Optima Family Care

(Medallion 4.0)

Product Overview

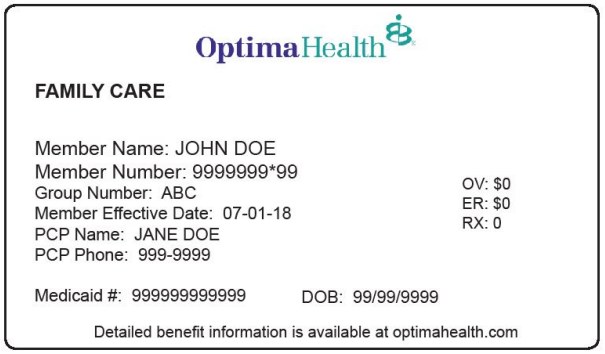
OptimaHealth

MEDALION 4.0 ensures delivery of acute and primary care services, prescription drug coverage and behavioral health services for Virginia Medicaid and FAMIS Members

HMO Plan Type		
• Individuals must meet low income guidelines • Primary Care Physician (PCP) selection required • Member ID cards include PCP name and phone number • No referrals required		
Optima Family Care	• Members are Medicaid eligible adults, children, infants and pregnant women	• No Copayments required
FAMIS	• Uninsured children under 19 who are not eligible for Medicaid	• May have Copayments for some services
FAMIS MOMS	• Uninsured pregnant women who are not eligible for Medicaid	• No Copayments required

Medallion 4.0

OptimaHealth



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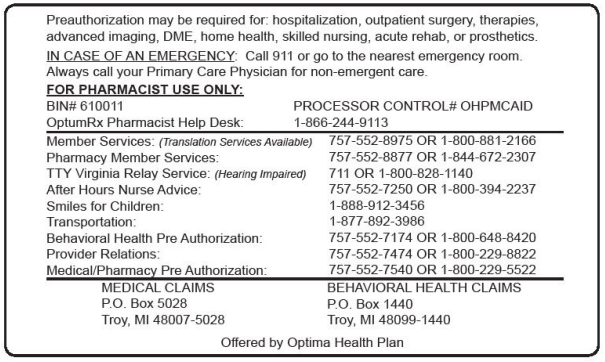
FAMILY CARE

Member Name: JOHN DOE
Member Number: 9999999*99
Group Number: ABC
Member Effective Date: 07-01-18
PCP Name: JANE DOE
PCP Phone: 999-9999

OV: $0
ER: $0
RX: 0

Medicaid #: 999999999999 DOB: 99/99/9999

Detailed benefit information is available at optimahealth.com



Preauthorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.

FOR PHARMACIST USE ONLY:

BIN# 610011	PROCESSOR CONTROL# OHPMCAID
OptumRx Pharmacist Help Desk:	1-866-244-9113
Member Services: *(Translation Services Available)*	757-552-8975 OR 1-800-881-2166
Pharmacy Member Services:	757-552-8877 OR 1-844-672-2307
TTY Virginia Relay Service: *(Hearing Impaired)*	711 OR 1-800-828-1140
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Smiles for Children:	1-888-912-3456
Transportation:	1-877-892-3986
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522

MEDICAL CLAIMS
P.O. Box 5028
Troy, MI 48007-5028

BEHAVIORAL HEALTH CLAIMS
P.O. Box 1440
Troy, MI 48099-1440

Offered by Optima Health Plan

- Medallion 4.0 is a statewide mandatory Medicaid program, approved by the Centers for Medicare and Medicaid Services, which utilizes contracted managed care organizations (MCOs) to provide medical services to qualified individuals.
- Enrollees in specified eligibility categories in Medallion 4.0 localities must enroll with one of the Medicaid-contracted Managed Care Organizations (MCOs) available in those localities.

Exclusions

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The following groups are excluded from enrollment in Medallion 4.0:

- Home and Community Based Waiver Members
- Commonwealth Coordinated Care (CCC) Plus Members
- Enrollees in the Program for All-Inclusive Care for the Elderly (PACE) benefit
- Members admitted to a state mental health institution, hospice or a nursing home
- Members placed on spend-down
- Members approved by DMAS as inpatients in long-stay hospitals
- Individuals who are inpatients in hospitals at their scheduled time of enrollment into managed care
- Children under the age of 21 who are enrolled into a residential treatment facility
- Members otherwise exempt from enrollment by DMAS

Enhanced Benefits

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For more information on eligibility, benefit limits and other important terms, review the OFC Provider Manual available online

