OptimaHealth®

Doula Orientation

Overview

Definitions

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1. **Billed Charge:** the actual amount charged by provider for any covered service furnished to a member.
2. **Clean Claim:** a claim that has no material defect (including any lack of required documentation).
3. **Covered Services:** those services, drugs, supply and equipment for which coverage benefits are available under the health care plans. Covered services beneficiaries are given benefits according to the terms and conditions of health plan.
4. **Copayment:** charges for covered services collected directly by provider from member as payment in addition to the fees paid to Provider by the health plan.
5. **Deductible** means a dollar amount which a member is responsible to pay before the covered service.
6. **Electronic Health Record or EHR:** an electronic record of clinical services rendered by a participating provider to a member.
7. **Fee Schedule:** a list of the maximum amounts allowed per unit for covered services.

Definitions

OptimaHealth

8. **Medically Necessary:** those covered services as provided by a participating provider which are:

   - required to identify, evaluate, or treat the member's condition, disease, ailment or injury, including pregnancy related conditions;
   - in accordance with recognized standards of care for the member's condition, disease, ailment or injury;
   - appropriate with regard to standards of good medical practice;
   - not solely for the convenience of the member, or a participating provider; and
   - the most appropriate supply or level of service which can be safely provided to the member.

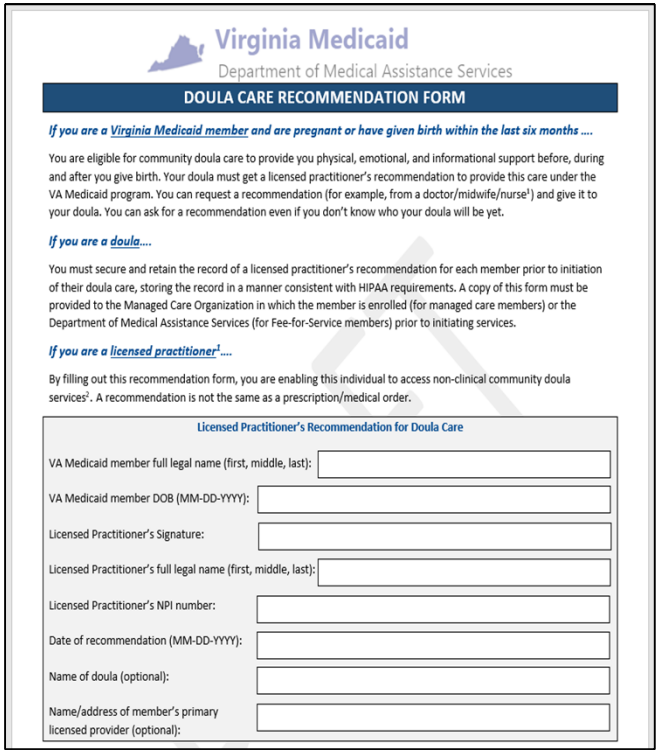
Definitions

OptimaHealth

9. **Non-Covered Services:** those health care services that are not covered services.
10. **Provider Network:** a group of participating providers that, through a contractual relationship, supports some or all products in which members are enrolled.
11. **Quality Improvement or Utilization Management:** the processes established and operated by the health plan, or its designee, to evaluate and promote the quality and cost-effective delivery of covered services.

Initiating Doula Services

- Members must choose a community doula who has completed a Virginia Department of Health approved certification program.
- Doulas are then responsible for ensuring that the Doula Care Recommendation Form has been completed and signed by the member's licensed healthcare provider prior to initiating services.
- Doulas must retain a copy of the signed recommendation form with the member's medical records.



Virginia Medicaid

Department of Medical Assistance Services

DOULA CARE RECOMMENDATION FORM

If you are a Virginia Medicaid member and are pregnant or have given birth within the last six months ....

You are eligible for community doula care to provide you physical, emotional, and informational support before, during and after you give birth. Your doula must get a licensed practitioner's recommendation to provide this care under the VA Medicaid program. You can request a recommendation (for example, from a doctor/midwife/nurse[1]) and give it to your doula. You can ask for a recommendation even if you don't know who your doula will be yet.

If you are a doula....

You must secure and retain the record of a licensed practitioner's recommendation for each member prior to initiation of their doula care, storing the record in a manner consistent with HIPAA requirements. A copy of this form must be provided to the Managed Care Organization in which the member is enrolled (for managed care members) or the Department of Medical Assistance Services (for Fee-for-Service members) prior to initiating services.

If you are a licensed practitioner[1]....

By filling out this recommendation form, you are enabling this individual to access non-clinical community doula services[2]. A recommendation is not the same as a prescription/medical order.

Licensed Practitioner's Recommendation for Doula Care

VA Medicaid member full legal name (first, middle, last):	
VA Medicaid member DOB (MM-DD-YYYY):	
Licensed Practitioner's Signature:	
Licensed Practitioner's full legal name (first, middle, last):	
Licensed Practitioner's NPI number:	
Date of recommendation (MM-DD-YYYY):	
Name of doula (optional):	
Name/address of member's primary licensed provider (optional):	

Fax Recommendation Forms to (757) 352-2694 or (833) 666-0706

Medicaid-Funded Community Doula Benefit

OptimaHealth

- Pregnant and postpartum members are eligible for:
  - eight prenatal or postpartum visits
  - one doula attendance at the delivery visit
- Members can be approved for additional visits after completion of the eight visits if it is deemed medically necessary.
- Members are not allowed multiple visits in the same day except when:
  - a prenatal visit occurs early in the day and the attendance at delivery is later.
  - the attendance at delivery occurs early in the day and a postpartum visit is later.

Community Doula and Care Management

OptimaHealth

- Members will receive communications and education regarding the new benefit.
- The Partners in Pregnancy (PIP) team will conduct outreach to pregnant members.
- PIP will complete the necessary documentation in our internal systems.
- If no provider recommendation form has been received:
  - The member will be contacted to verify doula contact information and provided education on the need for a completed provider form.
  - The doula will be contacted to request that the completed form is faxed to the PIP Biscom line.

