



Step by Step Guide to Complete the Optum Agency Application

OPTUM[®] Provider Express

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Optum - Provider Express Home > Our Network

Our Network

[Click here for state-specific information](#)

Autism/ABA/BCBA Providers

Optum is recruiting Board Certified Behavior Analysts (BCBA) in solo private practice and qualified agencies that provide intensive ABA services in the treatment of ASD, for our Autism/ABA provider network.

[Click here to join](#)

Individually-Contracted Clinicians

To apply as an individual, you must be a solo clinician or practicing within a group that does not currently have a group agreement with Optum.

[Click here to join](#)

Facility or Hospital-Based

To apply for Facility or Hospital-Based, your facility must offer MH or SUD inpatient, Residential, Partial Hospitalization or Intensive Outpatient Levels of Care.

[Click here to join](#)

Group with Individually Credentialed Providers

To apply for group with individual credentialing, you must be part of a group that has a group agreement with Optum.

[Click here to join](#)

Group with Agency Credentialed Providers

To apply for Agency credentialing, your group must be designated as a Community Mental Health Center (CMHC), Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Opioid Treatment Program (OTP), and/or other Federally or State licensed or certified entity (license or certification is at the organizational level).

[Click here to join](#)

Learn more about our Specialty Network Requests

[Express Access](#)

[Virtual Visits](#)

Start by going to our website:
providerexpress.com

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

Click on the **Group with Agency Credentialed Providers** link to complete the Agency Application.



Group with Agency Credentialed Providers Required Information:

- Minimum Liability insurance of \$1 million/ \$3 Million for both General Liability and Professional Liability.
- A current state license or certificate for all services and locations where you offer services

Optum accepts the below accreditations. **If you are not accredited, a site audit will be required before the credentialing process will be complete**

- Accreditation Association for Ambulatory Health Care (AAAHC)
- Accreditation Commission for Health Care, Inc. (ACHC)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Community Health Accreditation Program (CHAP)
- Center for Improvement in Healthcare Quality (CIHQ)
- Det Norske Veritas National Integrated Accreditation for Healthcare Organizations (DNV NIAHO)
- Healthcare Facilities Accreditation Program (HFAP)
- Joint Commission (TJC)
- Council on Accreditation (COA)

- Medicaid and/or Medicare certification letters with applicable registration numbers
- Current Professional and General Liability insurance certificates showing limits, policy number(s) and expiration date(s)
- W9 form
- Current Staff roster including license, taxonomy and NPI
- Copies of the prescribers' DEA licenses are required



Group with agency credentialed providers



In order to apply for Agency credentialing, your group must be designated as a Community Mental Health Center (CMHC), Community Health Center (CHC), Rural Health Center (RHC), Opioid Treatment Program (OTP), or a licensed or certified entity (license or certification is at the organizational level).

Your organization must have the minimum Liability insurance of \$1 million/ \$3 Million for both General Liability.

If you meet these requirements, [click here to complete the Agency application](#) 

To begin completing the application click on the link. Sign in with your One Healthcare ID.

Optum / OptumHealth Behavioral Solutions of California Agency Application

IMPORTANT NOTE:

- Fields marked with * are mandatory to move forward
- The information entered on this page will be used to store and retrieve your application(s) when needed. Incomplete applications can be accessed and completed at a later time.
- Tax Identification Number and Credentialing Contact Email must be entered before next item will display.

 Search Agency Application

Instructions:

To retrieve & complete any incomplete application or to check the status of any submitted applications, please enter the details below and click on "Search" button.

* Tax Identification Number

Credentialing Contact Email

Search

Entering your Tax Id is mandatory.
The Credentialing Contact Email is optional.

Then click the Search button.



Application Status

Incomplete Applications

No Records Found.

Submitted Applications

Legal Name	Tax Identification Nu...	Credentialing Conta...	Status	Status Message	PDF View	Status Tracker
	111111112		Submitted			

Incomplete Applications

Legal Name	Tax Identification Number	Credentialing Contact Email	Status	
test	333333333	test@test.com	Incomplete	

Submitted Applications

No Records Found.

- The system then searches to see if an application already exists. See examples:
1. A submitted application is on file
 2. An incomplete application is on file and should be completed and submitted
 3. A new application needs to be created

Search Agency Application

Instructions:
To retrieve & complete any incomplete application or to check the status of any submitted applications, please enter the details below and click on "Search" button.

* Tax Identification Number

Credentialing Contact Email

Create New Agency Application

Instructions:
To start submitting a new application, please click on the "Start New Application" button.