Identifying OFC Members

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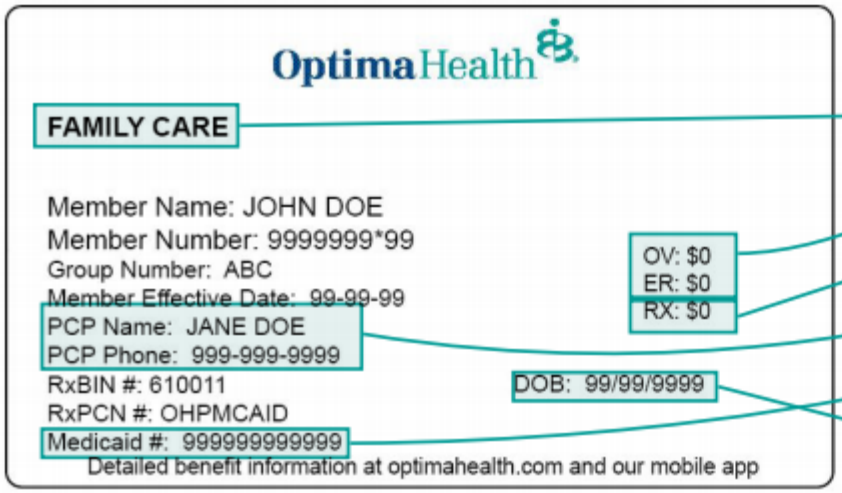


Optima Family Care

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

BACK OF CARD

Pre Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.

Member Services: *(Hearing Impaired /Virginia Relay: 711)*	1-800-881-2186
Behavioral Health/ARTS Crisis Line:	1-800-648-8420
Provider Services: *(Including Pre-Authorization)*	1-888-946-1167
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacist Help Desk: *(Including Pre-Authorization)*	1-866-244-9113
Smiles for Children:	1-888-912-3456
Transportation:	1-877-892-3986

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS	OPTIMA HEALTH
P.O. Box 5028	P.O. Box 1440	4417 Corporation Lane
Troy, MI 48007-5028	Troy, MI 48099-1440	Virginia Beach, VA 23462-3162