Provider Commitments

- **Provide Services:** provide covered doula services to Optima Health members
- **Maintenance of Credentials:** Maintain and submit to Optima Health upon request, evidence of licensure, accreditation, registration, certification, and all other credentials sufficient to meet all applicable federal and state law and regulations.
- **Provider Locations:** provide covered services only at locations permitted under the contract.
- **Notifications:** provide prior written notice to Optima Health as soon as possible, but at least 90 days before, any change to the information about provider included in the provider network directory.
- **Compliance with SHP and Payor Programs, Policies, and Procedures:** Provider complies fully with all programs, policies, and procedures, as applicable.

Provider Commitments

OptimaHealth

- **Quality Improvement:** Provider agrees that quality improvement decisions may result in the denial of payment for those covered services provided to a Member which are determined to be not medically necessary or of substandard medical quality.
- **Cooperation with Medical Directors:** Provider agrees to cooperate with reviews of the quality of care administered to members as such reviews are conducted by SHP's medical director, or the SHP Medical Director's designee.
- **Report Critical Incidents:** Provider agrees to report critical incidents in a timely manger. 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 physical or mental health, safety, or well-being of a member.

Provider Commitments

OptimaHealth

- **Waiver of Copayments, Coinsurance and Deductibles:** collects all applicable coinsurance, copayments and deductibles from Members, and shall not waive the collection of such coinsurance, copayments and deductibles without the written consent of SHP.
- **Non-Covered Services:** Provider agrees not to bill, charge or seek compensation or reimbursement of any kind from any Member, SHP, or any Payor for health care services and/or supplies provided determined not medically necessary or covered services.
- **Access to and Inspection of Records:** Upon reasonable notice and during regular business hours, provide access by the health plan or its designee, to inspect, audit, review and makes copies of records related to covered services rendered to Optima Health members.

Health Plan Commitments

OptimaHealth

1. **Program Information:** The health plan will provide a Provider Manual, accessible online, containing current information concerning Policies and Procedures. The health plan agrees to update as changes in requirements are made by law or otherwise.
2. **Provider Education:** The health plan communicates important updates and other information through various methods, including, but not limited to a quarterly newsletter, webinars and e-mail announcements. The purpose is to convey best practices so you can do business with us successfully.
3. **Provider Network**: SHP will include provider in the General Network of Participating Providers.
4. **Member Eligibility Verification:** SHP agrees to provide a mechanism that allows provider to verify member eligibility before rendering services, based on current information held by SHP.
5. **Prior Authorization** request forms, policies and procedures will be made available on the health plan's website.
6. **Timely Notification:** Provide notice of policy and procedure changes with no fewer than 60 days prior notice.

Provider Services Solution (PRSS)

OptimaHealth

All providers must enroll in Provider Services Solution (PRSS) in order participate with one or more Managed Care Organizations (MCOs). The platform will be used to:

- update licenses and certifications
- submit required attachments
- request participation with MCO health plans during the enrollment/revalidation process

Register for PRSS training: https://vamedicaid.dmas.virginia.gov/training/providers.

Course List:

- PRSS-111 Provider Enrollment Application
- PRSS-118 Introduction to Provider and MCO Portal Delegate Management
- PRSS-120- Introduction to the Provider Portal

Confidentiality

OptimaHealth

- Provider agrees that all medical records, Protected Health Information (PHI) and any other personal information about a member will be maintained within the United States and treated as confidential.
- Additionally, provider will maintain all medical records and financial, administrative and other billing records and documents concerning services provided to members for 10 years or as required by applicable laws and according to industry standards.

Compensation and Billing: Critical Elements

OptimaHealth

1. **Rates and Compensation**: Provider will collect payments for covered services
2. **Provision of Covered Services:** Provider will not limit the provision of covered services to a member because of or based on any compensation arrangement between SHP and provider.
3. **Billing**: Provider will bill for covered services according billing and claims submission policies as outlined in the provider manual.
4. **Timely Filing** is not more than 365 days after the date on which those services are rendered. Claims received by SHP after the 365-day period may be denied for payment. Provider shall not seek any payment from members for claims denied by SHP under this section.
5. **Clean Claims:** Provider shall make its best effort to submit claims correctly.

Compensation and Billing: Critical Elements

OptimaHealth

6. **NPI Number:** All claims submitted to Optima Health must include individual and group practice NPI numbers and taxonomy codes. Claims received without an NPI number will be rejected or denied.
7. **Modifier HD** is required with claims submission for covered doula services.
8. **Taxonomy Code**: 374J00000X is required for billing. Claims received without the taxonomy code will be rejected or denied.
9. **Recommendation form** from eligible provider required to be submitted to MCO prior to providing services for member.
10. **Diagnoses code Z32.2** (encounter for childbirth instruction) is required to bill doula services.

Compensation and Billing: Covered Doula Services

OptimaHealth

- Coverage includes:
  1. initial prenatal visit
  2. standard care prenatal visit
  3. labor support (vaginal birth), labor support (C-section)
  4. postpartum care postpartum visit within six (6) weeks of delivery, incentive mother postpartum
  5. incentive newborn postpartum; a pediatric clinician visit must occur within six (6) weeks of delivery
- A standard case will be composed of nine touchpoints:
  a. eight prenatal/postpartum visits *(additional visits may be authorized as member needs are identified)*.
  b. attendance during labor and delivery
  c. two linkage-to-care incentive payments for postpartum and newborn care

Important Note: Linkage to care incentive payments may be delayed as payment is contingent upon all requirements being met, including the OB/GYN's claim submission. OB/GYNs globally bill, sometime resulting in delays in submissions.

Compensation and Billing: Covered Doula Services

OptimaHealth

- Doula services, rendered from date of conception **through 180 days (six months) after delivery,** may be reimbursed contingent on individual maintaining Medicaid eligibility.
- Doula services can only be provided in the community, in clinician offices (if a doula is accompanying the member to a clinician visit) or in the hospital.
- Rendered doula care must be documented in the member's medical record.

