or contracted with a healthcare provider or a managed services organization (MSO) who 1) completes the pain and functional assessment with a patient, or 2) reviews a medical record for a visit in which a pain and functional assessment was performed.

Unlike the full Care for Older Adults assessment that includes advance care planning and medication review, this form does not have to be completed and signed by a practitioner with prescribing rights.

How do I submit this form?

Method 1: Upload electronic health records directly to Humana using the fast and secure provider portal by following these steps:

1. Go to the secure upload site at www.submitrecords.com/humana and enter the password **hfstar83**.
2. Click the "Add files" button and choose the medical record(s) from your browser, then choose "Open." You can upload single records as PDFs or tag image file formats (TIFFs). In addition, you can batch upload a zip file of all records as PDFs or TIFFs.
3. Add any information regarding the record(s) into the notes section. You can add records up to a maximum of 100MB of data per upload.
4. Click "Upload," and the selected medical record(s) will be electronically routed to the Humana repository system.

Method 2: Fax to Humana medical record retrieval at **800-391-2361**.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Pain and functional assessment for older adults

Patient name: _____

Date of service: ____/____/____ (mm/dd/yyyy)

Member ID: _____

Date of birth: ____/____/____ (mm/dd/yyyy)

Physician name: _____

This document is intended to capture requested clinical quality information only. Other write-in information will not be considered.

Functional assessment: Does patient have difficulties performing the following activities?

Date assessed: _____

Bathing ☐ Yes ☐ No ☐ N/A

Transferring ☐ Yes ☐ No ☐ N/A

Dressing ☐ Yes ☐ No ☐ N/A

Using the toilet ☐ Yes ☐ No ☐ N/A

Eating ☐ Yes ☐ No ☐ N/A

Walking ☐ Yes ☐ No ☐ N/A

Physical activity assessment

Date assessed: _____

Patient is physically active ☐ Yes ☐ No

Patient is active 30 minutes a day most days of the week ☐ Yes ☐ No

Patient plans to become active in the next few months ☐ Yes ☐ No

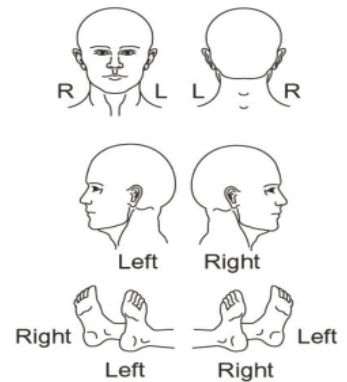
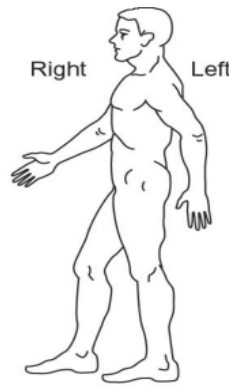
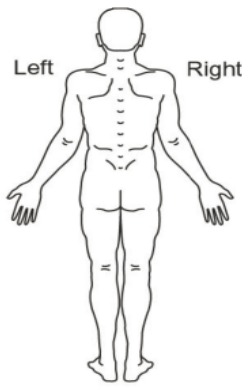
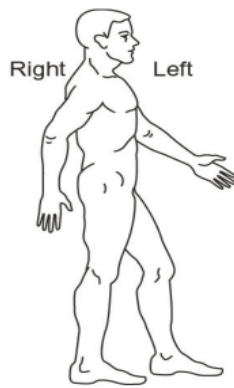
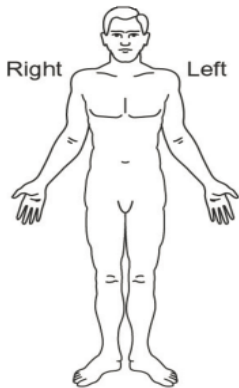
Patient expresses fear to become active or participate in physical activity ☐ Yes ☐ No

Patient participates in activity regularly ☐ Yes ☐ No

If so, what type? _____

Pain assessment

Date assessed: _____



Pain intensity (0 lowest to 10 highest) _____ Present pain _____ Worst pain _____ Best pain _____

Quality of pain _____ Onset, duration, variation, rhythms? _____

What causes the pain? _____ What relieves the pain? _____

Please check one of the following:

- ☐ I personally performed the pain and functional assessment on the date of service listed.
- ☐ I transcribed the pain and functional assessment results based on a review of the patient's medical record and attest that the information contained herein accurately reflects the medical record.

Signature

Date