

Optima Health Select Network Plans

Information for Providers

Frequently Asked Questions

1. What is the Optima Health Select network?

The Optima Health Select network is a limited network composed mainly of physicians and facilities in clinically integrated networks within the larger Optima Health network. It is available to all commercial employer groups and Individual & Family Plan (Individual Product) members, both on and off the Health Insurance Marketplace. OptimaSelect® employer group plans are available in the Charlottesville area. OptimaFit® Select Individual Product plans are available in the Charlottesville and Rockingham areas. The Select network is not available to Optima Health Medicaid or Medicare plans.

2. How does this differ from the Optima Health Select network you launched a few years ago?

The Select network plans we launched in 2015 were only available to Individual Product members in four Hampton Roads cities: Norfolk, Virginia Beach, Chesapeake, and Portsmouth; and the network was limited to the Sentara Quality Care Network (SQCN), Sentara Medical Group, hospitals in Hampton Roads, and a few non-SQCN specialists.

For 2019, we have expanded the network statewide to include Virginia Commonwealth University, Riverside Health System, Tidewater Physicians Multispecialty Group, and other specialists and hospitals. We are also expanding our offering of Optima Health Select network plans outside of Hampton Roads to our commercial employer groups as well as Individual Product members, within the Charlottesville area. Individual Product members in the Rockingham area may also purchase a Select network plan.

3. How will I know if my patient is enrolled in a Select network plan?

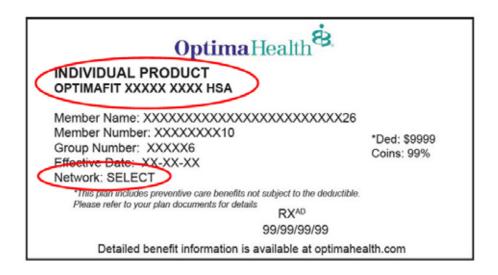
The plan name and network will be clearly marked on the front of the member ID card.

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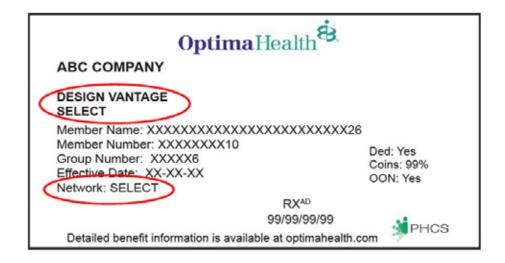
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Individual Product member ID card sample:



Employer Group member ID card sample:



4. How do I determine a patient's eligibility?

A member's eligibility status may change, so member coverage should be verified at the time of service. Optima Health will verify coverage based on the most current data available from the employer/payer. Retroactive changes can alter the member's status, therefore; verification of eligibility is not a guarantee of payment. Optima Health provides three ways to verify member eligibility:

- Provider Connection on optimahealth.com/provider available 24 hours a day
- Interactive Voice Response (IVR) System available 24 hours a day
- Speak with a Provider Service Representative at 1-800-229-8822, M-F from 8:00 a.m. to 5:00 p.m. ET

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5. Will I need to refer an OptimaSelect/OptimaFit Select member to a different specialist practice than other Optima Health members?

Select network members have an HMO product with a narrow network, composed mainly of physicians and facilities in clinically integrated networks within the larger Optima Health network. Any services, other than ER, received outside of the Select network will be denied. Therefore, it is important that you refer Select network members only to doctors and facilities within the Select network.

6. What providers are included in the Optima Health Select network?

All contracted physicians, specialists, and facilities *except* those that are part of the University of Virginia (UVA) Health System are included in the Select network.

7. How do I look up providers who are in the OptimaSelect or OptimaFit Select network?

For the most up-to-date listing, please visit our Optima Health website at: https://www.optimahealth.com/providers.

8. What if there is not a provider in the Optima Health Select network that provides the care and/or services that my patient needs?

If there isn't a provider in the Select network, you should follow the same process as you currently do for an Optima Health member seeking care from any out-of-network provider. Our Provider Relations phone number is 1-800-229-8822.

9. Can I send my Select network patient to be seen at UVA?

Since most UVA physicians and facilities are out-of-network, the member must receive pre-authorization from Optima Health before their visit or they may be held responsible for the full cost of the service.