Compensation and Billing: Doula Codes

OptimaHealth

Code	Description	Maximum Units Allowed Per Visit	Rate	Notes
99600-HD	Initial Prenatal Visit	90 minutes	$14.99	Max 6 units of 15 min each (total of 90 min) One date of service.
59425-HD	Standard care, prenatal visit	60 min	$14.99	Max three visits (initial prenatal and three prenatal visits) – bill in 15-minute increments, total of 60 minutes per visit
59409-HD	Labor support, Vaginal birth	1 unit (flat rate)	$350.00	
59514-HD	Labor support, C-section	1 unit (flat rate)	$350.00	
59430-HD	Postpartum Care, Postpartum Visit	60 min	$14.99	Max four visits – bill in 15-minute increments, total of 60 minutes per visit
99199-HD	Incentive Mother Postpartum	1 unit (flat rate)	$50.00	
99199-HD	Incentive Newborn* Postpartum	1 unit (flat rate)	$50.00	*must be billed under the newborn Medicaid ID

Fax recommendation forms to (757) 352-2694 or (833) 666-0706

Compensation and Billing: Incentive Payments

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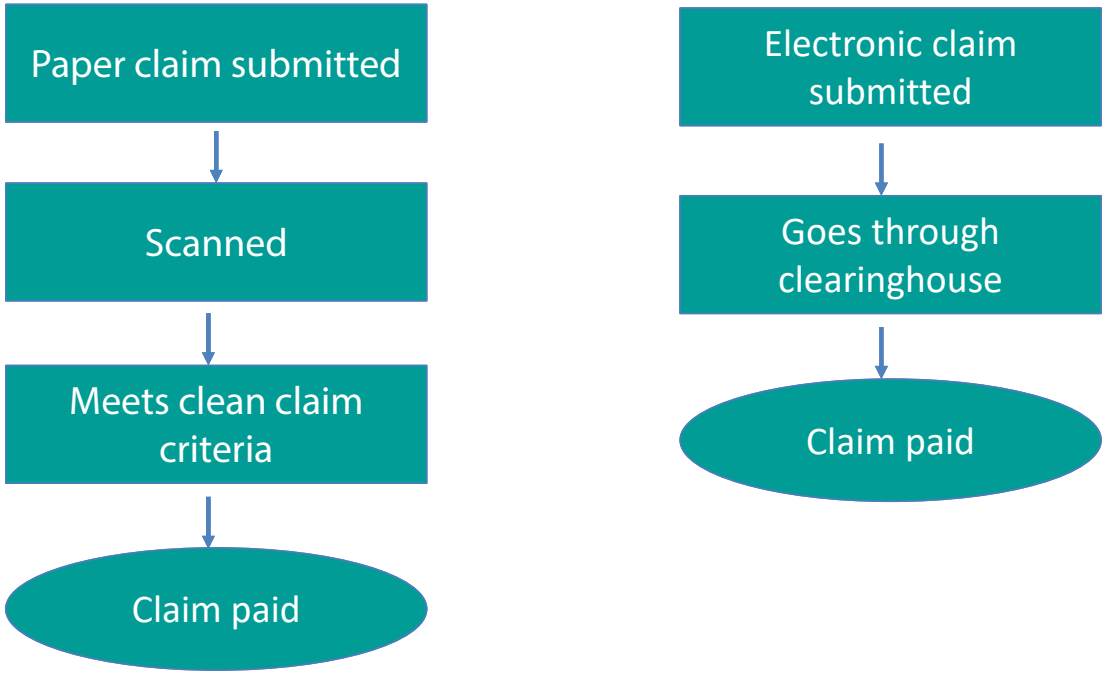
To receive the incentive payments, doulas need to have performed at least one postpartum visit. A $50 value-based incentive payment can be received by the doula if the client is seen by an obstetric clinician for one postpartum visit. A $50 value-based incentive payment can be received if the newborn is seen by a pediatric clinician for one visit after birth.

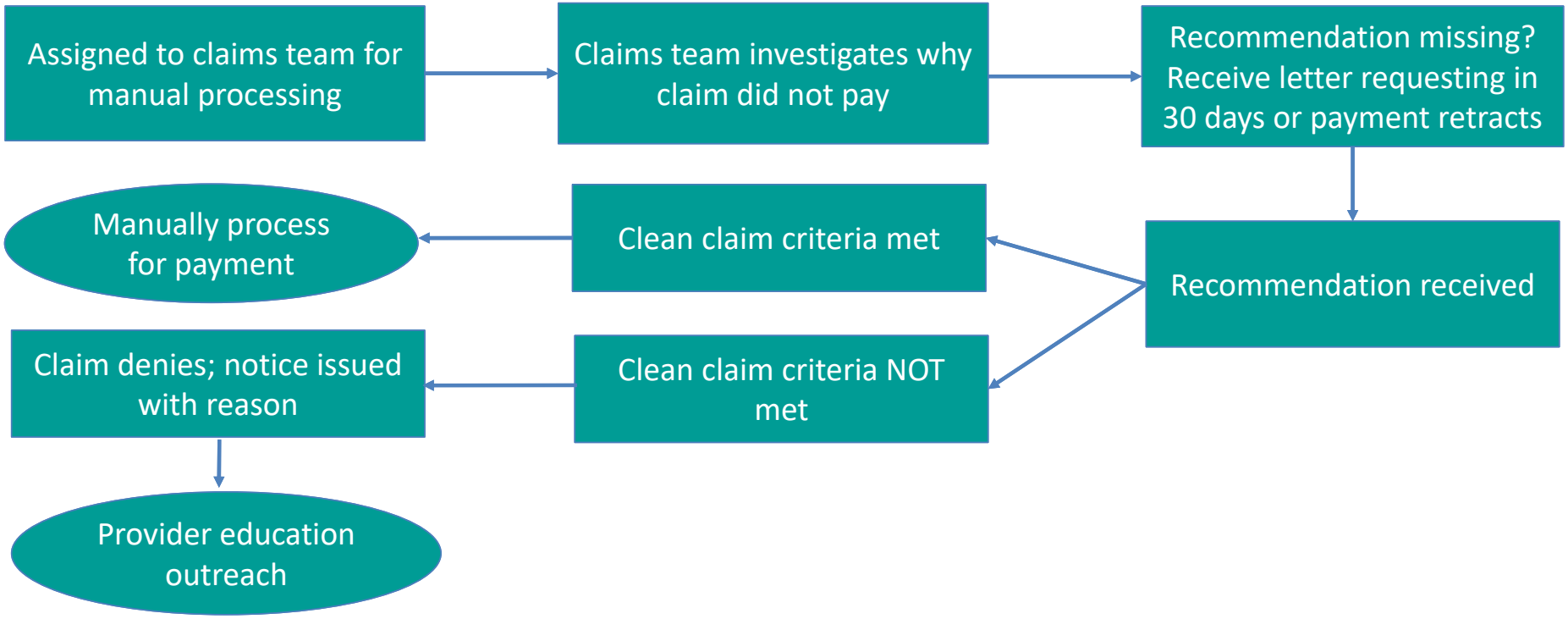
Claims Pathway: Clean Claim/Auto Adjudication

