Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) Account Set-Up Form (ASF)

The PAF/HQPAF reimbursement is designed to compensate for the time and costs reasonably expected to be incurred for participating in this program.

All providers that qualify for HQPAF/PAF administrative reimbursement must receive their reimbursement via direct deposit.

Please review the options on page 2 and then complete and return page 3 to accept administrative reimbursement for completed PAFs/HQPAFs.

Administrative reimbursements can only be made when page 3 of this completed form and your W9 are received by Optum.

☐ A properly completed PAF/HQPAF will be reimbursed a one-time administrative reimbursement, per patient, per calendar year. The PAF/HQPAF must be submitted with documentation that is compliant with the Centers for Medicare and Medicaid (CMS), The U.S. Department of Health and Human Services and/or State Medicaid agency regulations.

☐ If you are unable or unwilling to schedule a visit with the patient, return the form with the "Patient Status Exceptions" section completed to indicate why an assessment could not be performed.

☐ W9 must be submitted with completed ASF. *The information you provide below in the "Payable To" and "Pay To TIN" fields should be identical to your submitted W9.*

How to correctly fill out this Account Set-Up Form:

☐ In the "PAF/HQPAF Identifier" column, please list the identifier(s) you use to order your PAFs/HQPAFs (for example, Provider/group TIN, group ID, network ID or DEC).

☐ Some providers and groups may need their payments sent to different addresses, different providers or under different TINs. Please see examples on next page. After reviewing the examples, please complete and return page 3.

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Return this completed form and W9 via the Optum PAF Uploader at optumupload.com

To expedite processing, submission via the Optum PAF Uploader is the preferred method but you may also return via secure fax.

Secure Fax Server: 1-877-889-5747

For questions, please contact Optum Provider Support Center at 1-877-751-9207

Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) Account Set-Up Form (ASF)

Some providers and groups may need their payments sent to different addresses, different providers or under different TINs. Please see the two examples below. Once you review the examples, please complete and return the next page.

Option I: Pay To Group for All Affiliated Providers

Use if PAF reimbursement for all providers within the group is to be issued to the same "Pay to TIN" and "Pay To Address". Note: By selecting this option the practice instructs Optum to issue PAF reimbursement to the same "Pay to TIN" and "Pay To Address" for all current and future providers affiliated with the practice. By selecting this option you will not have to submit a revised Account Setup Form when new providers join the group.

Group/Practice Name & Office Location	PAF/HQPAF Identifier*	Attention/Contact	Payable To	Pay To TIN (Tax ID Number)	Pay To Address
Family Practice Associates 111 Mulberry St. Anytown, ST 11111	123456789	Jane Doe	Family Practice Associates	123456789	111 Mulberry St. Anytown, ST 11111
Family Practice Associates	555555555				
Family Practice Associates	777777777				

Please list the identifier(s) you use to order your PAFs/HQPAFs (for example, provider/group TIN, group ID, network ID or DEC).

Option II: Pay To Multiple Pay To TINs/Locations

Use if PAF reimbursement for all providers within the group is to be issued to different "Pay to TIN (Tax ID Number)" and/or addresses. Only one "Pay To Address" may be designated per "Pay To TIN". Note: By selecting this option the practice instructs Optum to only issue PAF reimbursement to the providers listed below. An updated ASF will be required for all providers who subsequently become affiliated with the group; reimbursement will not be issued for any providers who are not listed until an updated ASF is received.

