

Optima Health

1st Quarterly Provider Webinar
Medical Provider Touchpoint

March 7th & March 15th 2023

1st Quarterly Provider Webinar Medical Touchpoint 1

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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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Introducing the Network Management Trainer Team

Network Management Trainer Team

Ashli Morales
NETWORK MANAGEMENT TRAINER

Barbara Stebbins
NETWORK MANAGEMENT TRAINER

The network management trainers help to keep our provider community informed through webinar updates and other forums. We also develop provider education materials and support our internal teammates with timely updates and trainings.

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Optima Health

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
 - OptimaDirectSM
- Narrow Network Plans**
 - OptimaSelectSM
- Individual & Family Plans**
 - OptimaFitSM
- 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 OptimaHealth

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
- 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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OptimaHealth Optima

Medicare Stars Focus for Q1 of MY2023

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Agenda Topics: OptimaHealth

- ❖ AWW & APE
- ❖ Clinical Focus Measures
 - ❖ Controlling Blood Pressure
 - ❖ Diabetes Care – Blood Sugar Controlled
- ❖ CAHPS Background and Tips
- ❖ 2023 Healthy Rewards Program
- ❖ Pharmacy
 - ❖ Coverage Gap Updates for 2023

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Annual Wellness Visit and Annual Physical Exam

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Annual Wellness Visit and Annual Physical Exam OptimaHealth

"Welcome to Medicare" Preventive Visit (IPPE)	Annual Wellness Visit	Annual Physical Exam
<p>Location: Review of medical and social history and preventive services education</p> <p>Population: Patients who are New to Medicare.</p> <p>Coverage: only once in a lifetime within 12 months of Part B enrollment.</p> <p>Components:</p> <ol style="list-style-type: none"> 1. Past medical & surgical history 2. Current medications and supplements 3. Family history 4. Diet 5. Physical Activities 6. History of substance use (alcohol, tobacco, and illegal drug use) 7. Potential depression risk factors (including current or past) 8. Assess Functional/Safety Abilities 9. Exam: Height, weight, BMI, and BP, Visual Acuity Screen 10. End of Life Planning 11. Education & reference to preventative services: a once-in-a-lifetime screening ECC/CE or appropriate. 12. Review of Opioid prescriptions 13. Screen for potential substance use disorders <p>Codes: Preventive Visit = G0402, ECG = G0403, G0404, G0405</p>	<p>Location: A visit to develop or update a personalized prevention plan and perform a Health Risk Assessment (HRA)</p> <p>Population: Patients new or existing to their health plan</p> <p>Coverage: once every year</p> <p>Components:</p> <ol style="list-style-type: none"> 1. Perform an MRA (only for the patient's first AWV) 2. Establish medical family history 3. Establish list of current providers 4. Measure BMI & BP 5. Assess cognitive function 6. Potential depression risk factors 7. Assess functional/safety abilities 8. Establish screening schedule for patient 9. Drawing list of patient risk factors 10. End of life planning 11. Education & reference to preventative services 12. Review of opioid prescriptions 13. Screen for potential substance use disorders <p>Codes: G0439, G0439</p> <p>*Optima Health plan performs Health Risk Assessments for our members.</p>	<p>Location: Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury</p> <p>Population: All</p> <p>Coverage: once every year</p> <p>Components:</p> <ol style="list-style-type: none"> 1. Vital Signs 2. Exam of heart and lungs 3. Exam of head, neck and abdomen 4. Neurological exam 5. Skin exam 6. Lab work 7. Gender appropriate exams (breast, genital, reproductive) <p>Codes: (select appropriate code per age of patient)</p> <p>New Patient</p> <ul style="list-style-type: none"> • 99381 - 99387 <p>Existing Patient</p> <ul style="list-style-type: none"> • 99501 - 99507 <p>Optima Medicare will pay for the AWW and APE, as a supplemental benefit, in the same visit.</p>

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Medicare Stars Clinical Focus Measures