- First complete the following questions to determine the type of agency:

- Answering NO to all the questions will trigger the system to show the below error box. Contact your Provider Advocate before you proceed.

Optum / OptumHealth Behavioral Solutions of California
Agency Application

ANSWER THE QUESTIONS BELOW TO PROCEED:

* Is your Group classified as a Federally Qualified Health Center (FQHC) provider?
-Select-

* Is your Group/Facility classified as a Medicaid Community Mental Health Center (CMHC) provider?
-Select-

* Is your Agency/Group classified as a Rural Health Center (RHC) provider?
-Select-

* Is your organization or agency licensed as another federal or state designated entity?
-Select-

* Primary Practice State
--None--

Continue

Optum / OptumHealth Behavioral Solutions of California

The answer(s) you have provided on this page indicate the agency does not meet the requirements for agency level credentialing. Eligibility will be detailed at the Network Participation Request Form (NPRF) page.
<https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/jon-states.html>

Cancel



Agency Application Main Page

On the left side of the screen, you will see a list of the sections in the application. The red stop light indicates that the section has not been completed. Once it is completed a green stop light will appear. Start with the first section “Identification Information”. Red (*) stars indicate required fields. Remember to save before you move to a different section.

	Organizational Provider Identification Information			
<input checked="" type="checkbox"/> Identification Information	* Legal Name	Parent Company (if applicable)	DBA (Identifying) Name	
<input checked="" type="checkbox"/> Provider Contact Information	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input checked="" type="checkbox"/> Accreditation	* Credentialing Contact Email	* Tax Identification Number	* National Provider Identifier Primary	Taxonomy for Primary Practice Site
<input checked="" type="checkbox"/> Licensure/Certification/General and Professional Liability	<input type="text"/>	333333344	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Practice Types	* Primary Practice Site Address	* Primary Practice Site City	* Primary Practice Site State	* Primary Practice Site Zip
<input checked="" type="checkbox"/> Primary Practice Site	<input type="text"/>	<input type="text"/>	FL	<input type="text"/>
<input checked="" type="checkbox"/> Additional Practice Sites	* Administrative Address	* Administrative City	* Administrative State	* Administrative Zip
<input checked="" type="checkbox"/> Employee Assistance Program (non-prescribers)	<input type="text"/>	<input type="text"/>	-Select-	<input type="text"/>
<input checked="" type="checkbox"/> Legal Status	* Administrative Phone	* Administrative Fax	* Administrative Email	
<input checked="" type="checkbox"/> Acknowledge and Certify	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	* Admitting Phone	Website	Public Email	Secure Fax(for certifications)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Billing Address Same As Administrative Address			
	* Billing/Remit Address	* Billing/Remit City	* Billing/Remit State	* Billing Remit Zip
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



At the bottom of the first section, you will see what documents need to be attached for this section to be complete.

Note: you can “Save & Continue” to the next section. You can “Save & Exit” the application. But the “Submit for Review” button is grayed out and will not work until the entire application is complete.

This screenshot shows a form section for uploading a W9 document. At the top, there is a checkbox labeled "Billing Address Same As Administrative Address". Below it are four input fields: "Billing/Remit Address", "Billing/Remit City", "Billing/Remit State" (a dropdown menu showing "-Select-"), and "Billing Remit Zip". A prominent orange bar contains the text "ATTACH W9 DOCUMENT". Below this bar is a file upload area with a button labeled "Upload Files" and the text "Or drop files". Another orange bar below that says "W9 Document Uploaded". Underneath is a table with two columns: "Title" and "Description", both with dropdown arrows. At the bottom of the form, there are three buttons: "Save & Continue" (blue), "Save & Exit" (red), and "Submit for Review" (grayed out).

After filling the Identification Information section completely, and clicking on Save & Continue button, the red stop light in the left will turn into a green stop light. And that will happen for all the subsequent sections.

This screenshot shows the "Organizational Provider Identification Information" section. A green notification banner at the top right says "Data Saved Successfully." with a close button. A red note at the top left states "Note: All required fields must be complete and all requi...". On the left, a sidebar shows a list of sections: "Identification Information" (with a green checkmark), "Provider Contact Information" (with a red X), "Accreditation" (with a red X), and "Licensure/Certification/General and Professional Liability" (with a red X). The main content area has an orange header "Organizational Provider Identification Information" and several input fields: "Legal Name" (with "test" entered), "Parent Company (if applicable)", "Credentialing Contact Email" (with "test@test.com" entered), "Tax Identification Number" (with "333333344" entered), "National Provide" (with "222222222" entered), "Primary Practice Site Address", "Primary Practice Site City", and "Primary Practice".



