



# **Step by Step Guide to Complete the Optum Autism/ABA Agency Application**

The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and 'Provider Express' text. To the right are links for 'Log In', 'First-time User', 'Global', and 'Site Map'. Below these is a search bar with the text 'Search' and a 'Search' button. A dark navigation bar contains links for 'Home', 'Our Network', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'About Us', and 'Contact Us'. Below the navigation bar, there is a breadcrumb trail: 'Optum - Provider Express Home > Our Network'. The main heading is 'Our Network'. Below this is a link: 'Click here for state-specific information'. The page features six content boxes arranged in two rows of three. Each box contains a title, a brief description, and a 'Click here to join' button. The first box is for 'Autism/ABA/BCBA Providers'. The second is for 'Individually-Contracted Clinicians'. The third is for 'Facility or Hospital-Based'. The fourth is for 'Group with Individually Credentialed Providers'. The fifth is for 'Group with Agency Credentialed Providers'. The sixth box is for 'Learn more about our Specialty Network Requests' and contains two buttons: 'Express Access' and 'virtual visits'. Two red arrows point to the 'Our Network' link in the navigation bar and the 'Click here for state-specific information' link.

Start by going to our website:  
[providerexpress.com](https://providerexpress.com)

Click on “Our Network” on the top tool bar.

Click on the **Autism/ABA/BCBA Providers** link to complete your ABA Agency Application.



# Completion and Submission Instructions

- Answer all the questions on the NPRF
- Be sure to attach any required documents at the bottom of the form
- Check the attestation check box at the bottom
- Click to submit the form
- If the form does not go through, scroll to the top of the form where you will find an error box with further instructions
- If user successfully submits the NPRF, they will get to the confirmation screen showing their form is successfully submitted



THE INFORMATION CONTAINED HEREIN IS PROPRIETARY AND CONFIDENTIAL



## ABA Agency Network Participation Request

### IMPORTANT NOTE:

- Please complete fully. Incomplete forms will delay the response to this inquiry.
- Please be sure to have only ONE Network Participation Request Form window open at a time for each submission. Working the same submission in multiple windows at the same time will result in errors related to incorrect data overwriting correct data during the auto-save process.
- If accepted to formally apply to join the network, Optum will provide you with access to the standard Credentialing Application for your state.

### Clinicians in the credentialing or recredentialing process have the following rights:

- To review information submitted to support his/her (re)credentialing application.
- To correct erroneous information obtained by Optum to evaluate his/her (re)credentialing application (not including references, recommendations and other peer-review protected information).
- To submit any corrections, in writing, within ten (10) days.
- To obtain, upon request, information regarding the status of their application.
- I understand that Optum will require documentation to verify that I meet the criteria outlined under Specialty Requirements pertaining to the specialty designated above. I will cooperate with an Optum documentation audit, if requested, to verify that I meet the required criteria.

Fields with a red bar in the space or an "\*" at the end of the label name are required fields.

Auto Saving...

[Network Manual](#)  
[Frequently Asked Questions](#)

ABA Agency Name (DBA) John Doe  
Clinician's Primary Practice State FL  
Credentialing Contact Email \* [john@dorell.com](mailto:john@dorell.com)

TIN 999000000  
Type of ABA Provider ABA Agency



**Provider Information**

Number of MD's *	<input type="text"/>	Number of PhD's *	<input type="text"/>
Number of MSW's *	<input type="text"/>	Number of RN's *	<input type="text"/>
Number of Board Certified Behavior Analysts (BCBA)	<input type="text" value="0"/>		
Number of Board Certified Assistant Behavior Analysts (BCaBA)	<input type="text" value="0"/>		
Number of Behavior Technicians	<input type="text" value="0"/>		
ABA Agency Name (DBA)	John Doe		
Correspondence Address Line 1 (Credentialing/Rec credentialing) *	<input type="text"/>		
Correspondence City *	<input type="text"/>		
Correspondence Zip *	<input type="text"/>		
Correspondence Phone Number *	<input type="text"/>		
Agency Service Area (Counties) *	<input type="text"/>		
How long providing ABA/IBT Services? *	<input type="text"/>		
List all languages (including sign language) in which you are able to conduct treatment	Available AFRIKAANS ALBANIAN APACHE	<input type="button" value="▶"/> <input type="button" value="◀"/>	Chosen ENGLISH
List all clinicians ethnicity within your practice (utilize to meet member referral requests)	Available African American Alaska Native Armenian	<input type="button" value="▶"/> <input type="button" value="◀"/>	Chosen