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Diabetes Care – Blood Sugar Controlled OptimaHealth

Best Practices:
Frequency of visits depends on level of A1c control:

- 1x every year if you have pre-diabetes
- 2x a year if you don't use insulin and your blood sugar level is consistently within your target range
- 4x a year if you take insulin or have trouble keeping your blood sugar level within your target range

Benefits of Self-Monitoring at Home:

- Creates positive choices surrounding diet, exercise, and daily treatment goals
- Allows the patient to take charge and meet their A1c Targets based on their treatment plan

Key Tips:

1. Request to see the patients with known Diabetes in Quarter 1 of that calendar year to allow for early intervention
2. If an A1c >/= 8 is discovered, be sure to follow-up and engage with patients for active diabetes management
3. Documentation Requirements:
 - a) Need date and most recent result during measurement year in chart – use reported value and not threshold for result
 - b) The last HbA1c of the year counts towards the measure score

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Controlling Blood Pressure OptimaHealth

Key Points:

- Patients of Optima Health Medicare have an **OTC benefit allowance** they can utilize to purchase a digital/remote blood pressure cuff.
 - **Tip:** Encourage patients to get a BP cuff that takes readings higher on the arm for better accuracy; wrist cuffs are *not* recommended
 - **Tip:** Consider communicating to patients the positive effects of monitoring blood pressure frequently.
 - **Tip:** Utilize digital/remote blood pressure cuffs during Telehealth visits to help capture data for this measure.
- **Recommendation:** Request to see the patients with known Hypertension in Quarter 1 to allow for early intervention.
 - **Tip:** Talk with patients about what a lower goal is for a healthy BP reading.

Documentation Requirements

- The last blood pressure of the year counts towards the measure score if recorded in the medical record.
 - *Don't round up or down when recording the BP. If the initial BP was elevated, take it a second time after a few minutes rest.*
- **Telehealth Visits Note:** New guidelines allow self-reported blood pressures to be documented in the EMR during telehealth visits if the note documents the blood pressure was taken with a digital machine in the home.
- The use of CPT Category II codes helps Virginia Premier Medicare:
 - Identify clinical outcomes such as diastolic and systolic readings.
 - Reduce the need for some chart review.

* Please note, CPT II codes are for reporting purposes only and are not separately reimbursable. If you receive a claim denial, your reporting code will still be included on the quality measure.

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CAHPS Background and Tips

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CAHPS Background and Tips OptimaHealth

What is Medicare CAHPS? Why is it important?

The CAHPS survey is a patient experience survey that asks beneficiaries to evaluate their experiences with health plans, providers, and healthcare facilities.

The Centers for Medicare & Medicaid Services (CMS) views beneficiaries as the best and only source of this type of data. Member-reported experience data has become increasingly important to CMS for evaluating health plan performance.

CAHPS Fast Facts:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS).
- Annual survey to members conducted March – May.
- Results from CAHPS are used toward the health plan's overall Medicare Stars rating.
- CAHPS collects data directly from members about their experience and satisfaction with the health plan, **providers**, and their care.
- Several Medicare Stars measures are directly impacted by members' perception of their provider and their access to care.

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CAHPS Background and Tips OptimaHealth

How can providers help improve Medicare CAHPS ratings?

1. Reduce waiting time perception (check on a patient, give them a health brochure to read, communicate with them, etc.)
2. Offer to help schedule specialist appointments or show patients what to do if the next available appointment time is longer than their level of care requires.
3. Review prescriptions with every patient.
4. Suggest 90-day refill and home delivery as convenient ways to receive prescriptions.
5. Ask for a call back if the patient cannot fill a prescription to help them assess their next steps.
6. Stay informed on patients' care with specialists.
7. Clearly describe how the patient will receive their test results.
8. All staff makes a difference! Ensure doctors, nurses, medical assistants, and front office staff are all focused on providing excellent service and care for the patient.

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Healthy Rewards Program

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Healthy Rewards Program

The Healthy Rewards program allows members to earn rewards for completing health-related activities that promote their good health and well-being.