Group/Practice Name & Office Location	PAF/HQPAF Identifier*	Attention/Contact	Payable To	Pay To TIN (Tax ID Number)	Pay To Address
Family Practice Associates 222 Main Pkwy Anytown, ST 11111	111111111	Office Manager Email Address Phone Number	John B. Doe, MD	123456789	222 Main Pkwy Anytown, ST 11111
Family Practice Associates 123 Atlantic St Metro, ST 22222	111111111	Jill Smith Email Address Phone Number	James Smith, MD	987654321	P.O. Box 12345 Metro, ST 22222
Family Practice Associates 456 Pacific Pkwy Middletown, ST 33333	222222222	Accounts Payable Email Address Phone Number	Jane Johnson, MD	893451267	Accounts Payable 456 Pacific Pkwy Middletown, ST 33333
Family Practice Associates 321 San Louise Pkwy City, ST 33333	444444444	Billing Dept. Email Address Phone Number	Family Practice Associates	444444444	Family Practice Associates 321 San Louise Pkwy City, ST 33333

Please list the identifier(s) you use to order your PAFs/HQPAFs (for example, Provider/group TIN, group ID, network ID or DEC).

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OPTUM®

Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) Account Set-Up Form (ASF)

Please check one: ☐ **Update to Previously Submitted Form**   ☐ **New Form**

Optum Healthcare Advocate, if known: _____

Please complete one of the options below. For additional providers, please copy this sheet and submit.

Option I: Pay To Group for All Affiliated Providers

Group/Practice Name & Office Location	PAF/HQPAF Identifier*	Attention/Contact	Payable To	Pay To TIN (Tax ID Number)	Pay To Address

*Please list the identifier(s) you use to order your PAFs/HQPAFs (for example, provider/group TIN, group ID, network ID or DEC).

Option II: Pay To Multiple Pay To TINs/Locations

Group/Practice Name & Office Location	PAF/HQPAF Identifier*	Attention/Contact	Payable To	Pay To TIN (Tax ID Number)	Pay To Address

*Please list the identifier(s) you use to order your PAFs/HQPAFs (for example, provider/group TIN, group ID, network ID or DEC).

Return this completed form and W9 via the Optum PAF Uploader at optumupload.com

To expedite processing, submission via the Optum PAF Uploader is the preferred method but you may also return via secure fax.

Secure Fax Server: 1-877-889-5747

For questions, please contact Optum Provider Support Center at 1-877-751-9207

OPTUM®

Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) Signature Log

The Centers for Medicare and Medicaid Services (CMS) documentation guidelines require providers to clearly document the date of the visit, their signatures and credentials on all medical records.

Validating signatures documented on medical records is an important step in the Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) submission process. To help us validate provider signatures, we have included a signature log for you to complete while preparing your PAF/HQPAF submission. Each signature log should list all licensed providers who document information on patient medical records (i.e., physicians, physicians' assistants and nurse practitioners).

Complete the signature log as follows:
☐ Type or print the provider's name in the "Provider Full Name" column (MD, DO, NP and PA only)
☐ Each provider should enter his/her legal signature, full name and credential (MD, DO, NP, PA)
☐ The "Actual Chart Signature Variations" column should indicate all possible ways the provider would sign the medical record including full signature, initials, first initial last name or electronic signature

Return this completed form and W9 via the Optum PAF Uploader at optumupload.com

To expedite processing, submission via the Optum PAF Uploader is the preferred method but you may also return via secure fax or traceable carrier.

Secure Fax Server: 1-877-889-5747

- or -

Traceable Carrier (any commercial carrier with traceable delivery):

Optum Prospective Programs Processing

15458 North 28th Avenue, Suite G

Phoenix, AZ 85053

For questions, please contact Optum Provider Support Center at 1-877-751-9207

Sample Signature Log Sample

SAMPLE			
Provider Full Name	**Credential**	**Legal Signature**	**Actual Chart Signature Variations**
John Doe	D.O.	John Doe, DO	JohnDoeDO, JDoeDO, JDDO

- PLEASE COMPLETE PROVIDER INFORMATION ON NEXT PAGE -

![OPTUM®]

Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) Signature Log

Date: _____

Group Name: _____ **State:** _____

Provider Full Name	Credential	Legal Signature	Actual Chart Signature Variations

Signature Log Checklist

When completing the Signature Log, please be sure to:

☐ Enter the date this log was created and your group name

☐ Sign all variations of your signature that might be used to sign a medical record

☐ Type or print your name and credential (MD, DO, NP, and PA only)

☐ Sign your legal signature, full name including credential