Optum

Clinical Expertise Checklist

Clinician Name: _____ **CAQH #** _____

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

Areas of Clinical Expertise

Please check all areas you have clinical training and experience *AND* are currently willing to treat in your practice.

- ☐ Abuse (Physical, Sexual, etc.)
- ☐ Adoption Issues
- ☐ Anger Management
- ☐ Anxiety
- ☐ Assertive Community Treatment (ACT)
- ☐ Assessment and Referral – Substance Abuse
- ☐ Attention Deficit Disorders (ADHD)
- ☐ Autism Spectrum Disorders
- ☐ Bariatric/Gastric Bypass Evaluation
- ☐ Behavior Modification
- ☐ Biofeedback
- ☐ Bisexual Issues
- ☐ Blindness or Visual Impairment
- ☐ Case Management
- ☐ Certified Pastoral Counselor
- ☐ Child Welfare
- ☐ Christian Counseling
- ☐ Co-Occurring Disorders Treatment (Dual Diagnosis)
- ☐ Cognitive Behavioral Therapy
- ☐ Community Integration Counseling
- ☐ Community Psych Support and Treatment
- ☐ Compulsive Gambling
- ☐ Crisis Diversionary Services
- ☐ Depression
- ☐ Developmental Disabilities
- ☐ Dialectical Behavioral Therapy
- ☐ Disability Evaluation/Management (submit "Memorandum of Understanding", located on providerexpress.com
- ☐ Dissociative Disorders
- ☐ Domestic Violence
- ☐ Electroconvulsive Therapy (ECT)
- ☐ Evaluation and Assessment – Mental Health
- ☐ Eye Movement Desensitization & Reprocessing (EMDR)
- ☐ Feeding and Eating Disorders
- ☐ Fetal Alcohol Syndrome
- ☐ Forensic
- ☐ Gay/Lesbian Identified Clinician
- ☐ Gay/Lesbian Issues
- ☐ Grief/Bereavement
- ☐ Health and Behavior Assessment and Intervention Services
- ☐ Hearing Impaired Populations
- ☐ HIV/AIDS/ARC
- ☐ Home Care/Home Visits
- ☐ Hypnosis
- ☐ Independent/Qualified Medical Examiner
- ☐ Infertility
- ☐ Intellectual and Developmental Disability
- ☐ Intensive Individual Support
- ☐ Learning Disabilities
- ☐ Long Term Care
- ☐ Long-Acting Injectable (LAI) Administrator
- ☐ Medical Illness/Disease Management
- ☐ Medication Management
- ☐ Military/Veterans Treatment
- ☐ Mobile Mental Health Treatment
- ☐ Mood Disorder
- ☐ Multi-Systemic Therapy (MST)
- ☐ Naltrexone Injectable MAT
- ☐ Nursing Home Visits
- ☐ Obsessive Compulsive Disorder
- ☐ Opioid Treatment Service (OTS)

Areas of Clinical Expertise (cont)

- ☐ Organic Disorders
- ☐ Outpatient Medically Supervised Withdrawal
- ☐ Pain Management
- ☐ Parent Support and Training
- ☐ Personality Disorders
- ☐ Personalized Recovery Oriented Services
- ☐ Phobia
- ☐ Physical Disabilities
- ☐ Police/Fire Fighters
- ☐ Positive Behavioral Interventions & Supports
- ☐ Post-Partum Depression
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Psych Testing
- ☐ Psychosocial Rehabilitation (PSR)
- ☐ Psychotic/Schizophrenic Disorders
- ☐ Rape Issues
- ☐ Regional Behavioral Health Authority (RHBA)
- ☐ Respite Care
- ☐ School Based Services
- ☐ Serious Mental Illness
- ☐ Sex Offender Treatment
- ☐ Sexual Dysfunction
- ☐ Sleep-Wake Disorders
- ☐ Somatoform Disorders
- ☐ Targeted Case Management
- ☐ TBI Waiver – Case Management
- ☐ TBI Waiver – Community Integration Counseling
- ☐ TBI Waiver – Positive Behavior
- ☐ Transgender
- ☐ Trauma
- ☐ Traumatic Brain Injury
- ☐ Weapons Clearance
- ☐ Workers' Compensation

Population(s) Treated (check all that apply):

- ☐ Adult
- ☐ Child
- ☐ Adolescent
- ☐ Geriatric
- ☐ Couples/Marriage Therapy
- ☐ Family Therapy
- ☐ Group Therapy
- ☐ Inpatient

Optum Specialty Attestation

You must sign this document even if you are not requesting any of these specialty designations in your provider record. Additional training, experience, requirements, and/or outside agency approval is required for the following populations, professional certifications, and specialties. **Please review Specialty Requirements on pages 6-7**.

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.

I have reviewed the Optum Specialty Requirements 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, I meet Optum requirements for that treatment area.