This is a great opportunity to remind and encourage members to complete important preventive screenings and exams. And they can earn a reward while doing so!

TIP: Members are covered with a \$0 copay for the Annual Wellness Visit and the Annual Physical Exam. Plus, these are covered if the member completes both at the same visit!

2023 Rewards	Reward Amount	Who is Eligible?*
Annual Wellness Visit	\$25	All members
Annual Physical Exam	\$25	All members
Breast Cancer Screening	\$25	All members
Colorectal Cancer Screening	\$25	All members
Diabetic Eye Exam	\$10	Members with diabetes
Diabetic Kidney Function Test	\$10	Members with diabetes
Diabetic HbA1c Test	\$10	Members with diabetes
Bone Density Scan	\$25	Females ages 65+

*Rewards cannot be used to buy tobacco or alcohol. Rewards cannot be converted to cash. Only one reward per year. Rewards take 8-10 weeks to process following the receipt of the claim. Rewards are not available to Optima Medicare Savings (MMS) members.

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Focus on Medication Adherence

Part D Focus Measures: Currently Virginia Premier has four focus measures:

- ❖ Medication Adherence for Diabetes Medications
- ❖ Medication Adherence for Hypertension (RAS)
- ❖ Medication Adherence for Cholesterol (Statins)
- ❖ Statin Use in Persons with Diabetes (SUPD)

Understand Patient Adherence:

- ❖ Identifying barriers to adherence and assisting the member in overcoming barriers is the pharmacy's primary focus. Data analytics is used for targeted outreach; a pharmacy Star rating tool correlates medication adherence rates for complex and vulnerable members.
- ❖ The pharmacy team conducts outreach calls to help improve member medication adherence by assisting members in getting refills on their medication for 90-days and educating them on the importance of taking medication(s) as prescribed.
- ❖ The Star team works to cultivate member-centered programs across provider networks to reduce hospitalizations and ER visits by improving medication adherence.
- ❖ Routinely the team gathers feedback on formulary, provider calls, and cost of coverage, recommending actions for improvement based on member survey feedback.



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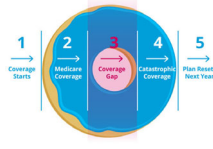
What is the Medicare Donut Hole?

Donut Hole Background: In the past, members were responsible for a higher percentage of the cost of their prescription drugs.

Medicare Donut Hole: when members will be responsible for 25% of the cost of their prescriptions.

- Once a member has spent up to their yearly limit, the coverage-gap ends, and the drug plan helps pay for covered drugs.
- During catastrophic coverage, members will pay 5% of the cost for each of your drugs
 - \$3.95 for generics
 - \$9.85 for brand-name drugs (whichever is greater).

*This information can be found on members pharmacy Explanation of Benefits (EOB) discuss this and all pharmacy best practices to discuss adherence barriers.




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Thank You

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What's New At Optima Health



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

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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Cardinal Care Update- Optima Community Care- Effective 07/01/2023

Cardinal Care implementation has been postponed to July 1, 2023. New member ID cards bearing the cardinal care logo have been mailed to new and existing members and should have been received. The cards became effective on January 1, 2023, and members are encouraged to begin presenting them. However, due to the delay in implementation, you may continue to accept the original ID card if presented.

2023 Optima Member ID Card - Optima Community Care

Member Name: JON DOE
Member ID: 99999999
Member Address: 1234 Main St
City: Anytown, VA
State: VA
Zip: 22001
Member Birth Date: 01/01/2000
Member Plan Code: 0000000000

Member Services: 1-800-981-2106
Behavioral Health/PT/OT/ST: 1-800-981-2106
Pharmacy: 1-800-981-2106
Dental: 1-800-981-2106
Member Support: 1-800-981-2106