OptimaHealth



Claims Pathway: Clean Claim Criteria NOT Met (Manually Processed)

OptimaHealth



Completing Paper Claim Forms

OptimaHealth

Optima Health requires the CMS 1500 Claim form version 02-12. For direction on filling out a paper form, we refer to NUCC guidelines.

- To expedite payment and avoid re-submission of claims, fill out the CMS-1500 claim form as completely and accurately as possible.
- Submit claims containing all data elements and industry-standard coding conventions.

Common Reasons for Claims Denials

- Errors in member name. Hyphenated last names must be submitted correctly.
- The birth date submitted must match the birth date associated with the member ID number.
- For a complete list of the most common errors in completing the CMS 1500 see page 81 in the provider manual.

Appointment Access Standards

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Please follow the following appointment access standards for Optima Health members.

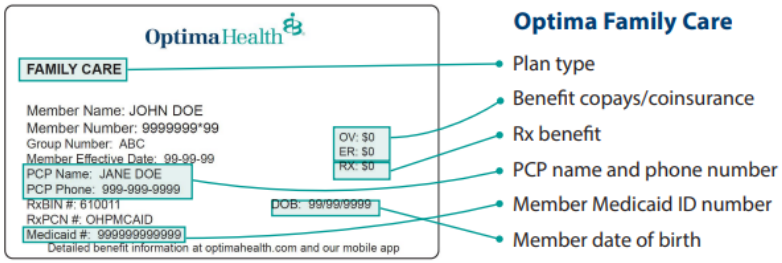
Product	Appointment type		Scheduling Standard (time between member request and appointment availability)
Commercial, QHP, Optima Medicare, and Optima Family Care	Emergency (Medical and Behavioral Health)		Immediately upon request
	Urgent/Symptomatic		24 hours or as quickly as symptoms demand
	Routine Medical Care*/Follow up Behavioral Health Care/Well Care		30 days
	Initial Behavioral Health		7 days
	Prenatal Care	First Trimester	7 days
		Second Trimester	7 days
		Third Trimester	3 days
		High-Risk Pregnancy	3 days or immediately if emergency
	Postpartum		Within 60 calendar days of delivery
Optima CCC Plus	Emergency		Immediately upon request
	Urgent/Symptomatic		24 hours or as quickly as symptoms demand
	Routine Primary Care*		30 days
	Behavioral Health		5 business as or as quickly as symptom demand
	Prenatal Care	First Trimester	14 days
		Second Trimester	7 days
		Third Trimester	5 days
		High-Risk Pregnancy	3 days or immediately if emergency
	Postpartum		Within 60 calendar days of delivery

* The Medallion 4.0 and CCC Plus standard for Routine Primary Care does not apply to routine physical examinations; regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every 30 days; or for routine specialty services like dermatology, allergy care, etc.

Doing Business With Us

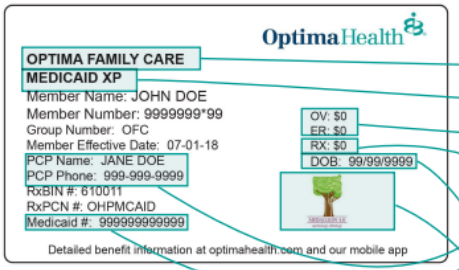
Identifying an Optima Health Member

FRONT OF CARD



Optima Family Care

- Plan type
- Benefit copays/coinsurance
- Rx benefit
- PCP name and phone number
- Member Medicaid ID number
- Member date of birth



Medicaid Expansion/Family Care

- Product line
- Plan type
- Benefit copays/coinsurance
- Rx benefit
- PCP name and phone number
- Member Medicaid ID number
- Member date of birth
- Medallion 4.0 logo

