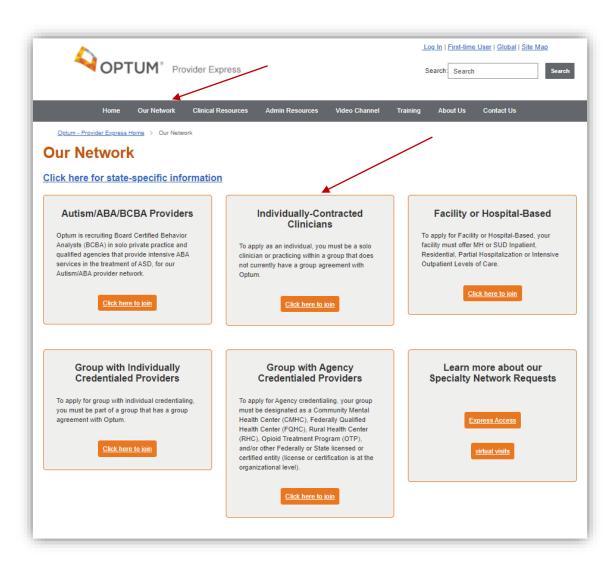# Step by Step Guide to Complete the Optum Individual Clinician Application

United Healthcare®

Start by going to our website: providerexpress.com

Click on "Our Network" on the top tool bar.

Click on the **Individually-Contracted Clinicians** link to complete your Individual Clinician 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 credentialing status screen showing their form is successfully submitted

OPTUM®

OPTUMHealth™
Behavioral Solutions of California

Network Participation Request Form

This form is for individually contracted clinicians requesting participation with Optum Commercial, Medicare or Medicaid plans. To request participation for a facility, group or autism/ABA provider, please return to the 'Our Network' page h ttps://www.providerexpress.com/content/ope-provexpr/us/en/our-network.html to change your selection.

IMPORTANT:

* All fields marked with an asterisk (*) are required.
* Please review all data and supporting documents for accuracy.
* **Save your information often by clicking "Save and Continue."**
* Open only one Network Participation Request Form window at a time. Working on the same submission in multiple windows will result in processing errors.
* Submit only one form per clinician, regardless of the number of specialties or locations.

TIPS FOR A SUCCESSFUL SUBMISSION:

* When you are ready to submit this form, click the "Submit for Review" button. If we identify any field errors or omissions, they will be listed at the top of the page.
* **Credentialing/Re-credentialing Contact Information section:** We ask for this information so that we may follow up as needed to complete the credentialing process.

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

Submit for Review   Save and Exit

Clinician First Name	Sample	Middle Initial	
Clinician Last Name	Record	Gender	--None--
Clinician's Primary Practice State	--None--	Degree*	--None--

Clinician Information (continued)

Have a Secure Fax?*	--None--		
Clinician Secure Fax*		CAQH Participant?*	--None--
Clinician's Email*		CAQH#	
SSN		Date of Birth*	[5/27/2021]
Individual NPI (Type I)		Group NPI (Type II)	
Individual Medicaid ID#		Individual Medicare#	
Board Certified Physician	--None--	MD Fellowship/Residency Completion Date	[5/27/2021]
Languages		Clinician's Ethnicity Within Practice	

Available		Chosen		Available		Chosen	
AFRIKAANS		ENGLISH		African American			
ALBANIAN				Alaska Native			
APACHE				Armenian			

LIST ALL LANGUAGES (including sign language) in which you are personally able to conduct treatment.

Credentialing/Re-credentialing Contact Information (We can only hold 1 credentialing contact name/address per clinician.)

Credentialing Contact Name *		Credentialing Contact Phone *	
Credentialing Contact Address *		Credentialing Contact Phone Extension *	
Credentialing Contact City *		Credentialing Contact Fax	
Credentialing Contact County *		Credentialing Contact Email *	
Credentialing Contact State *	--None-- ⌄		
Credentialing Contact Zip *			

Professional Licenses (Please also list any independent license previously held in another state, if applicable.)

State *	Professional License Abbreviation *	License # *	Primary License	Original Independent License Issue Date	Currently Effective? *		
CO ⌄			☐	[5/27/2021]	No ⌄	Add Another License	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	☐	Practice Name *		Business Name (Legal DBA from W-9)		TIN #	
Practice Physical Address *		City *		State	--None-- ⌄	Zip *	
Phone # *		Secure Fax#		Website		In Home Provider? *	--None-- ⌄

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

Virtual Visits	--None-- ⌄

Remove Practice

Virtual Visits, Telemental Health Compliance Attestation

I Provide Telemental Health Services

☐

Clinical Expertise Checklist

If you selected 'Disability Evaluation/Management' then you must complete and attach the Memorandum of Understanding document.

Areas of Clinical Expertise

Available
Abuse (Physical, Sexual, etc.)
Acute Treatment Services
(ATS)
Adoption Issues
Anger Management
Anxiety

Chosen

Population(s) Treated

Available
Adult
Adolescent
Child
Couples/Marriage Therapy

Chosen

Provider Specialties

Select a Provider Specialty --None--

☐ No Specialties. I have read this form and acknowledge that I have not requested these specialties.

