

**Optima Health**

1<sup>st</sup> Quarterly Provider Webinar  
"Let's Talk Behavioral Health"

March 8<sup>th</sup>, 2023

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**WELCOME**

All participants will be placed on mute upon entry into the room  
Ask your questions via the chat room OR hold until we have taken everyone off mute

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**Housekeeping Items**

Upon entry to the Webinar, you will be placed on mute.

Use headsets vs speakerphones for clear audio connections. Using wired connections will help to minimize wireless connectivity issues.

To ask questions please use the Chat Box on the right of the screen to communicate questions to the presenter. You may also use the Raise Your Hand icon to ask questions.

A copy of the Webinar slides will be emailed to the attendees.

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**Our Mission**  
We improve health every day.

**Our Vision**  
To be the health plan of choice in the communities we serve.

**Our Pledge**  
Helping you take care of yourself, and your family is our guiding mission. You'll see our commitment to you in the variety of innovative wellness programs we sponsor. Our dedication is also echoed in the concerned, caring manner that characterizes our customer service staff and philosophy. Simply put, it's this: when you're covered by Optima Health, we're passionate about your health.

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**Health Plans at Optima Health**

- Traditional Commercial Plans**  
Vantage (HMO)  
Plus (PPO)  
Point of Service (POS)
- Integrated Account-based Product Lines**  
Equity (HSA)  
Design (HRA)
- Self-funded Options for Large and Small Employer Group Tiered Plans**  
OptimaDirect™
- Narrow Network Plans**  
OptimaSelect™
- Individual & Family Plans**  
OptimaFit®
- Medicare Advantage Plans**  
Optima Medicare HMO
- Medicaid/FAMIS Plans**  
Optima Family Care (Medicaid XP)
- Dual Eligible Special Needs Plan (D-SNP)**  
Optima Community Complete
- Commonwealth Coordinated Care Plus (CCC Plus) Plan**  
Optima Health Community Care (Medicaid XP)

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**Quarterly Agenda**

- What's New at Optima Health?** – Timely review of new relationships, products, services, or other changes.
- Update/Follow-up**– Highlight general useful information.
- Billing Updates** – Billing Information and Updates
- Member Experience** – Review products, services, and programs useful for our members.
- Important Reminders** – Review training and regulatory requirements, deadlines, etc.
- COVID-19 Update** – COVID-19 Review, New Information, Updates
- Question and Answers**

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What's New At Optima Health OptimaHealth



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Federal 21st Century Cures Act – Enrollment in the Provider Services Solutions Enrollment Portal (PRSS) OptimaHealth

**NOTICE: ACT NOW or Your Medicaid Managed Care Payments Will Be at Risk**

The federal act requires providers who serve Medicaid patients through Managed Care Organization (MCO) networks to enroll directly in the state Medicaid program. Providers who fail to enroll in the Medicaid program risk termination of their MCO contracts.

This rule by the Centers for Medicare & Medicaid Services applies to institutional providers (as defined in 42 CFR § 424.502) that are:

1. Initially enrolling in Medicare, Medicaid, or the Children's Health Insurance Program (CHIP);
2. Revalidating their Medicare, Medicaid, or CHIP enrollment; or
3. Adding a new Medicare practice location.

The Virginia Department of Medical Assistance Services published a detailed provider bulletin on March 18, 2022, explaining the requirements and processes for providers to enroll in Virginia Medicaid in compliance with the 21st Century Cures Act. Find the enrollment application by going to the new Provider Services Solution (PRSS) Enrollment Portal: <https://virginia.hpcloud.com/>.

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Behavioral Health Medicaid Member Eligibility Verification & Membership for Cardinal Care OptimaHealth

DMAS eligibility verification system will now reflect MCO enrollment. **Indication of CCC+ and Med4 enrollment will no longer be specified.**

- **ARS and MediCall** will provide the member's MCO name and phone number. Use MediCall telephonic system, and 270/271 eligibility transactions to verify member eligibility and managed care enrollment.
- **When Cardinal Care** is in full effect, some subpopulations of Medicaid membership will be assigned a care manager.
- Providers who may have a member that might benefit from care management contact **member services (1-800-881-2166)** along with the member to begin this process.

Keep track of the DMAS Cardinal Care transition at the link listed below:

- <https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/>


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Welcoming Valley Health Back to the Optima Health Network OptimaHealth

**Valley Health** has re-joined our Optima Health effective January 1, 2023.

- Valley Health is in-network for Medicare, Medicaid, commercial and individual products.
- Benefit members who access care in **Winchester, Luray, Front Royal, Woodstock, and two locations in West Virginia including Berkeley and Romney**



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New Virtual Meeting Platform for Online Forms in 2023 OptimaHealth

Optima Health has sunset the WebEx meeting platform. **Beginning January 1, 2023**, all provider webinars and online forums will be hosted through the **Microsoft Teams** meeting platform. We will continue sending announcements through Provider Alerts, *ProviderNEWS*, and our website.



