

The Optum Idaho Paraprofessional Registry

A how-to guide



5 Steps in 5 Minutes

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Welcome to the Paraprofessional Registry 'how-to' guide!

The purpose of the Paraprofessional Registry is to maintain a current listing of the paraprofessional staff in your agency who provide direct services to Medicaid Members under Optum's Supervisory Protocol (not including administrative staff). This includes:

- i. Non-credentialed Master's level providers (with a licensable degree)
- ii. Non-credentialed practitioners with a Bachelor's degree or the minimum relevant licensure or certification available for the service they are providing (e.g., CPRP certified CBRS worker, Peer Support specialist, CADC, TCC, etc.)

As it allows for the billing of paraprofessional services, it is important to complete relevant information and keep it up-to-date.

TASK #1 LOG IN TO THE PARAPROFESSIONAL REGISTRY

Step 1: Access the Paraprofessional Registry online in one of two ways.

a. Go to <https://optumpeeraccess.se.cure.force.com/IdahoParaprofessional/>

or
b. Navigate to <https://www.providerexpress.com/> > 'Join Our Network' under 'Quick Links' > State-Specific Provider Information > Idaho > Optum Idaho Paraprofessional Registry



Optum Idaho Paraprofessional Registry - Identification Information

Please enter the following information to proceed. All fields are required.

IMPORTANT NOTE: This information is used to retrieve your submission if you are disconnected during the process or wish to wait to complete the form at a later time.

The combination of your TIN# and Email Address uniquely identifies you and your requests in the system. Please use the same information each time, so that you can view your existing information that was submitted if needed.

TIN *	<input type="text"/>
Agency / Group Name Email Address*	<input type="text"/>
<input type="button" value="Submit"/>	

To log in, enter your TIN # and the email address associated with your agency/ group.

TASK #2
COMPLETE YOUR AGENCY/ GROUP NAME AND LOCATION DETAILS

Step 1: Enter or confirm your Agency / Group Name under 'Agency Information'

Step 2: Enter or confirm your agency location details under 'Agency Practice Location(s)'

▼ Agency Information					
Agency / Group Name *	My Agency			Agency / Group Name Email Address *	
TIN *	987654321				
▼ Agency Practice Location(s):					
Agency Practice Address - Line 1 *	Agency Practice City *	Agency Practice State *	Agency Practice Zip *	Agency Practice County *	Agency Phone *
123 Main St.	My City	ID	12345	Ada	(555) 555-5555

TASK #3
ADD A NEW AGENCY LOCATION

Step 1: If needed, add a new agency location by clicking on 'Add Another Location'

▼ Agency Practice Location(s):					
Agency Practice Address - Line 1 *	Agency Practice City *	Agency Practice State *	Agency Practice Zip *	Agency Practice County *	Agency Phone *
123 Main St.	My City	ID	12345	Ada	(555) 555-5555
					<input type="button" value="Add Another Location"/> <input type="button" value="Remove Location"/>

Note: The page will refresh with an added row, allowing you to enter information for your new agency location

▼ Agency Practice Location(s):			
Agency Practice Address - Line 1 *	Agency Practice City *	Agency Practice State *	Agency Practice Zip *
123 Main St.	My City	ID	12345
		--None--	

TASK #4 INPUT A PARAPROFESSIONAL RECORD

A. Enter the paraprofessional's basic information

Step 1: Enter the paraprofessional staff person's First and Last Name.

Step 2. Enter the paraprofessional staff person's email address.

Step 3. Enter the paraprofessional staff person's date of birth.

Note: Be sure to enter the date of birth in the format M/DD/YYYY.

Step 4. Enter the paraprofessional staff person's Job Function.

To do so, highlight the appropriate job function and click on the right arrow to move the job function into the "Chosen" section.

Note: If you accidentally added a role that you wish to remove, simply highlight the role in the "Chosen" section and click on the left arrow to move it back into the Job Functions list.

The screenshot shows the 'Paraprofessional Information' form. It includes fields for 'First Name' (John), 'Last Name' (Johnson), 'Paraprofessional Email Address' (john@agency.com), and 'Date of Birth' (7/11/1969). The 'Job Function' dropdown menu is open, showing options like 'Respite Worker', 'Targeted Care Coordinator', and 'Targeted Care Coordinator with CCM Certification'. The 'Chosen' section is empty. Numbered callouts 1-4 point to the First Name, Last Name, Date of Birth, and Job Function fields respectively.