Provider Contact Information

Next, provide the name, phone number, and email address for each contact listed. All the fields in this section are mandatory.

<ul style="list-style-type: none">✓ Identification Information✗ Provider Contact Information✗ Accreditation✗ Licensure/Certification/General and Professional Liability✗ Practice Types✗ Primary Practice Site✗ Additional Practice Sites✗ Employee Assistance Program (non-prescribers)✗ Legal Status✗ Acknowledge and Certify	<h3>Organizational Provider Contact Information</h3> <table border="1"><thead><tr><th></th><th>NAME</th><th>PHONE</th><th>EMAIL ADDRESS</th></tr></thead><tbody><tr><td>*Primary Contact</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>*Signatory Contact</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>*Contracting Contact</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>*Administrator / Roster Contact</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>*Business Office Manager</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>*Director of Clinical Services</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>*Medical Director</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>*Chief Executive Officer</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>*Re-Credentialing Contact</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table> <p><input type="button" value="Save & Exit"/> <input type="button" value="Submit for Review"/></p>		NAME	PHONE	EMAIL ADDRESS	*Primary Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Signatory Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Contracting Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Administrator / Roster Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Business Office Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Director of Clinical Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Medical Director	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Chief Executive Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Re-Credentialing Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Accreditation

If you do not have a National Accreditation, check the box to the left of “Do not have National Accreditation”.

If you do have Accreditation, check the “Applicable” box and enter the Issue and Expiration dates.

You will be required to upload copies of your accreditation letters/certificates for each accreditation you check.

Accreditation
If you do not have accreditation, a site visit will be required.

Do not have National Accreditation

	APPLICABLE	*ISSUE DATE	*EXPIRATION DATE
<input type="checkbox"/> The Joint Commission	<input type="checkbox"/>		
<input type="checkbox"/> Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="checkbox"/>		
<input type="checkbox"/> American Osteopathic Association (AOA)	<input type="checkbox"/>		
<input type="checkbox"/> Council on Accreditation (COA)	<input type="checkbox"/>		
<input type="checkbox"/> Other Accreditations	<input type="checkbox"/>		

DOCUMENTS TO BE ATTACHED

Attached Documents

Title	Description
-------	-------------

Save & Continue



Licensure/Certification/General and Professional Liability

The top area shows the Optum insurance requirements.

You will be required to upload a copy of your Professional Liability Insurance and General Liability Insurance Certificate.

If you answer “Yes” to the Licensure question you will be prompted to fill in the details. Click the “+ Add License” button if you have more than one license and provide the details for each license.

Upload copies of each license listed.

General and Professional Liability

Please attach current certificates for two types of liability insurance information. Optum insurance requirements are as follows:

For agency programs:

- Professional Liability
 - o \$1,000,000/\$3,000,000 minimum coverage
- Comprehensive General Liability
 - o \$1,000,000/\$3,000,000 minimum coverage
- Peer Run Organization
 - o \$1,000,000/\$1,000,000 minimum coverage (professional liability)
 - o \$1,000,000/\$1,000,000 minimum coverage (general liability)

If you are self-insured, we require the portion of the agency's independently audited financial statement which shows retention of the required amounts stated above.

Licensure/Certification

* Does your State require a license for the levels of care you are providing?
-Select-

Add / Update Licensure Certifications

* Entity Issuing License or Certification	Type of License or Certification	* License Number	* Expiration Date	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="🗑️"/>
<input type="button" value="+ Add License"/>				<input type="button" value="💾 Save"/>

Documents to be Attached

Current State License(s)/ Certificate(s) for all behavioral health services you provide

Or drop files

General liability insurance certificate(s) showing limits, policy number(s) and expiration date(s)

Or drop files



After uploading documents, you will see them listed in the Attached Documents area.

Professional liability insurance certificate(s) showing limits, policy number(s) and expiration date(s)

[Upload Files](#) Or drop files

General liability insurance certificate(s) showing limits, policy number(s) and expiration date(s)

[Upload Files](#) Or drop files

Attached Documents

Title	Description	
testfile	General liability insurance certificate	
testfile	Professional liability insurance certificate	
testfile	Completed State Site Audit	
testfile	Current State License(s)/ Certificate(s) for all be...	

[Save & Continue](#)

[Save & Exit](#) [Submit for Review](#)



Practice Types

In Practice Types, check the boxes that apply to your agency.