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Updates to the Mental Health Services Manual OptimaHealth

Notify providers of three newly added appendixes added to Chapter IV of the Mental Health Services Manual.

- **Appendix A** – Definitions
- **Appendix H** – CMHRS
- **Appendix I** – Case Management

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DMAS - 12 Months Postpartum Continuous Coverage; removal of co-payments; Behavioral Health services; technical updates to Emergency Services and Appeals sections

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Notification of changes to **Chapters 1 (General Information) and III (Member Eligibility)** of all DMAS provider manuals, Appendix D of the Physician/Practitioner provider manual (Service Authorization Information), and the Newborn Eligibility Form.

**In addition** to changes made to update language for clarity, changes made to these chapters can be found in the bulletin released **12/2/2022** at [Memo & Bulletin Library | MES \(virginia.gov\)](#)

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Increased Reimbursement of Medications for the Treatment of Opioid Use Disorder – Effective 12/1/2022

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DMAS notified Medicaid enrolled pharmacy providers that fee-for-service (FFS) and the Medicaid Managed Care Organizations will **provide up to five professional dispense fees per month (defined as a rolling 30-day period) for buprenorphine-based opioid use disorder (OUD) products, effective December 1, 2022.** Medicaid MCOs are required to follow the FFS schedule for these products.

**DMAS Memo located at [Increased Reimbursement of Medications for the Treatment of Opioid Use Disorder | MES \(virginia.gov\)](#)**

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Updates/Follow up

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Behavioral Health Authorization Updates

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**Remember to include** all required forms and clinical information with submitted authorization requests. When our reviewers have questions or need additional information, they will reach out by phone to providers as soon as possible to ensure prompt processing of requests. If a response is not garnered in a reasonable time frame, the reviewers will have to administratively deny service authorization requests, potentially delaying planned care.

**ABA Providers:** If you desire to change the LBA in the middle of an authorization period, a new authorization request will need to be submitted.

**Mobile Crisis and Community Stabilization** cannot be authorized primarily for housing issues.

**Check the status of an authorization request,** the Provider Portal is a quick and easy method of seeing all submitted authorizations without needing to call provider relations.

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JIVA GoLive Mailbox Transition

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The JivaGoLive mailbox was disconnected on Saturday, October 1, 2022. Below are the new Internal User Mailboxes.

- Providers who are receiving errors in their authorization processing should contact Provider Customer Service
- Providers who cannot get into the Provider Connection portal or are a new user should email [PROVIDERCONNECTIONSUPPORT@sentara.com](mailto:PROVIDERCONNECTIONSUPPORT@sentara.com)
- JIVA resources with a step-by-step guide can be found on the Optima Health website [JIVA Resources | Providers | Optima Health](#). **Please Note:** This is a 2-step submission process if you are trying to attach documents prior to doing the 1st submission it will not work. Providers must put in contact information and then submit to get actions/REVIEW.

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Optima EAP Improvements – Electronic Claim Submission

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Effective December 1, 2022, Optima EAP will no longer accept the paper HICFA 1500 forms. Providers will need to submit claims through your EMR/EHR/Billing System using the following information:

- Submit the client's Optima EAP member number. The ID number will always begin with the letter O followed by seven numeric digits and then alpha E \* 01. Optima EAP will ensure you have this as a part of the authorization form.
- The only billable code is 99404 with Modifier HJ. All other billed codes will deny.

**Allow 30 days for claims processing.** If you have questions regarding payment status or denials, please contact Optima Behavioral Health Provider Relations at 1-800-229-8822. If you have any questions about the new transition, please feel free to contact Optima EAP at 757-363-6777 and one of our representatives will assist you.


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# Billing Updates

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## Claims Project Request Template


**Please Note:** When completing the claims project template, the claim number **MUST** be included. The inclusion of the claim number ensures that the claims project team can work more efficiently to complete your request.

1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
Member Name	Member ID	State number	Date of Service	Ref'd Amount	Service Provider	CPT/HCPCS	Provider NPI	Description of Claims Issue

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## Billing Medicare Claims for DSNP Members

When submitting claims for members with both Medicare and Medicaid always file Medicare as primary. Doing so will avoid processing delays. Claims must include the member's Medicare ID #. Following this process allows our team to process these claims in a timely manner.