Physician Specialties	*Non-Physician Specialties*
☐ Child/Adolescent (please specify all ages that you treat) ☐ 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) ☐ Neuropsychological Testing ☐ Substance Abuse Expert (**submit Nuclear Regulatory Commission qualification training certificate)** ☐ Transcranial Magnetic Stimulation (TMS)	☐ Child/Adolescent (please specify all ages that you treat) – *Psychologists only* ☐ Infant Mental Health *(0-3 years)* ☐ Preschool *(0-5 years)* ☐ Children *(6-12 years)* ☐ Adolescents *(13-18 years)* ☐ Certified Employee Assistance Professional **(submit CEAP certificate)** ☐ Chemical Dependency / Substance Abuse / Substance Use Disorder (SUD) ☐ Critical Incident Stress Debriefing **(submit CISD certificate)** ☐ Employee Assistance Professional ☐ Neuropsychological Testing – *Psychologists only* ☐ Nurses–Prescriptive Privileges **(submit ANCC certificate, Prescriptive Authority, DEA certificate and/or State Controlled Substance certificate, based upon state requirement)** ☐ Substance Abuse Expert (**submit Nuclear Regulatory Commission qualification training certificate)** ☐ Substance Abuse Professional **(submit Department of Transportation certificate)** ☐ Veterans Administration Mental Health Disability Examination – *Psychologists only*

☐ **No Specialties (must be checked if no other specialties are being designated)**

I understand that Optum may require documentation to verify that I meet the criteria outlined under Specialty Requirements pertaining to the specialty or specialties I have designated above. I will cooperate with an Optum documentation audit, if requested, to verify that I meet 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 my termination from the Optum network.

Please note that standard credentialing criteria must be met before specialty designation can be considered. All clinicians must sign this form whether specialties are applicable or not. Failure to sign this form may cause a delay in the processing of your initial credentialing file.

☐ I acknowledge that I have read the Agreement, *Network Manual*, and, if applicable for my state, the State Regulatory Attachment, Medicare Regulatory Attachment and/or Medicaid Regulatory Attachment.

Printed Name of Applicant: _____

Signature of Applicant _____

Signature stamps are not accepted.

Important Note: Signature on the Optum Specialty Attestation page is required of all applicants

PHYSICIAN SPECIALTY REQUIREMENTS

CHILD/ADOLESCENT:
- Completion of an ACGME approved Child and Adolescent Fellowship *OR* recognized certification in Adolescent Psychiatry (This 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:
- DEA registration certificate with the DATA 2000 prescribing identification number

CHEMICAL DEPENDENCY / SUBSTANCE ABUSE / SUBSTANCE USE DISORDER:
- Completion of an ACGME Board certification in addiction psychiatry *OR* certification in addiction medicine *OR* certified by the American Society of Addiction Medicine (ASAM)/renamed American Board of Addiction Medicine (ABAM)

NEUROPSYCHOLOGICAL TESTING:
- Recognized certification in Neurology through the American Board of Psychiatry and Neurology *OR*
- Accreditation in Behavioral Neurology and Neuropsychiatry through the American Neuropsychiatric Association

AND all of the following criteria:
- State medical licensure does not include provisions that prohibit neuropsychological testing service;
- Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;
- Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation.

SUBSTANCE ABUSE EXPERT (SAE) – Nuclear Regulatory Commission (NRC):
- Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc, Program Services, and SAPAA)

TRANSCRANIAL MAGNETIC STIMULATION (TMS)
- Completed all training related to use of devices utilized in the Neurostar TMS Therapy System or Brainsway Deep TMS system

PSYCHOLOGISTS, NURSES & MASTER'S 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:
- Completion an APA or other accepted training in Addictionology

OR
- Certification in Addiction Counseling

AND one (1) or more of the following:
- Ten (10) hours of CEU in Substance Abuse in the last twenty-four (24) month period
- Evidence of twenty-five percent (25%) practice experience in substance abuse

CRITICAL INCIDENT STRESS DEBRIEFING:
- Certificate of CISD training from American Red Cross or Mitchell model
- Documentation of training and CEU units in the provision of CISD services

EMPLOYEE ASSISTANCE PROFESSIONAL (EAP):
- 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

NEUROPSYCHOLOGICAL TESTING – Psychologists Only:
- Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology

OR
- Completion of courses in Neuropsychology including: Neuroanatomy, Neuropsychological testing, Neuropathology, or Neuropharmacology
- Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution

AND
- Two (2) years of supervised professional experience in Neuropsychological Assessment

NURSES REQUESTING PRESCRIPTIVE AUTHORITY MUST:
- Possess a currently valid license as a Registered Nurse in the state(s) in which you practice
- Be authorized for prescriptive authority in the state in which you practice
- Meet state specific mandates for the state in which you practice regarding DEA license and physician supervision
- Attest that you meet your state's collaborative or supervisory agreement requirements
- Specifically request prescriptive privileges on the Optum application above

PSYCHOLOGISTS, NURSES & MASTER'S LEVEL CLINICIANS SPECIALTY REQUIREMENTS (cont.)
SUBSTANCE ABUSE EXPERT (SAE) - Nuclear Regulatory Commission (NRC): To qualify as an SAE for the NRC, you must possess one of the following credentials: ▪ Licensed or certified social worker ▪ Licensed or certified psychologist ▪ Licensed or certified employee assistance professional ▪ Certified alcohol and drug abuse counselor - The NRC recognizes alcohol and drug abuse certification by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC/AODA). AND ▪ Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc., Program Services, and SAPAA)
SUBSTANCE ABUSE PROFESSIONAL (SAP): ▪ Certificate of training in federal Department of Transportation SAP functions and regulatory requirements (agencies providing such certification include, but not limited to, Blair and Burke, EAPA and NMDAC)
VETERANS ADMINISTRATION MENTAL HEALTH DISABILITY EXAMINATION – Psychologists Only: ▪ Graduate of an American Psychological Association accredited university (qualification counts even if accreditation occurred after date of graduation) ▪ Wheelchair accessible office ▪ PC user (Macintosh/Mac computers do not interface with the testing software used in the Disability Examination) ▪ Agree to participate in initial and annual training programs as required by LHI ▪ Agree to offer appointments within 10 to 14 days of the request for services ▪ Agree that beneficiary will not wait longer than 20 minutes in the office before being tested