Employee Assistance Program (non-physicians)

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 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 therapists are expected to support and accept Members when requesting an EAP benefit (in compliance with your Agreement). (There are limitations around the use of EAP benefits with prescribers). You must select an area of expertise for EAP from the list below or select the "Not Applicable…" box if you are a prescriber:

☐ **Not applicable. I am an MD, Registered Nurse, Nurse Practitioner or Physician Assistant with**

☐ **prescriptive authority. I provide Employee Assistance Program services**

By checking this box, I acknowledge that, as a contracted Optum therapist, I am expected to support and accept Members who request an EAP appointment, in accordance with my 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 you meet the requirements of either of the two designations shown below, select the one you meet. NOTE: neither of the two designations listed below is required in order to provide EAP services.

☐

☐ **Certified Employee Assistance Professional (submit Certificate from the Employee Assistance**

Certification Commission) 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

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 attestation that is subsequently found to be untrue and/or incorrect could result in my termination from the Optum network.

Attesting Individual's Name (Submitter)*

Submit for Review   Save and Exit

Documents To Be Attached (Required)

File Description	Select File

Save Documents

Attached Documents

File Name	Description	

Email Communications

Subject Line: Optum Application and Credentialing Process

Date: <Date>
To: <Administrator/Provider
Name> NPI:
<NPI>
Re: <Applying Provider's Name>

Optum Application and Credentialing Process

Hello, <Administrator/Provider Name>. Below is an explanation of the Optum application and credentialing process. Those items indicating "**Action Needed**" draw your attention to things you need to do as part of this process. If you have any other questions, please let me know!

Step 1: CAQH
- **Action Needed**: Fully complete CAQH Application and/or Re-attestation.

Step 2: Participation Request
- **Action Needed**: Fully complete and *submit* online form. Join Our Network using your existing One Healthcare ID (or obtain an ID and then complete).

Step 3: Contracting
- **Action Needed**: Review, sign and return your Individual Agreement via DocuSign.
  - ✓ Individual Agreements, when applicable, are sent to providers via **DocuSign.** Provider receives email notification following our review of provider's completed Network Participation Request Form and CAQH Application.
  - **Note**: Group Agreements are addressed with the group's administration staff.

Step 4: Preliminary Application Review
- **Optum Review:** Provider application and/or required documentation
  - **Notice from Optum:** Based upon our review, either a confirmation of completion letter or a request for additional documentation will be sent to the provider or designated credentialing contact.
  - **Notice from Aperture:** Optum may utilize **Aperture** to complete some aspects of credentialing. Aperture may request additional documentation needed from providers. These requests are valid and necessary to complete.
  - ✓ Failure to complete any credentialing request will delay or possibly stop your credentialing with Optum.

Step 5: Credentialing
- **Optum Credentialing:** Processing and Review
  - **Primary Source Verification:** Optum completes verification of provider credentials from the original sources of specific credentials.
  - **Quality Review by Optum:** Following completion of the above steps, applications are sent to our Quality Assurance (QA) team for a comprehensive review to verify accuracy and policy compliance.
  - **Committee Review by Optum:** Following QA review and approval, applications are sent to our Credentialing Committee for review and decision.

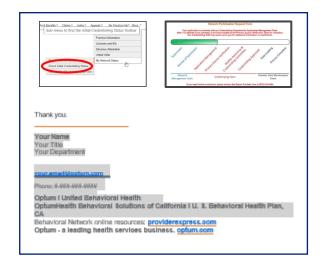**Step 6: Notification of Credentialing Decision**
- **Optum Notice:** An Approval or Denial letter will be sent via mail or email to the designated credentialing contact, advising of the Credentialing Committee's decision. If approved, the approval letter will include the provider's effective date.

Step 7: System Loading
- **Optum Data Loading:** Upon Credentialing Committee approval, the provider's practice information and data elements needed for claims payment are loaded into our provider database, which, in turn, populates all other applicable systems and provider directories.
  - **Note:** Loading of data can take additional 5-30 business days from the approval letter date.

You can easily track the status of your online submission as it moves through the application and credentialing process using the "Credentialing Status Toolbar" in **secure Transactions**. Go to the **Our Network** page, **Initial Credentialing Status** section to read more. This online tool lets you see at-a-glance where you are in the credentialing process.

Thank you.

Your Name
Your Title
Your Department

your.email@optum.com
Phone: #-###-###-####

Optum I United Behavioral Health
OptumHealth Behavioral Solutions of California I U. S. Behavioral Health Plan, CA
Behavioral Network online resources: providerexpress.com
Optum - a leading health services business. optum.com

This email gives an overall review of the application process.