2023 Optima Member ID Card - Optima Community Care - FAMS

Member Name: JON DOE
Member ID: 99999999
Member Address: 1234 Main St
City: Anytown, VA
State: VA
Zip: 22001
Member Birth Date: 01/01/2000
Member Plan Code: 0000000000

Member Services: 1-800-981-2106
Behavioral Health/PT/OT/ST: 1-800-981-2106
Pharmacy: 1-800-981-2106
Dental: 1-800-981-2106
Member Support: 1-800-981-2106

Note: As of 11/18/22 Medicaid members (excluding FAMS and OHCC) received incorrect ID cards which included the FAMS logo and did not have the transportation phone number. Updates have been made to the print vendors' system on 1/12/2023 to correct the issue.

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Urgent Update for Medicare Providers: Action Needed to Avoid Claims Denials

Medicare ID card error discovered when distributed to members for 2023. Here is what you need to know:

- For example, a Medicare member ID number that should be 99999999*01 was misprinted as 99999999*01*01.
- If providers include the duplicate *01 when submitting Medicare claims in CSC, the claims will be rejected.
- We are working to get corrected cards mailed to Medicare members.


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Welcoming Valley Health Back to the Optima Health Network

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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Fairfax Radiology Consultants, FRC/IFRC, Northern Virginia, Effective 1/1/2023

FRC/IFRC the largest radiology practice in Northern Virginia/DC metropolitan area with approximately 180 providers and 35 locations is now part of Optima Health, effective January 1, 2023. FRC/IFRC works collaboratively with Inova Health in area and provides outpatient radiological services to their patients including but not limited to:

- breast imaging
- MRI
- CT
- nuclear medicine
- ultrasound
- vascular & interventional
- neurointerventional surgery
- pediatric imaging
- general radiology services

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Authorization Required for Outpatient Services: Implementation Date Rescheduled to April 1, 2023

November 1, 2022, in the *ProviderNews* providers were notified Optima Health would not require an authorization for the first 15 visits for outpatient physical therapy (PT), occupational therapy (OT), and speech therapy (ST) for MAPD and DSNP members, effective on January 1, 2023.

This implementation has been rescheduled to April 1, 2023. Providers are asked to continue to request prior authorizations for all PT/OT/ST services by submitting an authorization request via fax, phone, or provider portal.

[providerNEWS 4th Quarter 2022 | Providers | Optima Health](#)

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Optima Health Temporarily Relaxes Some Authorization Requirements – Effective January 13, 2023 – March 15, 2023

Effective January 13, 2023, discharge to Optima Health in-network post-acute facilities will not require prior authorization.

- Notification of transfer is required within five calendar days (post-acute care facilities include skilled nursing, acute rehabilitation, and long-term acute care hospitals).
- Concurrent review, beginning on the fifth day, and discharge planning will continue unless otherwise changed by federal or state directive. This temporary relaxation is in effect until March 15, 2023, unless otherwise notified.
- If you have questions about these programs or announcements, contact your Network Educator at 1-877-865-9075, option 2.

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— CareCentrix Home Sleep Testing Implementation OptimaHealth 


Optima Health will partner with CareCentrix to manage sleep testing services for our **Commercial members effective March 1, 2023**. Optima Health Medicare, Dual Eligible Special Needs Plans (D-SNP), and Medicaid members has been extended to latest go live date of 7/1/2023. A Provider Alert was sent out November 29, 2022 with information on what you need to know about the CareCentrix sleep diagnostic testing program.

Steps to request to join the CareCentrix Network


- Visit [HomeBridge Portal \(carecentrixportal.com\)](https://carecentrixportal.com)
- To Join Carecentrix, Click "Join" under Join Our Provider Network.
- Complete the questionnaire and a member of the CareCentrix Network team will reach out for the next steps.