B. Enter the paraprofessional's Certification/Endorsement Details

Step 1: Enter the paraprofessional staff person's hire date.

Step 2. Enter the paraprofessional staff person's job status.

Note: When a paraprofessional staff member leaves the agency, you can change this status to "Inactive".

Step 3. Enter the paraprofessional's certification issue date.

Note: Use the format M/DD/YYYY.

Note: When a certification is due for renewal, the system will automatically generate and send a reminder email to the paraprofessional staff person, supervisor, and Optum.

Step 4. Enter the paraprofessional staff person's date of inactivation.

Note: Use the format M/DD/YYYY.

Note: The paraprofessional staff person's Certification/Endorsement information prepopulates based on the Job Function selected.

The screenshot shows the 'Certification/Endorsement Details' form. It includes fields for 'Hire Date' (7/15/2019), 'Job Status' (None), 'Issue Date' (7/15/2019), and 'Date of Inactivation' (7/15/2019). The 'Certification/Endorsement Details' dropdown is set to 'Optum Idaho Targeted Care Coordination Endorsement'. Numbered callouts 1-4 point to the Hire Date, Job Status, Issue Date, and Date of Inactivation fields respectively.

TASK #5

ENTER WORK ADDRESS/ SUPERVISOR DETAILS

A. ENTER THE PARAPROFESSIONAL STAFF PERSON’S LOCATION DETAILS

Step 1: Select to indicate whether the paraprofessional staff person’s Agency/ Group Location(s) is the same as their work location

Note: This dropdown menu prepopulates with the location address information for all locations you have entered for the agency in TASK #3. Either select the location from the dropdown menu or if the location is different, continue to Step 2 to manually enter the address information.

Step 2: Enter the paraprofessional staff person’s work location and contact details.

- i. Paraprofessional Work Address*
- ii. Work Address City*
- iii. Work Address State*
- iv. Work Address Zip*
- v. Work Address County*
- vi. Phone #*

Agency / Group Location(s) same as Paraprofessional Work location	Paraprofessional Work Address - Line 1 *	Work Address City *	Work Address State *	Work Address Zip *	Work Address County *	Phone# *
- None -			--None--		--None--	

B. ENTER THE PARAPROFESSIONAL STAFF PERSON’S SUPERVISORY DETAILS


Step 1: Enter Supervisory details for the paraprofessional staff person

- i. Supervisor First Name*
- ii. Supervisor Last Name*
- iii. Supervisor Licensure*
- iv. Supervisor Email*
- v. Supervisor NPI*

Supervisor First Name *	Supervisor Last Name *	Supervisor Licensure *	Supervisor Email *	Supervisor NPI *	
					<input type="button" value="Add another location"/>
					<input type="button" value="Remove location"/>

C. ADD ADDITIONAL LOCATIONS FOR THE PARAPROFESSIONAL STAFF PERSON, IF NECESSARY

Step 1: If the paraprofessional staff person works at multiple locations, click on “Add another location” to add additional location details

Supervisor First Name *	Supervisor Last Name *	Supervisor Licensure *	Supervisor Email *	Supervisor NPI *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add another location"/>
					<input type="button" value="Remove location"/>

FINAL TASK: ACKNOWLEDGE AND SUBMIT

Step 1: Check the box to “attest that all information above is true and accurate to the best of your knowledge AND that you wish to request authorization/notification online”

Step 2. Type your full name in the “Attesting Individual’s Name (Submitter)” box

Step 3. Click “Submit”

▼ Acknowledge and Submit

"I hereby attest that all information above is true and accurate to the best of my knowledge AND that I wish to request authorization/notification online."

Attesting Individual's Name (Submitter)

Have I successfully entered all required identification information into the Paraprofessional Registry?



Paraprofessional Registry task completion checklist

TASK	Complete
Log in to the Paraprofessional Registry	Yes <input type="checkbox"/> No <input type="checkbox"/>
Complete agency/ group name and location details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Add a new agency location, if necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Input a paraprofessional record	Yes <input type="checkbox"/> No <input type="checkbox"/>
Check all information for accuracy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acknowledge and submit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Make a note in my calendar to update the registry any time I: a. Have a new paraprofessional hire b. Paraprofessional's certifications have been updated	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do I Need to Update the Paraprofessional Registry?

Decision Flow Chart

