Optum

Provider Express My Practice Info – Navigation Instructions

[My Practice	e]	
왔 Group Pract	ice - Allina Health System (In	My Practice Info ~ More ~
& Benefits 🛩 Cl	Link New Provider	Practice Profile
	Manage Users My One Healthcare ID	Practice Information
Practice Profile Allina Health System Primary Office Contact ØEdt Contact Name John Smith	Contact Phone Number 555-555-5555	Contact Email jumin@mpractice.com
General Information Sector	Public Directory Email	Website Aridress
smith@mypractice.com	r ours one-dory cmail	www.mypractice.com
Age Limitations 33-125	Gender Limitations Female Only	Accepts EWS / EAP Yes
1099 Information PEdit		
099 Address 440 White Bear Ave N Japlewood, MN 55109	1099 Phone Number 555-555-5555	
Directory Attestation Contact 🖉 Ed	t.	
Contact Name	Contact Phone Number	Contact Email

Step 1 – Log in to <u>ProviderExpress.com</u> → My Practice Info → Practice Profile

Step 2 - Confirm contact information on the Practice Profile tab. Edit as appropriate.

Step 3 - Review Group Practice Addresses: Add new group practice addresses, modify existing address attributes, or delete Addresses as needed per guidance below.

Actice Profile	Practice Information Roster Licens formation liowing section to make changes to your gro	es and IDs Director	y Attestation	locations.	->	Action Icons (View/Edit/Delete): Click on the eye to view more detaile address information or the pencil to edit. Click the trash can to Delete. See next page for information related to restrictions for deleting an address
Tax ID:						to restrictions for deleting an address
Actions	Address *	Address Type	Phone	Page 1 of 4 Accessibility *	\rightarrow	Duplicate Group Addresses: Look for similar instances of the same address and eliminate unnecessary redundan by identifying the 'confirmed' instanc
 ○ / 1 ○ / 1 	1088 Wasserman Way Ste C, 1088 Wasserman Way Ste C,	Primary, Practice Practice				and removing 'duplicate' instances. The addresses should be reflective of what should appear in our directories
◆ // ॥ ◆ // ॥	1088 Wasserman Way, 11 Greene Blvd,	Practice Practice				and align with the practice addresses listed on the group's own website.
•/= •/= •/=	1401 Steffen Ave, 1490 University Blvd,	Practice Practice	-			Suite numbers are not always essent to display, and multiple suite numbe can cause confusion to members.
◆ // ÎI	1501 Madison Rd,	Remit, Practice		Wheelchair Accessible, Public Transportation	1	<u>Critical Note:</u> Clinicians aligned with 'duplicate' address instances require
◆ / □	2166 Baltimore Reynoldsburg Rd,	Practice		Add New Address		reassigning to the 'confirmed' instan in Step 4, so the duplicate instances need to remain in place until all clinician level updates are completed

Step 3 (Continued)

records		Show 10 🗸	per page	Page 1 of 1
Actions 🕕	Address * wasserman	Address Type	Phone •	Accessibility ¢
•/ 🗊	1074 Wasserman Way,	Practice		Wheelchair Accessible
• / 1	1088 Wasserman Way Ste C,	Primary, Practice		
•/ 1	1088 Wasserman Way Ste C,	Practice	-	
•/ 1	1088 Wasserman Way,	Practice	-	

<u>Views and Filters:</u> Address list can be sorted and filtered by any of the text box headings shown. The default number of addresses displayed is 10 but can display up to 100 or navigated via the left and right arrow buttons.



For Virtual Visits Address Maintenance: Refer to section later in this document outlining specific feature for virtual visits data maintenance.

Step 4 - Review Group Roster Tab: Confirm list of clinicians currently providing direct service to patients, delete clinicians no longer practicing with this group, and if applicable, add any new clinicians.