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

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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— DMAS Implementation of ClaimsXten – Effective 12/19/2022 OptimaHealth 

- Effective December 19, 2022, **all DMAS claims will be processed via Change Healthcare's ClaimsXten[®] software, replacing the current ClaimCheck software**. The functionality of the new software remains the same with two new enhancements described below.
- **Pay Percent Multiple Radiology**: Please see bulletin for full explanation.
- **CT modifier**: Please see bulletin for full explanation.
- **DMAS will continue to use Relative Value Units (RVUs) within the pay percent rules for assistant surgeons, radiology, and multiple procedures when sequencing payment**. Memo & Bulletin Library | [MES \(virginia.gov\)](#)

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— Updates to the Pharmacy Provider Manual Appendix D and E – Effective 1/1/2023 OptimaHealth 

- **Appendix D** revision includes changes to the Preferred Drug List (PDL)/Common Core Formulary and 90-day list effective January 1, 2023, and new drugs reviewed by the DUR Board since the last manual update on 06/10/2022.
- **Appendix E** includes all medications which may be dispensed as a 90-day supply, effective January 1, 2023.

Further information can be found in the DMAS memo located at [Updates to the Pharmacy Provider Manual Appendix D and E | MES \(virginia.gov\)](#)

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— Civil Money Penalty (CMP) Reinvestment Program Funding Opportunity to All Long-Term Care Providers Participating in the Virginia Medical Assistance Program and Managed Care Organizations OptimaHealth 

The Civil Money Penalty (CMP) reinvestment funds help improve the quality of life for individuals residing in nursing facilities within the Commonwealth. This bulletin outlines this year's timeline and process for projects applying for CMP reinvestment funds. It also reminds potential applicants of requirements, exclusions, and frequently asked questions. **PROGRAM SCHEDULE IS FOR PROJECTS THAT WILL START DURING STATE FISCAL YEAR 2024**

Further information can be found in the DMAS memo from December 21, 2022 located at [Civil Money Penalty \(CMP\) Reinvestment Program Funding Opportunity | MES \(virginia.gov\)](#)

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Face-To-Face Supervisory, Services Facilitation and ID/DD Case Management Visits 1/1/2023

OptimaHealth

DMAS regulations require providers of certain services to have face-to-face visits with individuals receiving the service to ensure that Medicaid members needing complex care are healthy and safe in their home environment. During PHE, DMAS waived its regulatory requirements for face-to-face visits for ID/DD case management, service facilitation, and supervisory visits for personal care.

DMAS has been made aware of reports of health, safety, and/or welfare concerns from Medicaid members who utilize a number of waiver and state plan services that have not been seen face-to-face for an extended period of time. Therefore, effective January 1, 2023, DMAS will reinstate the enforcement of regulations related to face-to-face visits for ID/DD case management, services facilitation, and supervisory visits for personal care. Telephonic or virtual visits are no longer billable if conducted remotely as of January 1, 2023.

- Face-To-Face Supervisory, Services Facilitation and ID/DD Case Management Visits 1/1/2023 | MES (virginia.gov)

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End of Continuous Coverage and Update on Provider Flexibilities

OptimaHealth

The continuous coverage requirement, which prevented state Medicaid agencies from reducing or ending Medicaid or FAMS coverage regardless of changes in an individual's circumstances, will end on March 31, 2023.

On April 1, 2023, DMAS will begin conducting eligibility determinations and renewals for all Medicaid and FAMS members. DMAS will have 12 months to initiate eligibility determinations and renewals for the more than 2.1 million Virginians who currently have Medicaid or FAMS coverage.

DMAS is asking Medicaid and FAMS providers to take steps to ensure that their clients do not miss important communications related to their eligibility redeterminations to avoid the member coverage ending.

Memo can be found at End of Continuous Coverage and Update on Provider Flexibilities | MES (virginia.gov)

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OptimaHealth

Updates/Follow up

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Provider Portal Authorization Requests & Invalid Frequency Unit Qualifiers

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- Always enter the correct name, telephone, and fax number in the contact area when submitting a request for authorization.
- Verify the member you are requesting authorization for has current coverage under the Health Plan.
- When completing the authorization request for a Medicaid Member under the Procedure Code Section, you will need to complete the Unit/Frequency Qualifier section and then ADD.

