

Health Care Quality Assessment Form (HCQAF) Checklist

Before faxing the assessment form use this checklist to help determine if the assessment form is complete and will be eligible for additional payment.

If all of the boxes are checked submit the completed form(s) to:

Attn: HCQAF Fax:
1-408-874-1439

- Was the patient on the HCQAF seen for a Medicare annual wellness visit in calendar year 2022?
- Was the wellness visit done face-to-face or two-way interactive audio and video?
- Did the patient complete a Health Risk Assessment questionnaire before or during the visit?
- Did the provider review all the conditions and gaps in care specified on the HCQAF?
- Does each active, chronic or ongoing diagnosis have support? Document that each condition is active by using M.E.AT (monitored, evaluated, assessed, treated,). For example, 76y F with DM2 continue metformin.
- Has the clinic note been authenticated with the attending provider's signature and credentials? For example, Signed by: Smith, John, MD 01/01/2022.
- If yes to the above fax:
 1. HCQAF
 2. Health Risk Assessment
 3. clinic note

For additional information and how to bill for an annual wellness visit see FAQs at: <https://www.scfhp.com/for-providers/provider-resources/HCQAF>

For questions or concerns contact Risk Adjustment at email: riskadjustment@scfhp.com.