Correspondence Contact Name *	<input type="text"/>
Correspondence Address- Line 2	<input type="text"/>
Correspondence State *	--None-- ▾
Correspondence Email *	<input type="text"/>
Correspondence Fax *	<input type="text"/>
How long has your Agency been established? *	<input type="text"/>

**Provider Identification Information (If Agency Provider, please complete information for one BCBA on staff)**

ABA/IBT National Accreditation Number	<input type="text"/>	ABA/IBT Accreditation Expiration Date	<input type="text" value="10/20/2021"/>
Behavior Analyst Board Certification Number	<input type="text"/>	Behavior Analyst Board Certification Expiration Date	<input type="text" value="10/20/2021"/>
Behavior Analyst License Number	<input type="text"/>	Behavior Analyst License Expiration Date	<input type="text" value="10/20/2021"/>
Additional State Certification Type and Number (if applicable)	<input type="text"/>	National Provider Identifier (NPI) Number *	<input type="text"/>
Medicaid ID	<input type="text"/>	Clinician DOB *	<input type="text" value="10/20/2021"/>

**Professional Licenses (If Agency Provider, please complete information for one BCBA on staff.)**

State *	Professional License Abbreviation *	License # *	Primary License	Original Independent License Issue Date *	Currently Effective? *		
--None-- ▾	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="10/20/2021"/>	--None-- ▾	<input type="button" value="Add Another License"/>	<input type="button" value="Remove License"/>

[Click here for list of allowed Professional Licenses in each state](#)



Practice Information (A W-9 is required for each unique TIN/DBA combination.)

Add Another Practice

Primary Practice for TIN

Practice Name \*

Business Name (Legal DBA from W-9)

TIN # \*

Practice Physical Address \*

City \*

State \* --None-- v

Zip \*

County \*

Phone # \*

Secure Fax#

Website

In Home Provider? \* --None-- v

Provider exclusively sees members in the member's place of residence.

Remove Practice

Virtual Visits, Telemental Health Compliance Attestation

I Provide Telemental Health Services

Clinical Expertise Checklist

Areas of Clinical Expertise \*

Available: Autism Spectrum Disorders, Applied Behavior Analysis  
Chosen:

Population Treated \*

Available: Preschool (0-5 years), Children (6-12 years), Adolescents (13-18 years)  
Chosen:

Clinic-based Programs \*

Available: Full-day 5 days a week 6 hours a day, Half-day 5 days a week, 3 hours a day  
Chosen:

Non-Clinic based Programs \*

Available: Home Based (10-40 hours a week), Community Based (3-6 hours a week), Other  
Chosen:



**Agency Provider**

- Board Certified Behavior Analyst (BCBA) with active certification from the national Behavior Analyst Certification Board, and State licensure in those states that license behavior analysts.
- State certification in those states that certify behavior analysts.
- Compliance with all state/autism mandate requirements as applicable to behavior analysts.
- A minimum of six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies.
- Minimum professional liability coverage of \$1million per occurrence/ \$1 million aggregate.
- BCBA's must meet standards above and hold supervisory certification from the national Behavior Analyst Certification Board if in supervisory role.
- Licensed clinicians must have appropriate state licensure and six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies.
- Compliance with all state/autism mandate requirements as applicable to behavior analysts/ABA practices.
- BCaBAs must have active certification from the national Behavior Analyst Certification Board, and appropriate state licensure in those states that license assistant behavior analysts.
- Behavior Technicians must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBA's or licensed clinician.
- BCBA or licensed clinician on staff providing program oversight.
- BCBA or licensed clinician performs skills assessments and provides direct supervision of paraprofessionals in joint sessions with client and family.
- \$1 million/occurrence and \$3 million/aggregate of professional liability and \$1m/\$1m of general liability if services are provided in a clinic setting.
- \$1million/occurrence and \$3million/aggregate of professional liability and \$1m/\$1m of supplemental insurance if the agency provides ambulatory services only (in the patient's home).