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Identification Information <input checked="" type="checkbox"/> Provider Contact Information <input checked="" type="checkbox"/> Accreditation <input checked="" type="checkbox"/> Licensure/Certification/General and Professional Liability <li style="background-color: #e0f2f1;"><input checked="" type="checkbox"/> Practice Types <input checked="" type="checkbox"/> Primary Practice Site <input checked="" type="checkbox"/> Additional Practice Sites <input checked="" type="checkbox"/> Employee Assistance Program (non-prescribers) <input checked="" type="checkbox"/> Legal Status 	<div style="background-color: #f15a24; color: white; padding: 5px; border: 1px solid black;">Practice Types</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th></th> <th style="text-align: center;">MENTAL HEALTH</th> <th style="text-align: center;">SUBSTANCE USE DISORDER</th> 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Primary Practice Site

This section is information specifically about your Primary Practice site. The next section will allow you to provide information about any additional practice locations.

Be sure to select all Areas of Expertise that apply to this location. This information is used by members and our internal staff who would give referrals/authorizations.

- ✓ Identification Information
- ✓ Provider Contact Information
- ✓ Accreditation
- ✓ Licensure/Certification/General and Professional Liability
- ✓ Practice Types
- ✗ Primary Practice Site
- ✗ Additional Practice Sites
- ✗ Employee Assistance Program (non-prescribers)
- ✗ Legal Status

Primary Practice Site Information

* Primary Practice Site Address

* Primary Practice Site City

* Primary Practice Site State

* Primary Practice Site Zip

* Primary Practice Site Phone

Primary Practice Site Fax

* Tax Identification Number for Primary Practice Site

* National Provider Identifier for Primary Practice Site

* Taxonomy for Primary Practice Site

Agency Medicare / Medicaid IDs for Primary Practice Site

	APPLICABLE	NUMBER	ISSUE DATE	EXPIRATION DATE
Agency Medicare Number	<input type="checkbox"/>			
Agency Medicaid Number	<input type="checkbox"/>			

Expertise(s) at Primary Practice Site

Checking any of the clinical expertise listed below is a confirmation that this location has a provider(s) practicing within the scope of their license with the clinical training and education to provide these services. Please check all areas in which a provider(s) has training and experience and which you are willing to treat at this practice location.

Available

- Abuse (physical/sexual etc.)
- Acute Treatment Services (ATS) for Substance Use Disorders...
- Adoption Issues
- Adult Therapy
- Anger Management

Selected

* Provide Other Expertise(s) if not listed above

* Language(s) spoken by Clinicians at Primary Practice Site

* Interpreter services available at Primary Practice Site (list languages)

* Ethnicity(ies) of clinicians at Primary Practice Site



Continue to provide information about your Primary Practice site.

Gender(s) of clinicians at Primary Practice Site

Available Selected

Female Male

Telepsychiatry Services only, indicate if Primary Practice Site is Distant Site and/or Originating Site

Available Selected

Distant Site Originating Site

Population(s) Treated at Primary Practice Site

Available Selected

Adult Adolescent Caregiver Child

Age Range(s) Served at Primary Practice Site

	CHECK IF SERVED AT PRIMARY PRACTICE SITE	SERVED PERCENTAGE	AVERAGE NUMBER OF SESSIONS
Geriatrics (65 years or more)	<input type="checkbox"/>		
Adolescent (13 - 17 years)	<input type="checkbox"/>		
Child (12 years or less)	<input type="checkbox"/>		
Adults (18 - 64 years)	<input type="checkbox"/>		

Specialized Outpatient Services at Primary Practice Site

Please include a description of the content and treatment modalities of any specialized outpatient services (Parenting groups, special populations, etc.) at Primary Practice Site

Location Accessibilities at Primary Practice Site

Please select all conditions applicable to Primary Practice Site

Available Selected

Evening Appointme... Building

Please select if handicapped access is available at Primary Practice Site for the following

Available Selected



There are also several Specialties that the submitter can attest to. The application shows this grid which outlines the requirements to qualify to have each specialty listed.

Be sure to attach any required documents for a chosen specialty later in attachments.

THE INFORMATION CONTAINED HERE IN IS PROPRIETARY AND CONFIDENTIAL

Optum Specialty Attestation - Agency Primary Practice Site

Optum requires additional training, experience and/or outside agency approval for the following populations, professionals and specialties. Please review the Specialty Requirements on the following pages. If you are not requesting a specialty designation, please check the "No Specialties" box at the bottom of the list to indicate you have read this form and acknowledge that you have not requested these specialties.