Practice Profile Roster Please use to ad 438 records	Practice Information Roster d, edit or delete clinicians to your ro	Licenses and IDs E	Directory Attestation	Show 10	Y per page (Page 7 of 44	7	Page Display: The default number of clinicians displayed per page is 25 but can be changed to between 5 and 100 and/or navigated via the left and right arrow buttons.
Actions	Clinician Kathleen Susannah Tomya	License Number	License Type RN - Registered Nurse LPCC - Lic Professional Clinical Beausoclor LSW - Licensed Social Worker	NPI	Medicaid ID	Medicare ID	≽	Delete Clinician: Can icon to Delete providers no longer practicing with this Group / Tax ID.
 	Amanda Jane		LPCC - Lic Professional Clinical Counselor LISW-S - Licensed Ind Social Worker Supervisor				[Add New Clinician: Certain group
	Heather Alexandra Stephen Tammy Anne		LPCC - Lic Professional Clinical Counselor LSW - Licensed Social Worker N/A - No Approved UBH License CT - Counselor Assistant LPCC - Lic Professional Clinical Counselor				Л	types can add a new clinician via Provider Express. If this box is greyed out, clinicians should be added per your current process. To Add, follow, the screenshots on the next page.

Public Home					유, Group Practice - Alma Com	munity Network (In-Network) 🗸 💿 Contact	Us 🗸 Sign Out
					Elig & Benefits ~ Claims ~	Auths ~ Appeals ~ My Practice Inf	io ~ More ~
Practice Profile Practice Information Roster	Licenses and IDs virtual visits	My Networks	5				
Add Clinician to Roster * Required Personal Details Network Effective Date* 03/06/2025	O Middle Initial	L	Last Name "	Pr pr st. Ac be	racticing State / Lin rimary license type ate in which this n dditional licenses a e added after addr	cense Info: Enter the in the primary practice ew clinician practices. and Medicaid IDs should ess selection.	2
Individual NPI (Type I)*	Gender*	s	SSN*	Date of Birth			
	Select	~		mm/dd/yyyy	e		
Provider Type*	RX Privileges						
Select ~	⊖Yes ®No						
Practicing State*	License Type*	F	Primary License #*	Effective Date		Expiration Date*	
Select ~	Select	~		mm/dd/yyyy	8	mm/dd/yyyy	e
Initial Credentialed Date * mm/dd/yyyy Continue Cancel	Recredentialing Date " mm/dd/yyyy	Ë	Credentialing Date only display and ap are delegated for co	<u>s</u> : These fiel ply to group redentialing	lds will Is who		

Addresses

Please note that each clinician can only have one location listed as their Primary and Mailing addresses. You can have multiple addresses listed as practice locations.

98 records	Address Selection:		Show 25 v per pag	e < Page 1 of 4 >
√ Clear All Filters	A list of all addresses already existing for			
Available Addresses ≎	selection of a single "Primary" practice and "Mailing" address. Additional	Primary *	Mailing *	Practice
PO Box 206, Minneapolis, MN	practice addresses can also be selected.		0	
1217 8th St N, New Ulm, MN	If address does not yet exist, it needs to be loaded to the group via Step 3 first.	0	0	
1880 N Frontage Rd, Hastings, MN		0	0	
6350 W 143rd St Sto 102 Savage MN		0	0	



Important



Important: A confirmation message will be provided at this time. However, please **DO NOT** navigate away from the page until you have added additional information in the following sections:

- Personal Details: Cultural competency, populations treated, areas of clinical expertise
- General Information: Contact info, treatment limitations
- <u>Availability</u>: Ensure the "Accepting New Patient" status, appointment phone number (if different from the group), and hours of operation are completed for each practice address
- <u>Licenses & IDs</u>: Ensure all additional active licenses are added in this section in alignment with all practice states selected in addition to Medicaid IDs to ensure the appropriate configuration for claims payment and directory display.

Step 5 - Review, Update as Needed, and Attest to the Data for Each Active Clinician:

- Click the Pencil icon to view and edit detailed information for each clinician.
- Review the complete dataset displayed.
- If Edits are needed (to include populating missing information) or an Attestation is due, click "Edit" • to make those changes directly and Attest.
- Once the clinician data is fully confirmed as correct, select the "I So Attest" button at which time the . Attestation Date value for that clinician is reset to "Today".