**ABA Provider Attestation Requirement**

I have reviewed the Optum ABA Provider Requirements that I must meet to be credentialed and contracted as a ABA Agency Provider. After reviewing the requirements, I hereby attest that by placing a check next to this specialty, I meet Optum requirements for this treatment area.

- Agency Provider with required experience in applied behavior analysis/intensive behavior therapies
- I hereby attest that I have reviewed the ABA Agency Site Audit and Record Review Tools on [Here](#) and are prepared to schedule.

**Acknowledge and Submit**

I hereby attest that all of the information above is true and accurate to the best of my knowledge. I understand that any information provided pursuant to this Network Provider Request Form and Specialty Attestation that is subsequently found to be untrue and/or incorrect could result in my termination from the Optum network.

Attestating Submitter \*

Attestation Date \*  [ 10/20/2021 ]

**Documents To Be Attached (Required)**

**I** = Required Information

File Description	Select File
Professional & General Liability Insurance	<input type="button" value="Choose File"/> No file chosen

**Attached Documents**

File Name	Description
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# Checking on the status

This email confirms receipt of your application and instructions to check the status.

**Subject Line: ABA Agency NPRF Request submitted**

Date: <Date>  
To: <Administrator/Provider Name>

This message is to confirm the receipt of ABA Agency Network Participation Request Form (NPRF) for Sample Form.

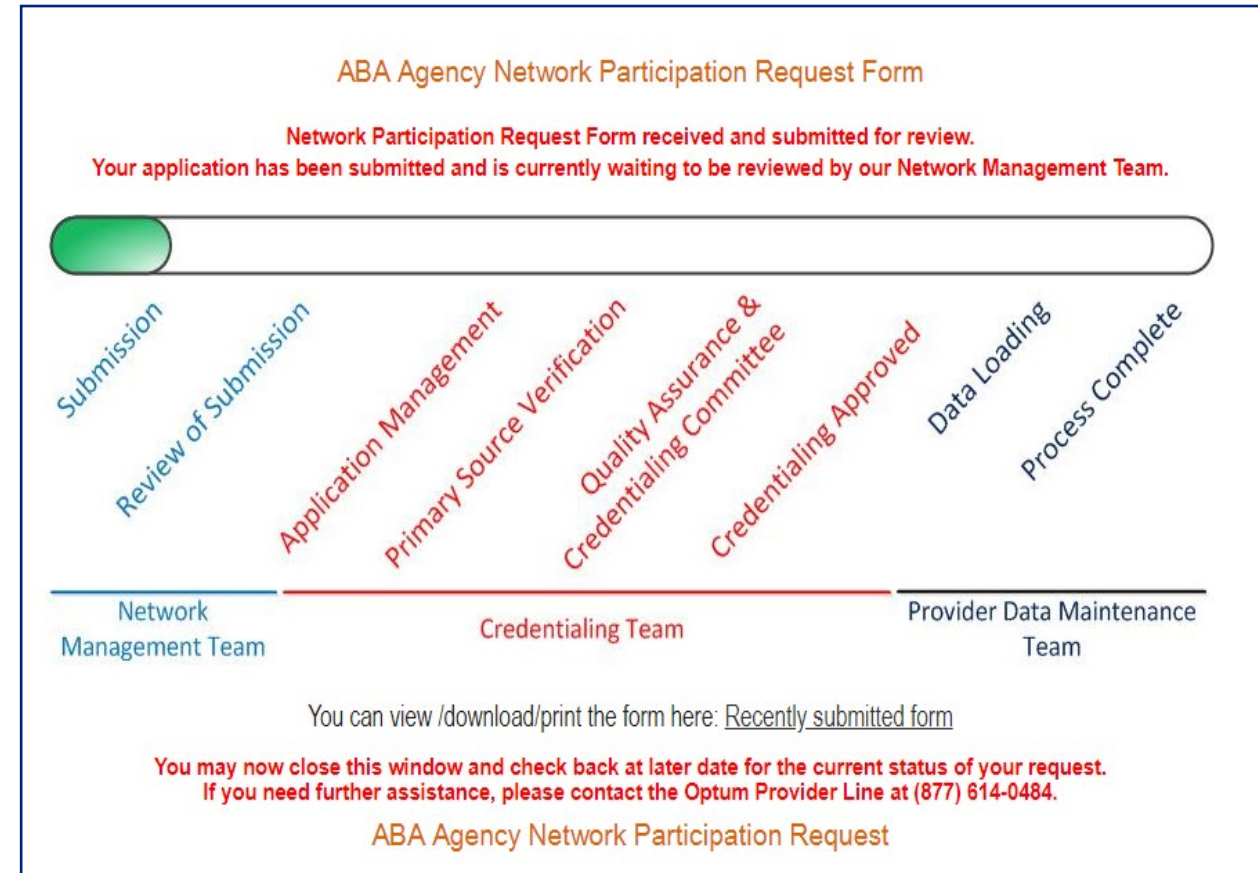
You can check the status of your request by clicking the link below:

<https://optumprovider.secure.force.com/ABAnprf/viewABANPRF?id=a1m2T000002qXHvQAM>

Optum Behavioral Network Services

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

This gives an overall review of the application process.





# Email communications

This email is an example of a request for missing information.

The screenshot shows an email client interface with the following fields and content:

- Send an Email** (Title)
- Buttons: Send, Select Template, Attach File, Cancel
- Edit Email** (Section Header)
- Email Format:** Text-Only [ Switch to HTML ]
- From:** "Deanna Weidner" <deanna.weidner@optum.com>
- To:** Sample Form, Credentialing Email: sampleform@fil.com
- Related To:** Location
- Additional To:** (Empty field)
- CC:** (Empty field)
- BCC:** (Empty field)
- Subject:** ABA Agency Network Participation Request Form - Sample Form
- Body:**

We recently received an ABA Agency Network Participation Request Form for Sample Form. The tax identification number submitted on the application is invalid. Please resubmit your application with the correct tax identification number.

Sincerely,  
Optum | United Behavioral Health  
Specialty Network Services
- Buttons: Send, Select Template, Attach File, Cancel

This email is used if a new contract will be needed.

Dear Provider,

Thank you for your interest in participating in the Optum Autism network. As you know, Optum is in the process of developing a unique provider network comprised of qualified Applied Behavior Analysis (ABA) providers. The application process requires electronic completion and/or signature and return of the following enclosed Optum documents:

- **Applied Behavior Analysis Agency Application (groups only, complete and return)**
- **Individual or Group Participating Provider Agreement (signature only)**
- **Supervisory Protocol Addendum (groups only, signature only)**
- **W-9 Form**
- **Malpractice/Liability Insurance**

These additional documents are included for your records:

- **State Regulatory Attachments**
- **Medicaid (if applicable)**
- **ABA Fee Schedule**

**The application and credentialing process cannot continue until all required documents above have been fully completed and returned to Optum. Following receipt of these documents and a review of your qualifications, we will request a site visit for your group (including all locations). To review our site audit tools, please visit our provider website: [www.providerexpress.com](http://www.providerexpress.com) > Clinical Resources > Autism/Applied Behavior Analysis.**

Once the site visit has been satisfactorily completed, your application documents will be forwarded to our Credentialing Department and they will contact you regarding any additional information needed. Once the credentialing process begins, it is generally completed within 120 days. Once approved by our Credentialing Committee, you will receive a Welcome Letter which will include an executed Agreement signature page and will advise you of your effective date with Optum. It will also direct you to additional resources on *Provider Express*.

Please note that once your application is submitted you have the right to:

- **Review information submitted to support your credentialing [application](#);**
- **Correct erroneous information; and**
- **Be informed, upon request, of the status of your credentialing or recredentialing application**

Contact resource information can also be found on the Autism Corner on [www.providerexpress.com](http://www.providerexpress.com).

I look forward to working with you.