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## Managing Care Gaps


To ensure optimal and timely care for our members, your patients, please:

- Use appropriate documenting and correct coding
- Maintain appointment availability for patients with recent Emergency Department visits
- Explain the importance of the follow-up appointment(s)
- Reach out to patients who do not keep initial appointments and reschedule them as soon as possible.
- Telehealth visits with the appropriate principal diagnosis that will meet follow-up
- Timely submission of claims and encounter data

**Please Note:**  
Consistently following this protocol helps close gaps in patient care.

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# Important Reminders

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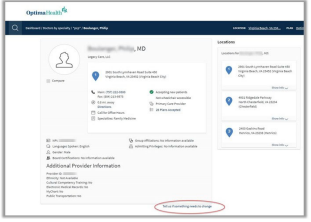
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## Please review the Online Provider Directory

Please review the online provider directory routinely or call provider services for the status of your providers.

We have noticed higher levels of inaccuracy in categories listed below:

- Accepting New Members (Panel Status) Service
- Address(es)
- Public Transportation Availability



[www.optimahealth.com/providers/provider-support](http://www.optimahealth.com/providers/provider-support)

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Updates to the Home and Community Based Services (HCBS) Developmental Disability Waivers Manual

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Clarifications and changes were updated to the Developmental Disabilities Services manual. Please refer to the link below to review the DMAS Memo dated November 1, 2022 for changes made, [Updates to the Home and Community Based Services \(HCBS\) Developmental Disability Waivers Manual | MES \(virginia.gov\)](#)

The manual has been posted here:  
[Developmental Disabilities Waivers \(BI, FIS, CL\) Services | MES \(virginia.gov\)](#)

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Ensure Your Online Provider Directory Information is Accurate

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Optima Health partners with LexisNexis to maintain its online provider directory. As a reminder, LexisNexis will contact you via email, fax, and/or phone to complete the directory verification process. The purpose is to help our members select in-network providers, choose health plans and obtain access to care. Please take a moment to view and verify the accuracy of your profile as unverified provider information cannot be included in our online directory.

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Provider Connection Self-service Password Reset Now Available

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Providers can now save valuable time by enrolling in the self-service password reset process. Set up is easy and only requires two steps.

- Set up their security questions to activate password reset capabilities.
- Wait 24 hours so our systems can synchronize.

That's all there is to it!

We have created guides to assist providers through the steps.

**IMPORTANT:**

- Providers must login a minimum of once over 90 days to keep their provider portal profile active. If their account expires request assistance at [Providerconnectionsupport@sentara.com](mailto:Providerconnectionsupport@sentara.com).
- All Provider Connection registration must complete a two-step login for added security.

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Report Critical Incidents

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A critical incident is defined as any actual, or alleged, event or situation that creates a significant risk of substantial or serious harm to the member's physical or mental health and the safety or well-being of a member/patient. It includes, but is not limited to:

- medication errors
- severe injury or fall
- theft
- suspected physical or mental abuse or neglect
- financial exploitation
- death of a member/patient

**Immediately report** alleged abuse, neglect or exploitation-related critical incidents to the appropriate protective services agency:

Contact:

- Adult Protective Services (APS): (888) 832-3858
- Child Protective Services (CPS): (800) 552-7096

Within 24 hours, Email: [Optima\\_critical\\_inc](mailto:Optima_critical_inc); OR fax Critical Incidents critical incident report form to Fax: (833) 229-8932 located at [Critical Incident Form 1109/2021 \(optimahealth.com\)](#), OR Call Optima Health: (757) 252-8400

We have prepared training materials, [Critical Incident Reporting Provider Education \(optimahealth.com\)](#) and an at a glance resource, [Critical Incident Reporting Flyer for Providers \(optimahealth.com\)](#) which both providing important requirement in greater detail.

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Register for Our Upcoming Webinars

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**Medical Provider Touchpoint**  
 February 1 - 10 AM and February 7 - 1 PM  
 May 9 - 10 AM and May 17 - 1 PM  
 August 1 - 10 AM and August 9 - 1 PM  
 November 1 - 10 AM and November 7 - 1 PM

**Let's Talk Behavioral Health**  
 February 8 - 1 PM  
 May 16 - 1 PM  
 August 8 - 1 PM  
 November 8 - 1 PM

**Claims Brush-up Clinics**  
 April 12th - 10 AM  
 June 6 - 1 PM  
 September 12 - 10 AM  
 December 6 - 1 PM


<https://www.optimahealth.com/providers/webinars/>

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QR SURVEY CODE

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Scan this QR code to take our quick survey questions



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Questions and Answers OptimaHealth



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Thank you For Partnering with Optima Health!

Contact Us  
[BJSTEBBI@Sentara.com](mailto:BJSTEBBI@Sentara.com)  
[AJMORALE@sentara.com](mailto:AJMORALE@sentara.com)  
[NMTrainers@sentara.com](mailto:NMTrainers@sentara.com)

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