



Step by Step Guide to Complete the Optum Autism/ABA Solo BCBA 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 the following menu items: 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'. There are six content boxes arranged in a 2x3 grid:

- 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](#) and [virtual visits](#)

Start by going to our website:
providerexpress.com

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

Click on the **Autism/ABA/BCBA Providers** link to complete your Solo BCBA 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



This page is auto saved every 10 seconds. If you get disconnected, or to view your status after submitting your request, access this form again the same way you initiated it.

THE INFORMATION CONTAINED HEREIN IS PROPRIETARY AND CONFIDENTIAL



Board Certified Behavior Analyst 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.

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

<input type="button" value="Submit for Review"/> <input type="button" value="Save and Exit"/>			
Clinician First Name	Sample	Social Security Number	123456789
Clinician Last Name	Form	Type of ABA Provider	Solo BCBA
Credentialing Contact Email *	<u>sample123@form.com</u>	Clinician's Primary Practice State	FL



Provider Information

Name of Practice (DBA)	<input type="text"/>	Tax Identification Number (TIN)(If you have more than one TIN/group affiliation, please list additional affiliations below)*	<input type="text"/>
Correspondence Contact Name *	<input type="text"/>	Correspondence Address Line 1 (Credentialing/Recredentialing) *	<input type="text"/>
Correspondence Address- Line 2	<input type="text"/>	Correspondence City *	<input type="text"/>
Correspondence State *	--None-- ▾	Correspondence Zip *	<input type="text"/>
Correspondence Fax *	<input type="text"/>	Correspondence Email *	<input type="text"/>
Correspondence Phone Number *	<input type="text"/>	How long providing ABA/IBT Services? *	<input type="text"/>
How long has your Practice been established? *	<input type="text"/>		
Agency Service Area (Counties) *	<input type="text"/>		
List all languages (including sign language) in which you are able to conduct treatment	Available AFRIKAANS ALBANIAN APACHE	Chosen ENGLISH	
Clinician's own Ethnicity (Data utilized to meet member referral requests)	Available African American Alaska Native Armenian	Chosen	

Provider Identification Information

ABA/IBT National Accreditation Number	<input type="text"/>	ABA/IBT Accreditation Expiration Date	<input type="text"/> [10/20/2021]
Behavior Analyst Board Certification Number	<input type="text"/>	Behavior Analyst Board Certification Expiration Date	<input type="text"/> [10/20/2021]
Behavior Analyst License Number	<input type="text"/>	Behavior Analyst License Expiration Date	<input type="text"/> [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"/>	CAQH Participant?	Yes
CAQH Number	<input type="text"/>	Clinician Date of Birth *	<input type="text"/> [10/20/2021]

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? *		
--None-- ▾	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> [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 *

Zip *

County *

Phone # *

Secure Fax#

Website

In Home Provider? *

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



Optum ABA Provider Requirements

Solo BCBA

- 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.

ABA Provider Attestation Requirement

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

Solo BCBA with required experience in applied behavior analysis/intensive behavior therapies.

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.

Attesting Individual's Name (Submitter)*

Attest Date *

[10/20/2021]

Documents To Be Attached (Required)

I = Required Information

File Description

Select File

Professional & General Liability Insurance

No file chosen

Attached Documents

File Name

Description



Checking on the status

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

Subject Line: BCBA Solo NPRF Request submitted

Date: <Date>

To: <Administrator/Provider Name>

This message is to confirm the receipt of BCBA Solo 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/viewABANPRFSolo?id=a1m2T000002qXDoQAM>

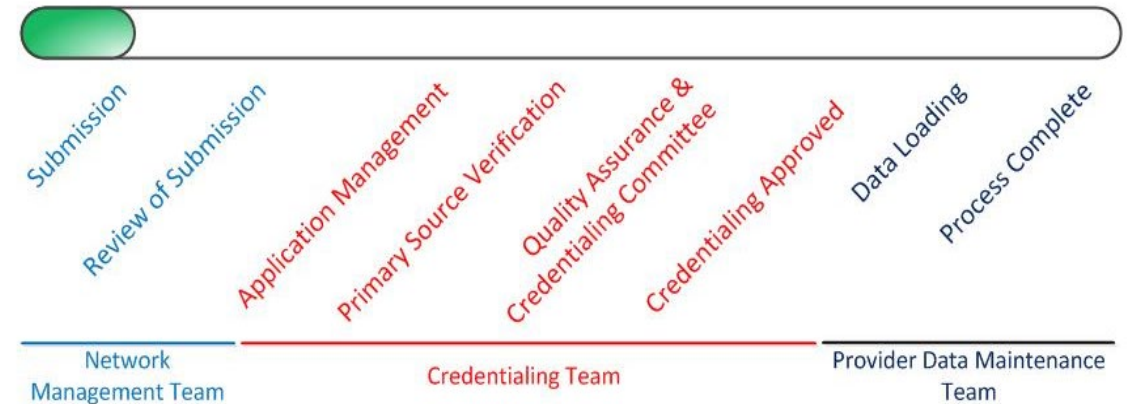
Optum Behavioral Network Services

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.

BCBA Network Participation Request Form

Network Participation Request Form received and submitted for review.
Your application has been submitted and is currently waiting to be reviewed by our Network Management Team.



You can view /download/print the form here: [Recently submitted form](#)

You may now close this window and check back at later date for the current status of your request.
If you need further assistance, please contact the Optum Provider Line at (877) 614-0484.

BCBA Solo Network Participation Request



Email communications

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

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

Email Message
Send an Email

Send Select Template Attach File Cancel

Edit Email

Email Format: Text-Only [Switch to HTML]

From: "Deanna Weidner" <deanna.weidner@optum.com>

To: Sample Form Credentialing Email: sampleform@cmm.com

Related To: Location

Additional To:

CC:

BCC:

Subject: Solo BCBA Network Participation Request Form - Sample Form

Body

We recently received a Solo BCBA Network Participation Request Form for Sample Form. The tax identification number submitted on the form is invalid. Please resubmit your form with a valid tax identification number.

Sincerely,
Optum | United Behavioral Health
Specialty Network Services

Send Select Template Attach File Cancel

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 > 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.

I look forward to working with you.

