



Behavioral Solutions of California

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 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.

	Check Box - yes
<p>I have confirmed that the videoconferencing technology that will be used to deliver Telemental Health is compliant with HIPAA requirements as well as current American Telemedicine Association (ATA) minimum standards including: a minimum Internet connection 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 with applicable federal and state regulations.</p> <p>The videoconferencing technology I will be using:</p> <hr/> <hr/>	<input type="checkbox"/>
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).	<input type="checkbox"/>
I will provide Telemental Health in a private and secure environment. Rooms to be used for Telemental Health will have adequate lighting and will be reasonably soundproof for patient privacy.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
I and my staff are appropriately trained in, and will comply with, proper claim submission procedures, including use of GT modifier for Telemental Health.	<input type="checkbox"/>

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.	<input type="checkbox"/>
	Yes
I have completed the ATA online course "Delivering Online Video-Based Mental Health Services" (highly recommended).	<input type="checkbox"/>

Provider Information

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

Yes No

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:

State #1 _____ Lic # _____ Lic Type _____

Tax ID _____

State #2 _____ Lic # _____ Lic Type _____

Tax ID _____

State #3 _____ Lic # _____ Lic Type _____
Tax ID _____

State #4 _____ Lic # _____ Lic Type _____
Tax ID _____

State #5 _____ Lic # _____ Lic Type _____
Tax ID _____

State #6 _____ Lic # _____ Lic Type _____
Tax ID _____

State #7 _____ Lic # _____ Lic Type _____
Tax ID _____

State #8 _____ Lic # _____ Lic Type _____
Tax ID _____

Date _____

Provider Signature _____

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