As an Authorized Agency Representative, I have reviewed the criteria that a Clinician must meet to be considered a specialist in the following treatment areas. After reviewing the criteria, I hereby attest that by placing a check next to a specialty or specialties, our Agency includes at least one clinician who meets Optum requirements for that treatment area. Any specialties indicated will be included in online directory information for member referral purposes.

For those specialties that require specific documentation, I further attest that such documentation is retained by the Agency and is available to Optum upon request.

PHYSICIAN SPECIALTY REQUIREMENTS

Important note: Signature on the previous Specialty Attestation page is required for all applicants.

CHILD/ADOLESCENT (please specify all ages that you treat)

- Completion of an ACGME approved Child and Adolescent Fellowship OR recognized certification in Adolescent Psychiatry (specialty includes infants, preschool, children and adolescents)

GERIATRICS

- Completion of an ACGME approved Geriatric Fellowship OR recognized certification in Geriatric Psychiatry

BUPRENORPHINE – MEDICATION ASSISTED TREATMENT (MAT)

- DEA registration certificate with the DATA 2000 prescribing identification number

CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER (SUD)

- Completion of an ACGME board certified program in Addiction Counseling

COGNITIVE PROCESSING THERAPY (CPT)

- Licensed mental health provider
- Must complete 2 cases to acceptable level

COMMUNITY SUPPORT TEAM TREATMENT (CST)

- Must meet state requirements
- In Illinois, must be certified to provide CST by the Illinois Department of Healthcare and Family Services

COMPREHENSIVE MULTI-DISCIPLINARY COORDINATED SPECIALTY CARE FOR FIRST EPISODE PSYCHOSIS (CSC)

- Must meet Department of Human Services requirements
- In Illinois, must be certified to provide CSC by the Illinois Department of Healthcare and Family Services

DEVELOPMENTAL RELATIONSHIP-BASED EARLY INTERVENTION PROVIDER (DEAR)

- Requires certification in DRBI

EARLY INTENSIVE DEVELOPMENTAL INTERVENTION PROVIDER (EIDIP)

- Must meet Department of Human Services requirements
- In Illinois, must be certified to provide EIDIP by the Illinois Department of Healthcare and Family Services

INDIVIDUALIZED TREATMENT AND COORDINATED SPECIALTY CARE FOR FIRST EPISODE PSYCHOSIS (CSC)

- Must meet state requirements
- In Illinois, must be certified to provide CSC by the Illinois Department of Healthcare and Family Services

NEUROPSYCHOLOGICAL TESTING

- Completion of courses in Neuropsychology
- Completion of an internship, fellowship, or residency
- Two (2) years of supervised professional experience

MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (MOTOP)

- State certificate, if applicable in your state

MEDICARE OPIOID TREATMENT PROGRAM (MOTOP)

- Requires certification from the Substance Abuse and Mental Health Services Administration (SAMHSA)

NEUROPSYCHOLOGICAL TESTING

- Recognized certification in Neuropsychology
- OR
- Accreditation in Behavioral Neurology

AND all of the following criteria:

- State medical licensure specifically in the specialty
- Evidence of professional training and experience
- Physician and supervised psychometric testing

PSYCHOLOGISTS, NURSES AND MASTERS LEVEL CLINICIANS SPECIALTY REQUIREMENTS

CHILD/ADOLESCENT – Psychologists Only

- Completion of an APA approved or other accepted training/certification program in Clinical Child Psychology (this specialty includes Infants, Preschool, Children and Adolescents)

CERTIFIED EMPLOYEE ASSISTANCE PROFESSIONAL (CEAP)

- Certificate from the Employee Assistance Certification Commission

CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER (SUD)

- Certification in Addiction Counseling
- OR
- Certification in Addiction Counseling from the Illinois Department of Healthcare and Family Services
- AND one (1) or more of the following:
 - Ten (10) hours of CEU in Substance Abuse
 - Evidence of at least twenty-five (25) hours of continuing education in Substance Abuse

AGENCY

ASSERTIVE COMMUNITY TREATMENT (ACT)

- Must submit Cover Sheet and Score Sheet from Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment (ACT) Evidence-Based Practice Toolkit

CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER (SUD)

- Agency is licensed by the state to provide outpatient treatment for chemical dependency/substance abuse/substance use disorder

BUPRENORPHINE – MEDICATION ASSISTED TREATMENT (MAT)

- Entity level certification from Substance Abuse and Mental Health Services Administration (SAMHSA)

Community Support Team Treatment (CST)

- Must meet state requirements
- In Illinois, must be certified to provide CST by the Illinois Department of Healthcare and Family Services or its Designee in accordance with 89 Ill. Adm. Code 140

Coordinated Specialty Care for First Episode Psychosis (CSC)

- Must meet state requirements
- In Illinois, must be certified to provide CSC by the Illinois Department of Healthcare and Family Services

FUNCTIONAL FAMILY THERAPY (FFT)

- Must be certified by Institute for FFT, Inc.