Member ID Card Samples are Available Online

www.optimahealth.com/documents/provider-orientation/015-mbrsvcs-samples-all.pdf

Required Training

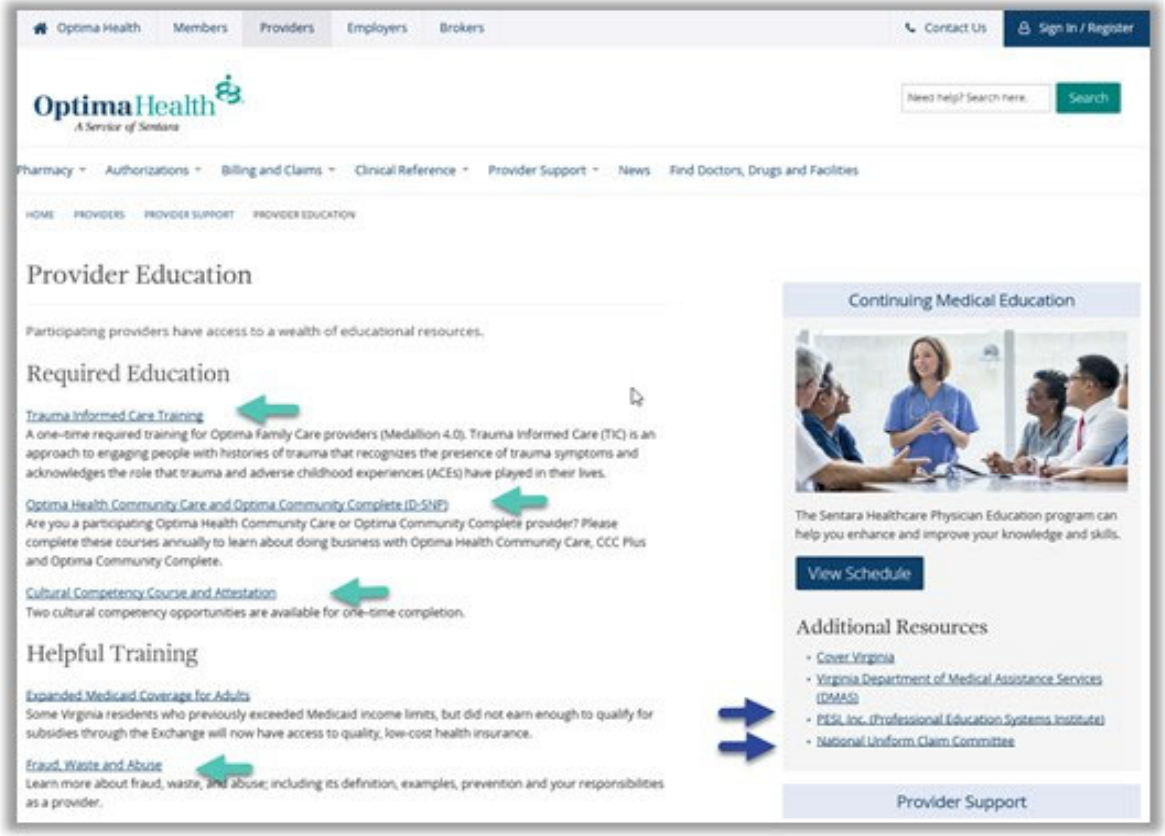
Annual

- Model of Care
- Fraud, Waste and Abuse

One Time Only

- Cultural Competency Training
- Trauma Informed Care Training

PESI, Inc. is non-profit organization offering a healthcare continuing education opportunities



Critical Incident Reporting

Reporting Critical Incidents:

- Ensures member/patient safety
- Avoids repeatable errors
- Addresses areas of concern
- Complies with regulatory reporting requirements

We encourage you to learn more:
Desktop resource
Tutorial

OPTIMA HEALTH

Critical Incident Reporting

What is a Critical Incident?
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 physical or mental health, safety, or well-being of a member. There are different classifications, based on category and type.

Why Should Providers Report a Critical Incident?
- ensure patient/member quality of care and safety
- avoid repeatable errors
- address areas of concern
- comply with regulatory reporting requirements

As mandated reporters, critical incidents must be reported to Optima Health within **24 hours** of knowledge using one of the methods listed below. A reporting form is available on the provider website.

How to Report
- **Email:** Optima_Critical_Incidents@optimahealth.com
- **Fax:** 1-833-229-8932
- **Phone:** 757-252-8400

Critical Incident Categories:

Quality of Care: Any incident that calls into question the competence or professional conduct of a healthcare provider while providing medical services and has adversely affected, or could adversely affect, the health or welfare of a member. These are incidents of a less critical nature than those defined as sentinel events.

Sentinel Event: A patient safety event involving a sentinel death (not primarily related to the natural course of the patient's illness or underlying condition for which the member was being treated or monitored by a medical professional at the time of the incident) or serious physical or psychological injury, or the risk thereof.

Other Critical Incidents: An event or situation that creates a significant risk to the physical or mental health, safety, or well-being of a member not resulting from a quality-of-care issue and less severe than a sentinel event.

Critical Incident Types:
- abuse
- attempted suicide
- deviations from standards of care
- exploitation, financial, or other
- medical error
- medication discrepancy
- missing person
- neglect
- sentinel death
- serious injury
- theft
- other

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Register for Provider Connection

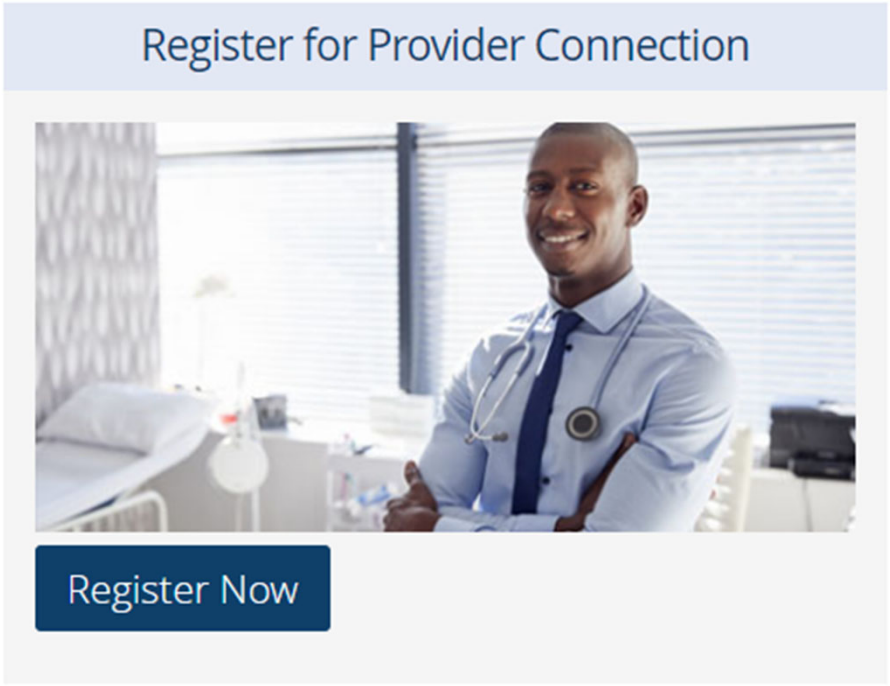
OptimaHealth

Do Business Anytime!

Our Provider Portal is a self-service, online provider tool available 24 hours a day, 7 days a week that offers:

- Verify member eligibility and benefits
- Submit and review authorization requests
- Check claims status
- Submit reconsiderations
- View/download payment remittance advices
- View PCP membership reports
- Access C3 – Clear Claims Connection

How to Register



To register for Provider Connection:

- Visit Provider Connection Registration
- Click on "Sign In/Register"
- Complete the Provider Connection registration form.