Rejection for any of the Combinations		Invalid Frequency Unit Qualifiers Most Used Combinations	
Frequency Qualifier	Units Qualifier	Frequency Qualifier	Units Qualifier
Unit	Unit	Unit	Unit
Hour	Day	Day	Unit
Day	Day	Day	Unit
Week	Day	Month	Unit
Extended	Day	Other	Unit
Hour	Week	Week	Week
Day	Week		
Extended	Week		
Hour	Month		
Day	Month		
Extended	Month		
Hour	Month		
Day	Month		
Extended	Month		
Hour	Year		
Day	Year		
Extended	Year		
Hour	Year		
Day	Year		
Extended	Year		

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JIVA GoLive Mailbox Transition

OptimaHealth

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
- 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

OptimaHealth


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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Southeastrans, Inc. to Verida, Inc. effective 1/1/2023. OptimaHealth 

Southeastrans, Inc. is transitioning to Verida, Inc. effective 1/1/2023. Member-facing material will not change until January 1st.


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Optima Health to Implement New Pharmacy Benefit Manager Effective 1/1/2023 OptimaHealth 


Effective January 1, 2023, Optima Health will change our pharmacy benefit manager (PBM) Optum RX to Express Scripts for commercial, Medicare, and Medicaid plans.


We will continue to use Proprium Pharmacy for specialty and tier 4 medications. Further information can be found on Optima website: [News](#) | [Providers](#) | [Optima Health](#)




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NEW Vision Vendor starting 1/1/2023 OptimaHealth 

CEC (Community Eye Care) is servicing all Medicare.  **CEC**
community eye care
a VSP company


CEC's Provider Services #: **888-254-4290**, [Vision Benefits Made Simple | CEC \(cecvision.com\)](#)
Find a provider: <https://www.cecvision.com/search>

VSP is servicing Commercial and Medicaid  **vsp**
vision care


CEC's Member Services # - 866-642-5404 8am-8pm 7 days a week, 365 days a year

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AIM Specialty Health Name Change OptimaHealth 


March 2023, AIM Specialty Health will transition to a new name Carelon Specialty Health. The transition is a name change only, and will not impact providers.




<https://www.carelon.com/about-us/businesses/aim>

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Provider Training Requirement Update OptimaHealth 


Model of Care Training is required annually for providers participating in Medicare. Providers are encouraged to take Fraud, Waste and Abuse, Trauma Informed Care, and Cultural Competency training during onboarding and as ongoing training.



[Provider Education](#) | [Providers](#) | [Optima Health](#)

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OptimaHealth 

Closing Care Gaps

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Below are a few of the new or changed measures the National Committee on Quality Assurance (NCQA) has added for MY2023:

Medicaid Only – first-year measure

- Topical Fluoride for Children (TFC)
- Oral Evaluation, Dental Services (OED)

Medicare Only – first-year measure

- Deprescribing of Benzodiazepines in Older Adults (DBO)
- Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes (EDH)

Measures Newly Specified for Electronic Clinical Data Systems (ECDS) Reporting

- Cervical Cancer Screening (CCS-E).
- Social Need Screening and Intervention (SNS-E).

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Revised Measures (MY 2022)

Comprehensive Diabetes Care (CDC) has been revised into three standalone measures:

- **Blood Pressure Control for Patients with Diabetes (BPD)** examines members 18-75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was controlled (<140/90 mm Hg) during the measurement year.
- **Hemoglobin A1c Control for Patients with Diabetes (HBD)** examines members 18-75 years of age with Diabetes (type 1 and 2) whose Hb A1c was at the following levels during the measurement year. • HbA1c control (<8.0%) HbA1c poor control (>9.0%)
- **Eye Exam for Patients with Diabetes (EED)** examines members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

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Billing Updates

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Third Party Biller Denied Claim Form (4+ claims)

- There is now a third party billers denied claim form on the Optima Health website found in the provider toolkit at this link <https://www.optimahealth.com/providers/provider-support/provider-toolkit> or go directly to the form at this link <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.optimahealth.com%2Fdocs%2Fprovider-support%2Fthird-party-fax-template.xlsx&wdOrigin=BROWSELINK>
- **NOTE:** This form is for **Medical Claims ONLY**, it cannot be used for BH claims.