Actions ()	Network Status	\$	Clinician ≎	Gender ≎	Attestation Date	License Type	NPI \$		Primary Practice Address	State ≎	Appointment Phone	0
			, Chelsea	Female	12/09/2024	MD		'94	1: IN	MN	5(00	
00	00		, Jagan	Male	09/09/2024	MD		157	1: orth St	MN	5(68	
	00		, Catherine	Female	08/28/2024	LP	1.81	35	11 ana Blvd E Ste 100	MN	6: 00	
00	Ø		William	Male	08/26/2024	LP		89	1 son Rd	MN	5(00	
00	© 😨		, Lyubov	Female	08/12/2024	MD	1.81	46	4i ne Rd NE Ste 260	MN	7€ 00	
00	02		, Richard	Male	07/03/2024	DO		82	4 Rapids Blvd NW	MN	61 20	
	0.0	`	Denise	Fomalo	07/03/2024		1.0.1	04	AI Rapide Blud	MN	6: 20	_

Catherine :

- Directory Attestation View

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All providers are required to verify their demographic information for accuracy every 90 days or may be suppressed from directory display. All health insurers are required to follow this new timeline to meet requirements of the Consolidated Appropriations Act of 2021. Keeping your practice information up to date in our provider directories is one of the best ways to help ensure our members can find you. And, consistent with the Consolidated Appropriations Act, we may suppress providers from directory display in the absence of tracks directoring. timely attestations

If Accepting New Patients = "Suppressed from Directory", that value will be removed immediately upon attestation. Once removed, if you are not accepting new patients at any of your practice locations, be sure to immediately update your status for each address on the Practice Information tab.

Individual NPI	Primary License Type	Medicaid ID	Medicare ID	Gender
14 15	LP - Lic Psychologist	Yes - On File	Yes - On File	Female
Public Directory Email	General Communication Email	Group Website Address		

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EAP Services

Areas of Clinical Expertise

- Youth Support
- Serious Mental Illness
- Psych Testing Obsessive Compulsive Disorder
- Mood Disorder
- LGBTQ Supportive
- Intellectual and Developmental Disability
- Harm Reduction Grief/Bereavement
- Foster Care

Attested Expertise

- Preschool (0-5 years) Infant (0-3 years) Children Adolesce

102		I MN 55108-5109
Phone: 65	00	
Accepting Nev	v Patients:	

Cognitive Behavioral Therapy Bipolar Disorder Autism Spectrum Disorders

Anxiety Adoption Issues Abuse (Physical/Sexual. etc)

Attention Deficit Disorders (ADHD)

Accepting	New	P
Yes		

Availability

Primary Address

Yes			
Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	

By selecting "I so attest", provider or provider's delegated representative attests to accuracy of the data that displays in online and print directories and is fully knowledgeable to the lines of business to which they are contracted. The Provider Service Line can be contacted to obtain assistance with making any required contract changes.

Edit I So Attest Adding a New Practice Address

After the new address is added, be sure to then review and update the 'Availability' section. The first time a clinician is added to a group practice address, the phone and fax default to that of the group address record, which may not be correct, and no data is be populated for Practice Hours or Accepting New Patients

to an Existing Clinician:

status.

Virtual Visits "Practice Address" Maintenance

For <u>each state</u> in which a clinician practices and maintains active acceptable licensure, they can either practice 100% virtually, practice solely "in-person" at one or more physical practice location(s), or a combination of both. As such, please follow the below instructions for accurate application of the "virtual visits" tab to ensure a clinician is **EITHER** aligned to a "Virtual Visits Only" address **OR** one or more physical practice locations with or without also offering virtual appointments.

To manage virtual visits status for the clinicians aligned to a single group practice address, select the "Add virtual visits address" link to proceed. The practice address must already be loaded to the group (Step 3) to proceed.