Please note: All users need to sign up individually, passwords should not be shared.

Trouble logging in, etc. email providerconnectionsupport@Sentara.com

Provider Connection Registration | Providers | Optima Health

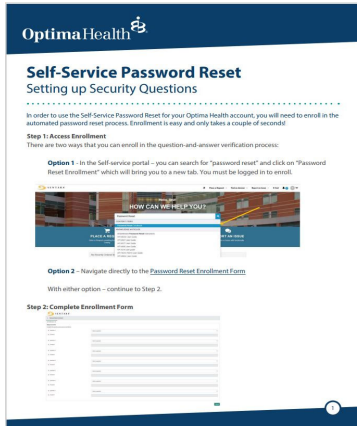
Password Management

Active Provider Connection save valuable time by enrolling in the self-service password reset process

1. Set up your security questions to activate password reset capabilities.
2. Wait 24 hours so our systems can synchronize.

Located in the Provider Toolkit

https://www.optimahealth.com/providers/provider-support/provider-toolkit


OptimaHealth

Self-Service Password Reset

Setting up Security Questions

In order to use the Self-Service Password Reset for your Optima Health account, you will need to enroll in the automated password reset process. Enrollment is easy and only takes a couple of seconds!

Step 1: Access Enrollment

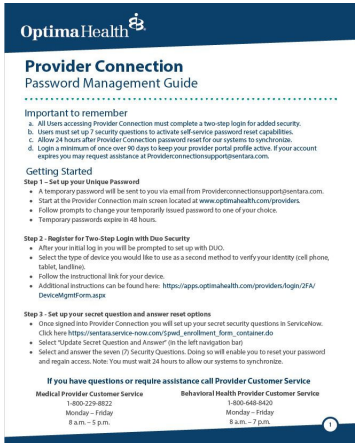
There are two ways that you can enroll in the question-and-answer verification process:

Option 1 - In the Self-service portal – you can search for "password reset" and click on "Password Reset Enrollment" which will bring you to a new tab. You must be logged in to enroll.

Option 2 – Navigate directly to the Password Reset Enrollment Form

With either option – continue to Step 2.

Step 2: Complete Enrollment Form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Provider Connection

Password Management Guide

Important to remember

a. All Users accessing Provider Connection must complete a two-step login for added security.
b. Users must set up 7 security questions to activate self-service password reset capabilities.
c. Allow 24 hours after Provider Connection password reset for our systems to synchronize.
d. Login a minimum of once over 90 days to keep your provider portal profile active. If your account expires you may request assistance at Providerconnectionsupport@sentara.com.

Getting Started

Step 1 – Set up your Unique Password

- A temporary password will be sent to you via email from Providerconnectionsupport@sentara.com.
- Start at the Provider Connection main screen located at www.optimahealth.com/providers.
- Follow prompts to change your temporarily issued password to one of your choice.
- Temporary passwords expire in 48 hours.

Step 2 - Register for Two-Step Login with Duo Security

- After your initial log in you will be prompted to set up with DUO.
- Select the type of device you would like to use as a second method to verify your identity (cell phone, tablet, landline).
- Follow the instructional link for your device.
- Additional instructions can be found here: https://apps.optimahealth.com/providers/login/2FA/DeviceMgmtForm.aspx

Step 3 - Set up your secret question and answer reset options

- Once signed into Provider Connection you will set up your secret security questions in ServiceNow. Click here https://sentara.service-now.com/$pwd_enrollment_form_container.do
- Select "Update Secret Question and Answer" (in the left navigation bar)
- Select and answer the seven (7) Security Questions. Doing so will enable you to reset your password and regain access. Note: You must wait 24 hours to allow our systems to synchronize.

If you have questions or require assistance call Provider Customer Service

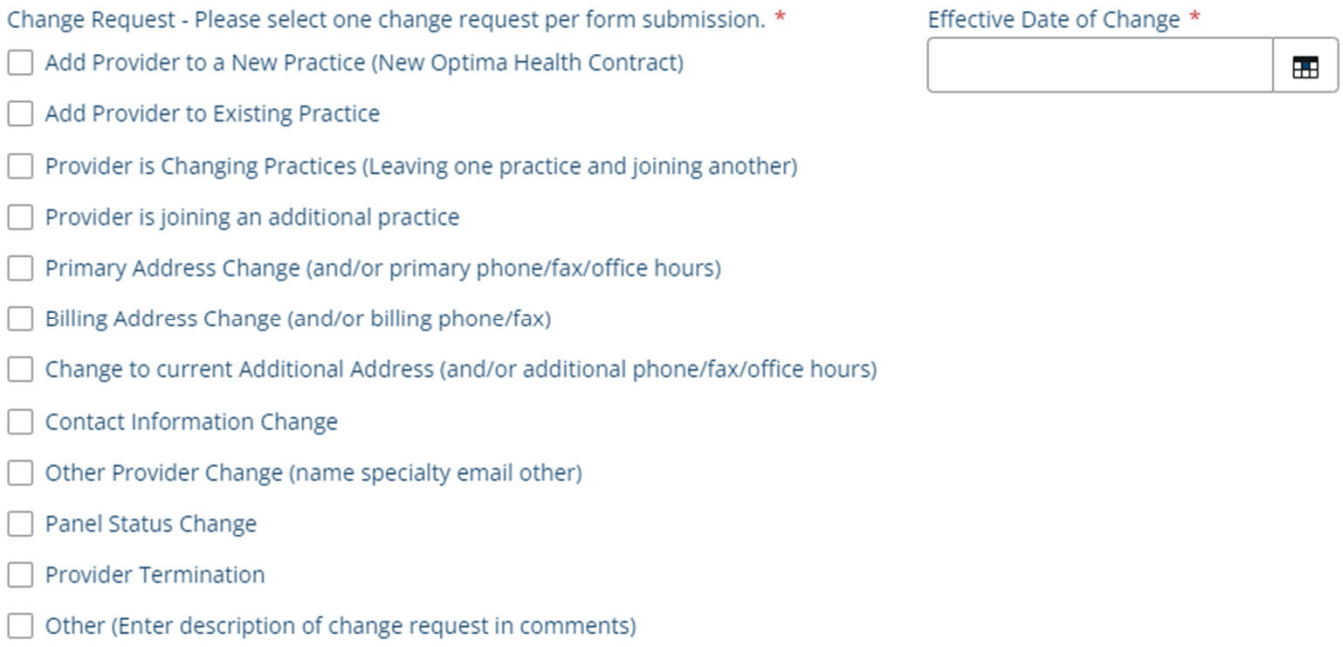
Medical Provider Customer Service	Behavioral Health Provider Customer Service
1-800-229-8822	1-800-648-8420
Monday – Friday	Monday – Friday
8 a.m. – 5 p.m.	8 a.m. –7 p.m.

