

**virtual visits, Telemental Health Compliance Attestation – Non-Prescriber**

I understand that Optum/OptumHealth Behavioral Solutions of California (“Optum”) may require documentation to verify that I meet the criteria for delivery of Telemental Health as outlined below. I will cooperate with an Optum documentation or site audit, if requested, to verify that I meet, at all times applicable, the required criteria.

I hereby attest, represent and warrant that all of the information below is true and accurate at the time of execution hereof and will remain accurate through the term of providing of virtual visits/telemental health services. I acknowledge that I will immediately notify Optum upon discovering that any information provided pursuant to this attestation is untrue and/or incorrect. I further agree that Optum has and will rely on the information in this attestation for my continuation in the Optum network.

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| **Review and complete this form** | **Check Box****Yes** |
| I have confirmed that the videoconferencing technology that will be used to deliver virtual visits is compliant with HIPAA requirements as well as current American Telemedicine Association (ATA) minimum standards including: a minimum bandwidth of 384 kilobits per second, a minimum live video display resolution of 640 x 360 pixels at 30 frames per second. The videoconference equipment conforms to applicable federal and state regulations. The videoconferencing technology I will be using: | **[ ]**  |
| Check this box if using Optum *virtual visits* Platform **[ ]**  OR list name of the telemental health platform you plan to use:       |  |
| I am, and will remain, in compliance with all applicable laws, rules, regulations and state board requirements applicable to the delivery of telemental health, prescribing, coding requirements, and documented protocols (e.g., informed consent, emergency contact information). | **[ ]**  |
| I will provide virtual visits in a private and secure environment. Rooms to be used for virtual visits will have adequate lighting and will be reasonably soundproof for patient privacy. | **[ ]**  |
| I will ensure that all documents containing protected health information or personal health information, including prescriptions, are transmitted securely in 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 state requirements for providing services within the state where the member is physically located at the time of the services. | **[ ]**  |

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| I and my staff are appropriately trained in, and will comply with, proper claim submission procedures, including use of the GT modifier for virtual visits, telemental health. | **[ ]**  |
| My malpractice insurance carrier has been notified and has delivered the appropriate rider or proof of coverage for Telemental Health, as applicable to my scope of practice. | **[ ]**  |
|  | Yes | No |
| I have completed the ATA online course “Delivering Online Video Based Mental Health Services” (highly recommended). | **[ ]**  | **[ ]**  |

**Provider Information**

Are you currently a participating provider in the Optum behavioral health network:

[ ]  Yes [ ]  No

Are you an Applied Behavior Analysis (ABA) participating provider **[ ]** Yes **[ ]** No

|  |  |
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| Group Name |       |
| Provider First Name |       |
| Provider Last Name |       |
| Provider Contact Phone Number |       |
| Provider Email Address |       |
| Provider Main Practice Address |       |
| City |       | State |       | Zip |       |
| Individual NPI# |       |
| Tax ID |       |
| Individual Medicare # |       |
| Individual Medicaid # |       |

Provider will be delivering Telemental Health to the following states and holds current license:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| State #1 |       | Lic # |       | Lic Type |       |  |  |
| Tax ID |       |  |  |  |  |  |
|  |       |  |  |  |  |  |
|  |       |  |  |  |  |  |
| State #2 |       | Lic # |       | Lic Type |       |  |  |
| Tax ID |       |  |  |  |  |  |
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| State #3 |       | Lic # |       | Lic Type |       |  |  |
| Tax ID |       |  |  |  |  |  |
|  |       |  |  |  |  |  |
|  |       |  |  |  |  |  |
| State #4 |       | Lic # |       | Lic Type |       |  |  |
| Tax ID |       |  |  |  |  |  |
|  |       |  |  |  |  |  |
|  |       |  |  |  |  |  |

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| --- | --- |
| Date |       |
| Provider Signature |       |

Note: You are not approved to begin delivering Telemental Health until you receive confirmation from Behavioral Network Services.

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