

Healthcare Quality Patient Assessment Form (HQPAF)/ Patient Assessment Form (PAF) Uploader

The HQPAF/PAF Uploader was developed to provide an interface that allows multiple users to securely submit HQPAFs/PAFs without issue of failed delivery or suspended access. The HQPAF/PAF Uploader:

- does not require any user credentials
- complies with all HIPAA guidelines to protect your practice and your patient’s personal data
- allows anyone in your office to access the site and upload documentation
- securely transmits directly to Optum

The HQPAF/PAF Uploader requires less time and effort than preparing and submitting documentation via mail or fax.

To get started, please visit: optumupload.com



The HQPAF/PAF program can help providers identify and address chronic conditions that may otherwise go undiagnosed and/or untreated.

Who can I contact if I have questions?

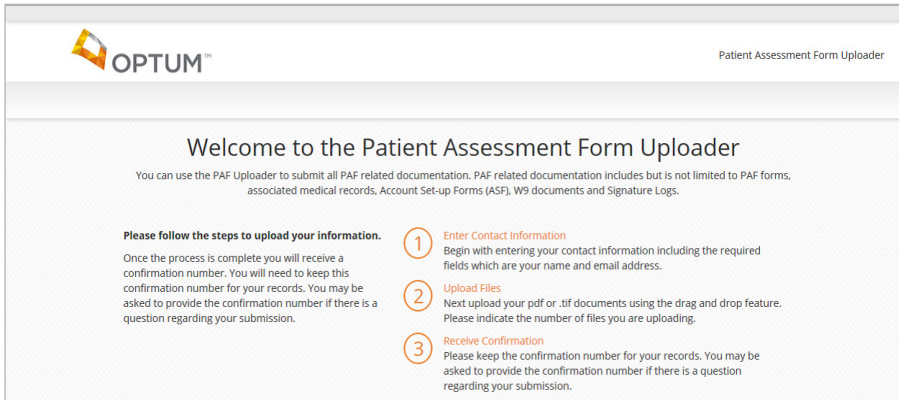
For questions, please contact the Optum Provider Support Center between 5:00 a.m. - 4:00 p.m PST/8:00 a.m. - 7:00 p.m. EST, Monday – Friday, at 877-751-9207 or email:

providersupport@optum.com

Additional HQPAF/PAF tools

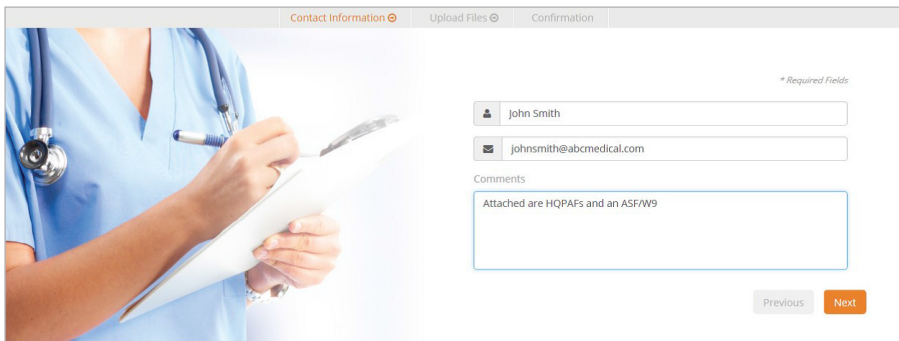
Talk to your local Optum Healthcare Advocate for additional tools on the PAF and HQPAF program. This includes the HQPAF Provider Instructions and the HQPAF Provider brochure.

1. Prepare your HQPAFs/PAFs, progress notes and any additional supporting documentation. *Note: The HQPAF/PAF Uploader only supports the following file types: .pdf, .jpeg and .tif*



The screenshot shows the 'Patient Assessment Form Uploader' interface. It features the Optum logo and a welcome message: 'Welcome to the Patient Assessment Form Uploader'. Below this, it explains that users can submit PAF-related documentation. A list of steps is provided: 1. Enter Contact Information (begin with name and email), 2. Upload Files (use drag and drop), and 3. Receive Confirmation (keep the confirmation number). A note states that once the process is complete, a confirmation number will be received, which is needed for records.

2. Enter your name
2. Enter your email address
3. Enter any comments about the files being uploaded. *Questions about status or receipt will not be answered.*
4. Click "Next"



The screenshot shows the 'Contact Information' step of the uploader. It includes a navigation bar with 'Contact Information', 'Upload Files', and 'Confirmation'. The form has fields for 'Name' (filled with 'John Smith') and 'Email' (filled with 'johnsmith@abcmedical.com'). There is a 'Comments' text area containing the text 'Attached are HQPAFs and an ASF/W9'. At the bottom, there are 'Previous' and 'Next' buttons.

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1. Enter the number of files you will be uploading. The file size limit for a single file is 10MB and a maximum of 50 files can be submitted at once. This number will allow an accurate accounting of all HQPAFs/PAFs submitted.
2. Click "Finish"

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1. Retain your confirmation number in the event you have questions about the submission



Additional suggestions

- ❑ Create one file per member that includes both the HQPAF/PAF coversheet and progress notes.
 - ❑ *Remember: Attach both the HQPAF/PAF coversheet and your progress notes.*
- ❑ Submit one file per member to ensure a more accurate account of all HQPAFs/PAFs submitted. The "Added File Count" provided in the confirmation step will accurately reflect the total number of HQPAFs/PAFs submitted if you submit one file per member.



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This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 4, 2016, CMS announced the CMS-HCC Risk Adjustment model for payment year 2017 driven by 2016 dates of service. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2017.pdf>, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2017.pdf>, <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>

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