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

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

Left email (Outbound Email Message):

✉️ Outbound Email Message

Help for this Page ❓

« Back to List: NPRFs

Attachments [0] | Sender and Recipients [1]

Email Message Detail   [Delete]

▼ **Information**

Related To	NPRF-000221393	Status	Sent
Message Date	5/28/2021 1:21 PM	Last Modified By	Elizabeth Jackson, 5/28/2021 1:21 PM
Created By	Elizabeth Jackson, 5/28/2021 1:21 PM		

▼ **Address Information**

From Address	elizabeth.jackson@optum.com
From Name	Elizabeth Jackson
To Address	danielle.kenneylicsw@gmail.com
CC Address	
BCC Address	elizabeth.jackson@optum.com ⓘ

▼ **Message Content**

Subject OPTUM Application

Text Body RE: Danielle Kenney

We have received the application for credentialing however the W9 submitted does not match the TIN that is on the application please resubmit with the correct TIN or attach the correct W9. The application has been placed in incomplete status any updates could be done through the provider express portal or please respond to this email with the correct TIN and/or attach the correct W9.

TIN on Application: 463629461
TIN on W9: 461404222

Elizabeth D Jackson, MBA
Manager, Provider Recruitment & Onboarding
Provider Contract Recruitment|Behavioral Network Services
elizabeth.jackson@optum.com
P: 804-267-5236
Fax: 877-309-4854
Optum I United Behavioral Health
Behavioral Network online resources: providerexpress.com

Our United Culture. The way forward.
■ Integrity ■ Compassion ■ Relationships ■ Innovation ■ Performance

--SecureDelivery--

[Delete]

Attachments

Right email (Optum Application Received Notification):

To: <Administrator/Provider Name>
NPI: <NPI>
Re: <Applying Provider's Name>

Optum Application Received Notification

Hello, <Administrator/Provider Name>. Optum is in receipt of your Network Participation Request Form and have requested a contract be sent to you at the credentialing email listed on the application. Review, sign and return your Individual Agreement via **DocuSign (Adobe Sign).** Be sure to review the contract, have it signed by the individual clinician (not Administrator) and return your Individual Agreement via **DocuSign (Adobe Sign).**

Please note the information on the CAQH application and Network forms must be identical. If additional information is needed or if there are application discrepancies, you will be notified detailing the information needed to proceed with the process.

The fee schedule is non-negotiable. Once the contract has been signed, your application and contract will be sent to the credentialing team. The credentialing process can take up to 90-120 days. The credentialing process includes:

- **Primary Source Verification:** Optum completes verification of provider credentials from the original sources of specific credentials.
- **Quality Review by Optum:** Following completion of the above steps, applications are sent to our Quality Assurance (QA) team for a comprehensive review to verify accuracy and policy compliance.
- **Committee Review by Optum:** Following QA review and approval, applications are sent to our Credentialing Committee for review and decision.

After you have been approved by credentialing, they will send a welcome letter to your attention along with your effective date. Please remember that you are not contracted and active until you are fully credentialed.

- **Optum Data Loading:** Upon Credentialing Committee approval, the provider's practice information and data elements needed for claims payment are loaded into our provider database, which, in turn, populates all other applicable systems and provider directories.
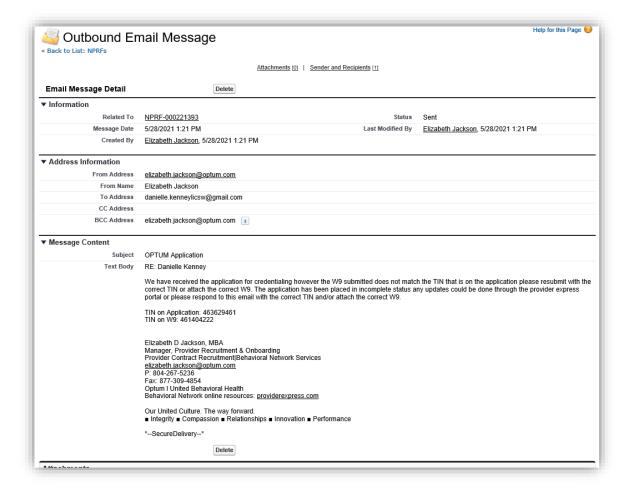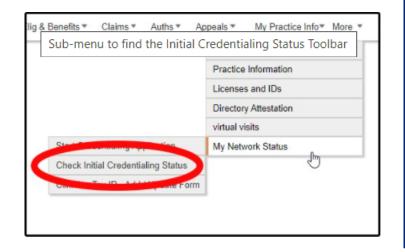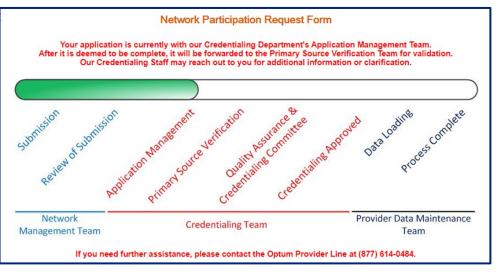- **Note:** Loading of data can take additional 5-30 business days from the approval letter date.

You can easily track the status of your online submission as it moves through the application and credentialing process using the **Credentialing Status Toolbar** in the Secure area of providerexpress.com. This online tool lets you see at-a-glance where you are in the credentialing process.

Thank you for your interest in joining our network. We look forward to working with you.

Checking on the Status

After the NPRF has been submitted the status of the application can be checked on Provider Express at any time.
Log into the secure transactions area of Provider Express, hover over *My Practice Info > My Network Status >*
click on *Check Initial Credentialing Status*.