FUNCTIONAL FAMILY THERAPY – CHILD WELFARE (FFT-CW)

- Must have certification of FFT license with FFT-CW specialty issued by Institute for FFT, Inc.

HOMEBUILDERS – HOMEBUILDERS FAMILY PRESERVATION PROGRAM

- Must be certified by the Institute for Family Development (IFD)

MULTI-SYSTEMIC THERAPY (MST)

- Must have current license, issued by MST Services, to provide multi-systemic therapy

PARTIAL HOSPITALIZATION PROGRAM

- Must meet state criteria to provide community-based partial care

Requesting a Specialty Designation? [None]

Physician Specialties being requested for at Primary Practice Site

- N/A
- Infant/Mental Health (0-3 years)
- Preschool (0-5 years)
- Children (6-12 years)
- Adolescents (13-18 years)
- Geriatrics
- Buprenorphine - Medication Assisted Treatment (MAT). Submit DEA registration with the DATA 2000 prescribing identification number
- Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
- Cognitive Processing Therapy (CPT)

Non-Physician Specialties being requested for at Primary Practice Site

- N/A
- Infant/Mental Health (0-3 years)
- Preschool (0-5 years)
- Children (6-12 years)
- Adolescents (13-18 years)
- Assertive Community Treatment (ACT) (requires Cover Sheet and Score Sheet from SAMHSA ACT Evidence-Based Practice Toolkit)
- Certified Employee Assistance Professional (requires CEAP certificate)
- Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD)
- Community Support Team Treatment (CST)



Parking

Standard Hours of Operation applicable at Primary Practice Site

	APPLICABLE	FROM TIME	TO TIME
MONDAY	<input type="checkbox"/>		
TUESDAY	<input type="checkbox"/>		
WEDNESDAY	<input type="checkbox"/>		
THURSDAY	<input type="checkbox"/>		
FRIDAY	<input type="checkbox"/>		
SATURDAY	<input type="checkbox"/>		
SUNDAY	<input type="checkbox"/>		

THE INFORMATION CONTAINED HERE IN IS
Optum Specialty Attestation - Agency Primary D

I understand that Optum may require documentation to verify that a clinician or clinicians within this Agency meet(s) the criteria outlined under Specialty Requirements pertaining to the specialty or specialties I have designated above. The Agency will cooperate with an Optum documentation audit, if requested, to verify that a clinician or clinicians meet(s) the required criteria. 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 attestation that is subsequently found to be untrue and/or incorrect could result in termination from the Optum network.

By checking the box below, I am indicating that no clinicians in this Agency meet the above criteria.

No Specialities at Primary Practice Site

Please note that standard credentialing criteria must be met before specialty designation can be considered. An Authorized Agency Representative must attest to this form whether any specialty designations are being requested or not. Failure to sign this form may cause a delay in the processing of the Agency's credentialing file.

* I hereby attest to the Specialty Designation(s) selected above for Primary Practice Site

* Printed Name of Authorized Agency Representative

* Date

NOTE : Please click on the "Upload Attachments" button to add PRIMARY PRACTICE STAFF ROSTER DATA and other mandatory documents.

- Provide your Agency hours of operation.
- Provide attestation that information is accurate and true
- Attach any required documents.

DOCUMENTS TO BE ATTACHED

Staff Roster for all behavioral health staff involved with your programs. All data requested on the attached roster form is required. We do not need actual copies of staff's licenses or certifications.

[Upload Files](#) Or drop files

ATTACHED DOCUMENTS

Title	Description	
testfile	Staff Roster for all behavioral health staff involve...	
testfile	PRIMARY PRACTICE SITE STAFF ROSTER DATA	

[Save & Continue](#)



Additional Practice Sites

If you do not have any additional practice sites, click the box where shown.

To add practice locations, click the “+ Add Practice Site” button. You will be prompted to complete all necessary information for each location you add.