- All users accessing Provider Connection must complete a two-step login for added security.
- Users must set up 7 security questions to activate self-service password reset capabilities.
- Login a minimum of once over 90 days to keep your provider portal profile active. If your account expires you may request assistance at Providerconnectionsupport@sentara.com.

How to Register

OptimaHealth

- Join Our Network (NEW): "Submit a Provider Update Form." Credentialing questions should be directed to your Network Educator.
- Update Your Information: Click the New "Submit a Provider Update Form" tab for Notable changes on the form include:



Electronic Billing and Payment

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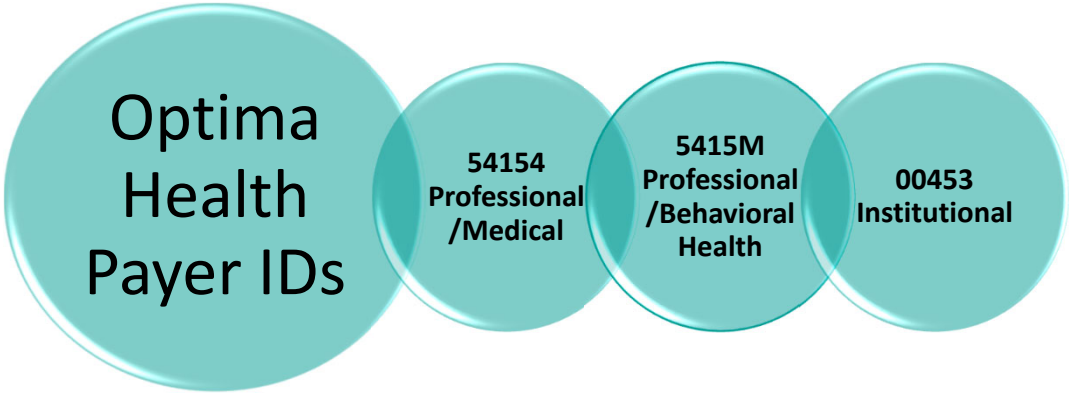
Our preferred method of billing and payment is electronic. You can enroll on through the Optima Health link below. We accept claims through any clearinghouse that can connect through Payerpath/Allscripts or providers can use Availity for EDI.



Paper claims must be mailed to:

Medical Claims
P O Box 5028
Troy, MI 48007-5028

Behavioral Health Claims
P O Box 1440
Troy, MI 48099-1440

www.optimahealth.com/providers/billing-and-claims/eft-era-authorization-agreement-instructions

EFT and ERA

OptimaHealth

1. Complete the EFT/ERA Authorization Agreement PDF form in its entirety.
2. Obtain a letter from your bank on the bank's letterhead, including the physical bank address, account number, the bank employee's name, title, email, and phone number. Letter must not be dated more than 90 days prior.
3. Form must be signed by the provider or an authorized representative of the provider.
4. Submit all documents by email to to EFT_ERA_Inquiry@sentara.com or fax to 757-252-8037.
5. Optima Health will validate the provider's relationship with the banking institution.
6. Tax ID information will be validated in the payment system.
7. Once the process is complete, the EFT information will be input into the payment system and the provider will be notified that the set-up has been completed.

www.optimahealth.com/providers/billing-and-claims/eft-era-authorization-agreement-instructions

Billing and Claims

OptimaHealth

Our timely filing deadline on all claims is 365 days from the service date.

- This includes any corrections, reconsiderations, and/or appeals

Turnaround time for clean (correctly submitted) claims:

- Electronic 14 days
- Paper 25 days

Preferred method of claim filing is electronic

- We accept claims through any clearinghouse that can connect through **Payerpath/ Allscripts/Availity**

Appeals and Refunds

OptimaHealth

Appeals Process

- ✓ If your claim denial is upheld **after the reconsideration process**, you have the option to file an appeal.
- ✓ Appeals may be submitted in writing within **365 days** from the date of service. Detailed information and supporting written documentation should accompany the appeal. ***Appeals should be sent to*:**

Optima Health Appeals Dept.
P.O. Box 62876
Virginia Beach, VA 23466-2876

- ✓ ***A decision will be rendered within 45 business days of receipt of the appeal request.***

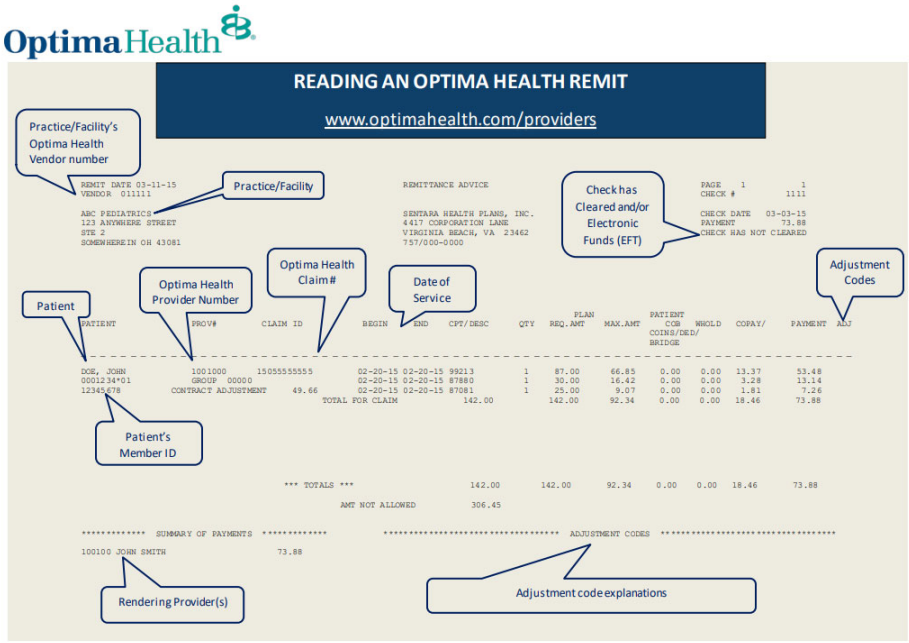
Refund Process

- ✓ When sending a refund, please send a copy of the remit, reason claim was paid in error, and check to:

Optima Health Recovery Unit
PO Box 61732
Virginia Beach, VA 23462

Reading a Remit

- A remit is an explanation of reimbursement.
- Providers registered with Provider Connection may download their remittance advice from the Provider Web Portal.
- Providers who are not registered to use the portal will receive by mail.
- [View job aid.]



Key Contacts

OptimaHealth

- Provider Customer Service: 1-800-229-8822, Monday – Friday 8 a.m. – 5 p.m.
- Network Educator: 1-877-865-9075, option 2
- Credentialing: 1-877-865-9075, option 3, 3; or MedProviderApp@Sentara.com
- Contracting: 1-877-865-9075, option 4; optimacontract@sentara.com
- Authorizations:
  - Government 1-888-946-1167
  - Commercial 1-800-229-5522
- View/print our key contacts provider resource

Customer Service OR Network Educator?

OptimaHealth

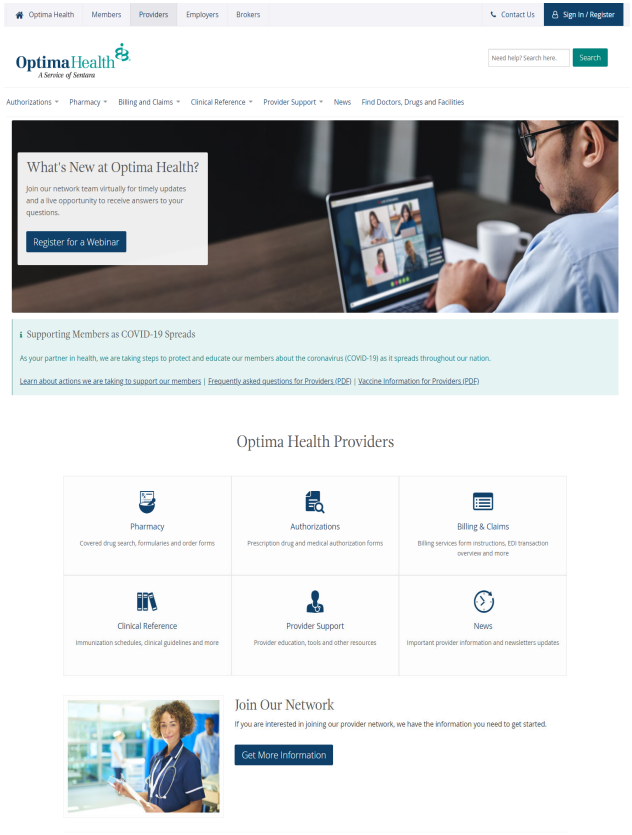
Provider Customer Service

- Member Eligibility/Benefit Information
- Claims Questions
- Duo Resets

Network Educator

- Product and service updates
- Ensure compliance with provider contract
- Keeping you current on our educational services and resources
- Updating provider contact information
- Address any special needs, concerns or complex situations

Provider Portal



Drug formularies, drug search & order forms

Prescription drug & medical authorization forms

Easy EFT enrollment

Clinical guidelines & reference tools

Provider support

News

Secure business transactions via Provider Connection

www.optimahealth.com/providers

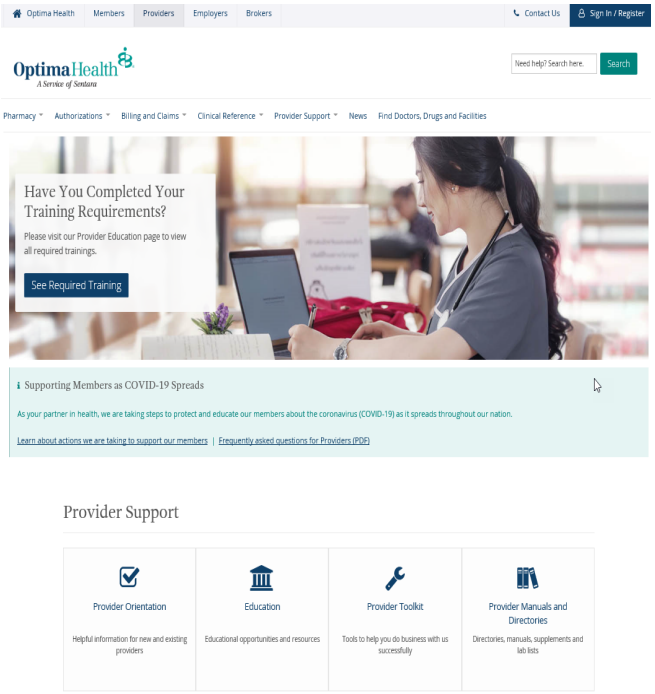
Provider Support

Provider orientation materials for new providers, new employees, and refreshers

Provider education materials (behavioral health resources, government plan tutorials etc.)

Member ID card samples, “how to” guides and forms in the Provider Toolkit

Provider manuals and directories



www.optimahealth.com/providers/provider-support/

Useful Resources

OptimaHealth

- Optima Health Provider Website
  - Billing & Claims www.optimahealth.com/providers/billing-and-claims/
  - Provider Manual: www.optimahealth.com/providers/provider-support/manuals
  - Medical Authorizations: www.optimahealth.com/providers/authorizations/medical/
  - News: www.optimahealth.com/providers/updates/
  - Provider Connection: https://apps.optimahealth.com/providers/login/login.aspx

- DMAS: www.dmas.virginia.gov/for-providers/

Thank You