Provider Customer Service Claims Request:	
Billing Company Name	
Contact Person's Name	
Phone (include area code)	
Fax Number	

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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.


Member Name	Member ID/Claim number	State of Service	Referral Approval	Service Provided (CPT/HCPCS)	Provider NPI	Description of Claim 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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Important Reminders

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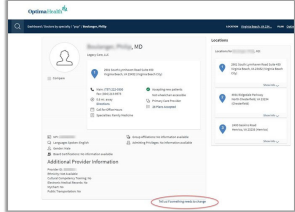
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Please review the Online Provider Directory


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

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

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

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

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.
- All Provider Connection registration must complete a two-step login for added security.

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Report Critical Incidents

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, OR fax Critical Incidents critical incident report form to Fax: (833) 229-8932 located at [Critical Incident Form 11092021 \(optimahealth.com\)](#), OR Call Optima Health: (757) dents@optimahealth.com 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 OptimaHealth

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 (POP UP Trainings)
 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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COVID-19 UPDATES

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Coverage of COVID Services for Emergency Medicaid OptimaHealth

DMAS will reimburse for COVID testing and treatment – effective March 23, 2022 – and COVID vaccinations – effective April 6, 2022 – performed for individuals covered by Emergency Medicaid. The list of applicable codes – current as of the publication of the bulletin dated 11/03/2022. Please visit <https://dmas.virginia.gov> to read full bulletin and review codes on pages 2 and 3.



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New COVID booster (Children) EUA Approved OptimaHealth

Codes 91317, 0173A (Booster) were published on Nov 30, 2022, with an effective date of 12.8.2022 based on the EUA. Age Range: 6 months to 4 Years
 BoosterBrand: Pfizer

Resource: COVID-19 CPT vaccine and immunization codes | American Medical Association (ama-assn.org)



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COVID-19 FAQs Updated for Providers OptimaHealth

We recently updated our robust list of COVID-19 frequently asked questions (FAQs) documents for providers. [COVID FAQs for Providers \(optimahealth.com\)](#)

Optima Health will continue to reevaluate per PHE guidelines

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Coronavirus Disease 2019 (COVID-19) Provider Frequently Asked Questions

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What is COVID-19? COVID-19 is a respiratory illness caused by the novel coronavirus SARS-CoV-2. Symptoms include fever, cough, and shortness of breath. It can spread from person to person through respiratory droplets and aerosols.

How is COVID-19 spread? COVID-19 is spread from person to person through respiratory droplets and aerosols. Droplets are larger particles that fall to the ground or a surface shortly after being emitted. Aerosols are smaller particles that can remain in the air for longer periods of time.

What are the symptoms of COVID-19? Symptoms of COVID-19 include fever, cough, and shortness of breath. Other symptoms include fatigue, muscle aches, and loss of taste or smell.

How long does it take for symptoms to appear? Symptoms typically appear 2 to 14 days after infection, with an average incubation period of 5 to 6 days.

How long does COVID-19 last? Most people recover from COVID-19 within 2 to 4 weeks. However, some people experience long-term effects, known as long COVID.

How can I prevent COVID-19? To prevent COVID-19, you should wear a face mask, avoid close contact with people who are sick, and wash your hands frequently with soap and water.

What should I do if I have COVID-19? If you have COVID-19, you should stay home and avoid contact with other people. You should also wear a face mask and cough or sneeze into your elbow.

What should I do if I have long COVID? If you have long COVID, you should see your healthcare provider for a diagnosis and treatment plan. There is no specific treatment for long COVID, but some people find relief with rest and supportive care.

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QR SURVEY CODE

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!

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