This screenshot shows the 'Additional Practice Sites' form with a progress indicator on the left. The first six items are completed (green checkmarks): Identification Information, Provider Contact Information, Accreditation, Licensure/Certification/General and Professional Liability, Practice Types, and Primary Practice Site. The 'Additional Practice Sites' item is currently selected and highlighted in light blue, with a red 'X' icon. A red box highlights the checkbox labeled 'Do not have Additional Practice Site'. On the right, there are two buttons: '+ Add Practice Site' and 'Save & Continue'.

This screenshot shows the 'Additional Practice Sites' form after clicking '+ Add Practice Site'. The progress indicator on the left shows that 'Additional Practice Sites' is now completed (green checkmark), while the other items remain incomplete (red 'X' icons). The main content area shows a list of three practice sites, each with a chevron icon and the text 'PRACTICE SITE INFORMATION - 1', 'PRACTICE SITE INFORMATION - 2', and 'PRACTICE SITE INFORMATION - 3'. The 'Do not have Additional Practice Site' checkbox is present but unchecked. The '+ Add Practice Site' button is still visible, and the 'Save & Continue' button is now at the bottom right.



Employee Assistance Program (non-prescribers)

If your agency only has prescribers, you can check the box in front of “Not applicable”.

Employee Assistance Program (non-prescribers)

An Employee Assistance Program (EAP) is a health and wellness service provided by an employer. A member receiving this service has no financial responsibility - no deductible, co-payment or coinsurance amount. EAP is designed to provide assessment and referral, as well as a brief counseling intervention for Members and/or their families. All Optum-contracted therapists are allowed to provide and bill for EAP services. All Optum in-network non-prescriber therapists are expected to support and accept Members who request an EAP benefit (in compliance with your Agreement). You must select an area of expertise for EAP from the list below or select the "Not Applicable" box if your agency includes only prescribers:

Not applicable. All providers in this agency are MDs, Registered Nurses, Nurse Practitioners or Physician Assistants with prescriptive authority.

This agency provides Employee Assistance Program services (by way of its non-prescriber therapists only).

By checking this box, I acknowledge that, as a contracted Optum agency, the agency supports and accepts Members who request an EAP appointment, in accordance with our Agreement.

Providers who have additional EAP training or certification may attest to meeting requirements shown below and be designated with the expertise in Optum's online provider directory. If a provider or providers in your agency meet the requirements of either of the two designations shown below, select the one(s) they meet. NOTE: neither of the two designations listed below is required in order to provide EAP services.

Certified Employee Assistance Professional

Employee Assistance Professional requires:

* Minimum of two (2) years' experience in the delivery of EAP core technology as defined by EAPA,
and
* Minimum of one (1) annual training (CEU credits or professional development hours) in any of the eight (8) EAP content areas

Identification Information

Provider Contact Information

Accreditation

Licensure/Certification/General and Professional Liability

Practice Types

Primary Practice Site

Additional Practice Sites

Employee Assistance Program (non-prescribers)

Legal Status

Acknowledge and Certify



Legal Status

If you answer “Yes” to the Legal Status question, you will be asked for a brief explanation for each incident.

Identification Information

Provider Contact Information

Accreditation

Licensure/Certification/General and Professional Liability

Practice Types

Primary Practice Site

Additional Practice Sites

Employee Assistance Program (non-prescribers)

Legal Status

Acknowledge and Certify

Legal Status

* Has the Organizational Provider or any party owning or controlling 5% or more of your company have knowledge of or been subject to disciplinary action, criminal/ethical investigations or convictions, such as but not limited to revocation, suspension or restriction of its license; Medicare/Medicaid provider status; certification or accreditation status (i.e., The Joint Commission, P.R.O., CARF, COA, AOA, etc...); bankruptcy, insolvency or assignment of creditor proceedings?

-Select-

Yes

No

Legal Status

* Has the Organizational Provider or any party owning or controlling 5% or more of your company have knowledge of or been subject to disciplinary action, criminal/ethical investigations or convictions, such as but not limited to revocation, suspension or restriction of its license; Medicare/Medicaid provider status; certification or accreditation status (i.e., The Joint Commission, P.R.O., CARF, COA, AOA, etc...); bankruptcy, insolvency or assignment of creditor proceedings?