virtual visits			
To participate in our virtual visit to view or update your listing in	ts network and be in the Optum virtua	listed as a virtual visit practice in our directory, please identify the practice location(s) where you visits network.	ou perform virtual visits. Click on the address below
If you want to enroll a practice	address, click on	+ Add virtual visit link and follow the prompts.	
∨ Tax ID: 36 3	-	stem	+ Add virtual visit address
Add virtual visits			
To enroll in the Optum virtual visits elehealth technology platform you visits network.	network, please sel use, please review	lect the telehealth technology platform in the selection box below. Once you have indicated which the Attestation and click on the I So Attest button to complete your enrollment in the Optum virtual	Search for Address: Type in part of an existing address already loaded to the
Tax Identification Number Tax ID: 36:	/stem		group practice to identify and select it.
Address * 100 state	Search		Enter Platform Name: Freeform text the medium used for virtual visits.
1 record	Show 25 v p	er page < Page 1 of 1 >	Sign Attestation: Read and attest to complete the process.
Select	Address	State	1
Other HIPAA Compliant Platform	~	Attestation	ation to votify that I must the criteria for delivery.
Enter Platform Name*		I understand that Optum/OptumHealth Behavioral Solutions of California ("Optum") may require document of Telemental Health as outlined below. I will cooperate with an Optum documentation or site audit, if requi applicable, the required criteria.	ation to verify that I meet the criteria for delivery ested, to verify that I meet, at all times
		Thereby attest, represent and warrant that an on the monthation below is the and accurate at the time of e through the term of providing of virtual visits/telemental health services. I acknowledge that I will immediat information provided pursuant to this attestation is untrue and/or incorrect. I further agree that Optum has for my continuation in the Optum network.	ely notify Optum upon discovering that any and will rely on the information in this attestation
		I am, and will remain, in compliance with all applicable laws, rules, regulations and state board requirement health, prescribing, coding requirements, and documented protocols (e.g., informed consent, emergency of licensed.	ts applicable to the delivery of telemental contact information) in the states in which I am
		I will provide virtual visits in a private and secure environment. Rooms to be used for virtual visits will have soundproof for patient privacy.	adequate lighting and will be reasonably
		accordance with all privacy rules including HIPAA. I have the appropriate protocols in place and have trained my staff on protocols and procedures related to	technical or other types of failure that may
		disrupt service delivery. I understand and agree that I must hold and will only provide services when properly licensed according to the state where the member is physically located at the time of the services.	state requirements for providing services within
		I and my staff are appropriately trained in, and will comply with, proper claim submission procedures, inclu appropriate modifier per state telehealth billing guidelines for virtual visits.	ding use of the 02 Place of Service or
		My malpractice insurance carrier has been notified and has delivered the appropriate rider or proof of cover scope of practice or as required by state telehealth regulations in the state(s) in which I am licensed. Prescriber Only:	arage for Telemental Health, as applicable to my
		I meet the prescriptive authority requirements for each state in which I am licensed to prescribe or dispension, rules and regulations.	e prescriptions in accordance with applicable
		I so attest Cancel	

Virtual Visits "Practice Address" Maintenance (Continued)

Use the selection feature to identify each clinician at that practice location who also offers virtual appointments.

If clinicians only offer virtual appoints in a particular state, please be sure to select the group address with "Virtual Visits Only Provider" as the practice address for that state.

If the physical practice location or virtual visits only practice location you wish to align clinicians to does not yet exist on the group record, refer back to Step 3.

actice Profile	Practice Information	Roster	Licenses and IDs	virtual visits	My Networks		
Manage vir	tual visits at 867		bu	ry			
Please use this	s page to manage the ros	ter of clinici	ans who are available	for virtual visits	at this location.		
Available C Clinicians Assig To make chang You have select Available (14)	Inicians gned virtual visits at this I ges to clinicians assigned cted 0 of 20.	ocation:2 virtual visit	s at this location, pleas	se add or remov	e up to 20 clinicians at a	time and click Submit.	
			10.				
Search Avai	Search Available Clinicians				Search Selected Clinicians		
В	ner		i	Brei	Brei fane		
C	A			Kinç	King M		
C	C ;a R						
D lleen M							
Пн							
	L: Iry Beth			ļ			
Li							
M	. D						
N	e E			,			
Add or remove	20 clinicians at a time.						
						Back To virtual visit Submit	

Important: Providers should not have a "Virtual Visit Only" address <u>and</u> a Physical Address at the same time. Once you have added the "Virtual Visit Only" address, be sure to remove all physical addresses in that State.

Vi	rtual Capability	Action		
Α.	Exclusively offer services virtually and	Select "Virtual Visit Only" Address in the		
	does not provide in-person treatment	applicable State.		
В.	Routinely offer in-person and virtual	Go back, select a Physical Address and		
	services at a practice address	click on 'Add a virtual visit'		