Yes

* If Yes To The Above, Please Provide A Brief Explanation For Each Incident

Save & Continue



Acknowledge and Certify

- ✓ Identification Information
- ✓ Provider Contact Information
- ✓ Accreditation
- ✓ Licensure/Certification/General and Professional Liability
- ✓ Practice Types
- ✓ Primary Practice Site
- ✓ Additional Practice Sites
- ✓ Employee Assistance Program (non-prescribers)
- ✓ Legal Status
- ✗ Acknowledge and Certify

Acknowledge and Certify

I hereby certify that all of the responses and information provided pursuant in this application are complete, true and correct to the best of my knowledge and belief. I further warrant that agency's applicable licensure(s) is current and free of sanction or limitation. I warrant that I have the authority to sign this application on behalf of the entity for which I am signing in representative capacity. I warrant that I (or my designee) have reviewed and will consistently review the level of care guidelines associated with services being credentialed. The level of care guidelines can be found at providerexpress.com.

* Attesting Individual Name (Submitter)

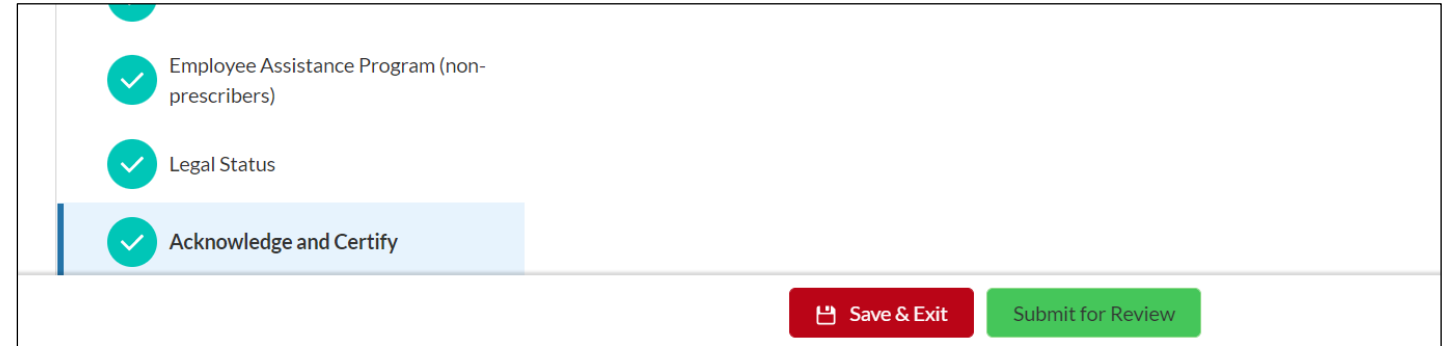
* Submitter Title

* Date



When all of the stop lights on the left side are green, you can click the Submit for Review button.

If the Submit button has not turned green, scroll up to find any red stop lights, click on that section and complete it.



The screenshot shows a vertical list of three items, each with a green checkmark in a circle to its left. The items are: "Employee Assistance Program (non-prescribers)", "Legal Status", and "Acknowledge and Certify". The "Acknowledge and Certify" item is highlighted with a light blue background. At the bottom right of the form, there are two buttons: a red button with a white document icon and the text "Save & Exit", and a green button with the text "Submit for Review".



If at any time while you are completing the application you click the “Save and Exit” button, you will see this screen which provides a link to return to the application so you can complete it.

Once you click “Submit for Review”, you will see this Confirmation Page.

The screenshot shows the Optum logo on the left and the Optum Health logo on the right. The page title is "Optum / OptumHealth Behavioral Solutions of California Agency Application - Confirmation Page". A red box highlights a green icon with a document and a checkmark, followed by the text "Thanks for saving your application." Below this, a paragraph states: "You have chosen to exit the application. All of your data has been saved. Currently your application has not been submitted and remains in an Incomplete Status. At any time you may return to <https://providerforce.force.com/AgencyApplicationNew/>, enter your Tax Identification Number to complete the application. Once the form has been completed, please remember to click "Submit"." At the bottom, it says: "If you need further assistance, please contact the Optum Provider Line at 877-614-0484 option 5".

The screenshot shows the Optum logo on the left and the Optum Health logo on the right. The page title is "Optum / OptumHealth Behavioral Solutions of California Agency Application - Confirmation Page". A red box highlights a green icon with a document and a checkmark, followed by the text "Thanks for submitting your application." Below this, a paragraph states: "Your application has been submitted and is currently waiting to be reviewed by our Network Management Team. You may now close this window and check back at a later date for the current status of your request. You can view /download/print the form here: [Recently submitted request](#). You can also track the status of your submitted application by entering the TaxId in this link : <https://providerforce--qaenv.sandbox.my.site.com/AgencyApplicationNew/s/>" At the bottom, it says: "If you need further assistance, please contact the Optum Provider Line at 877-614-0484 option 5".