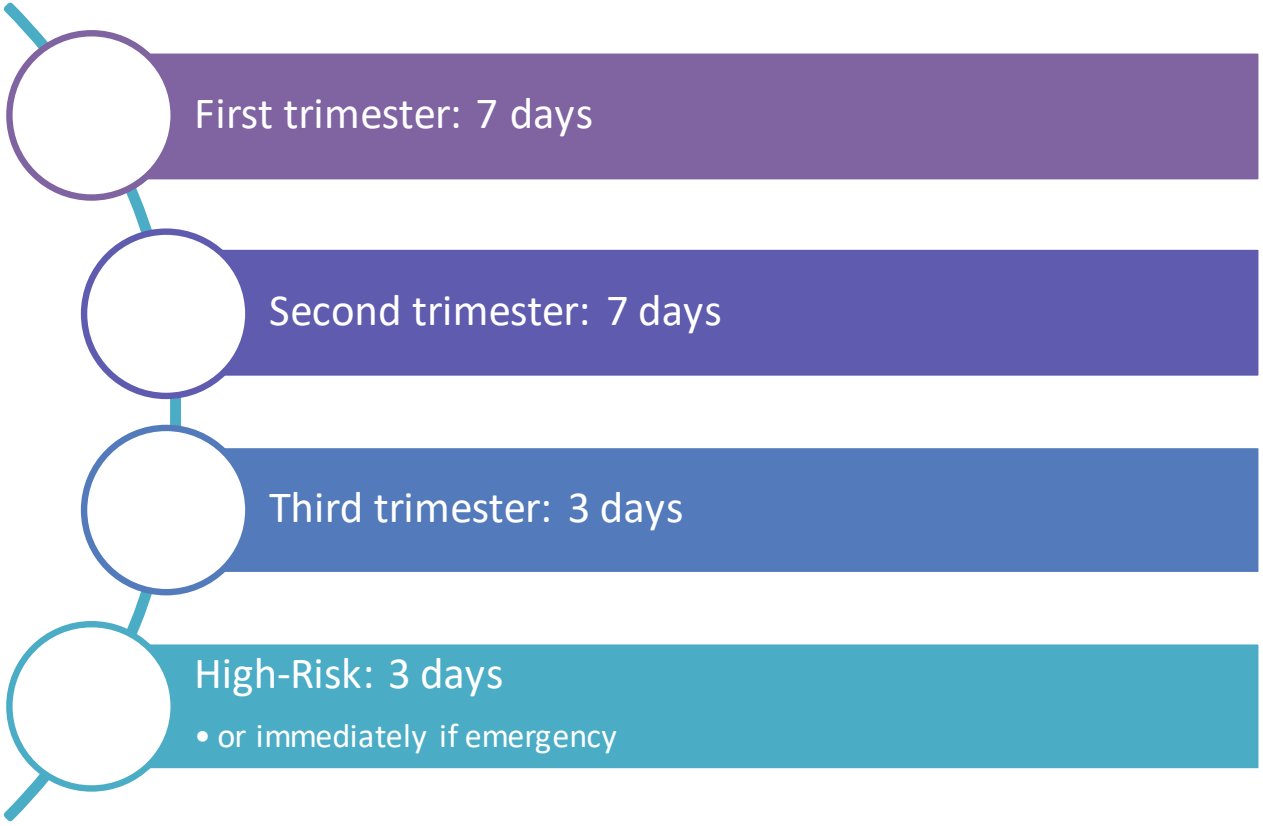
Offered by Optima Health Plan

COVERED SERVICES

Initial Prenatal Care:

Initial Prenatal Care:

DMAS Provider Contract Requirements state:
Where applicable, you agree to provide care according to the following appointment standards:



Obstetrical Care

Each Health Department must obtain prior-authorization for the above-mentioned services with the exceptions of family planning. Optima Health reimburses the health department for these services and pays Physicians billing for deliveries separately. The fee-for-service reimbursement is based on the contractually determined health department rates or Optima Family Care Physician fee schedule.

All pregnant women must be screened for prenatal depression in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) standards. Women who screen positive must receive referrals and/or treatment as appropriate and follow-up monitoring.

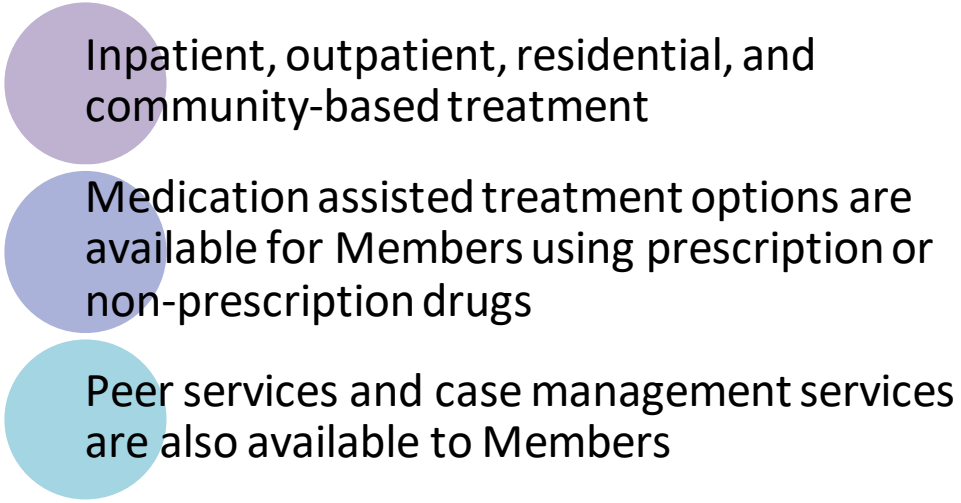
Providers should promote Member receipt of postpartum services within 60 calendar days of delivery. All pregnant women must be screened for prenatal depression in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) standards. Women who screen positive must receive referrals and/or treatment as appropriate and follow-up monitoring.

ARTS

OptimaHealth

The Addiction and Recovery Treatment Services program (ARTS) is an enhanced and comprehensive benefit package developed by DMAS to cover addiction and recovery treatment services.

- OFC offers a variety of services through ARTS that help individuals struggling with substances, including drugs and alcohol. Services include:



ARTS

OptimaHealth

The ARTS program improves the benefit and delivery systems for individuals with a substance use disorder. Goals for the ARTS benefit and delivery system include ensuring that a sufficient continuum of care is available to effectively treat individuals with a substance abuse disorder.

OFC's criteria are consistent with the American Society for Addiction Medicine (ASAM) criteria as well as DMAS criteria for the Addiction and Recovery Treatment Services (ARTS) benefit as defined in 12 VAC 30-130-5000 et al.

More information about ARTS is available in the ARTS Supplement to the Optima Health Provider Manual at www.optimahealth.com\providers\education

Community Mental Health Rehabilitation Services

OptimaHealth

Behavioral health services known as Community Mental Health Rehabilitation Services (CMHRS), listed in the table below may be provided in the Member's home or in the community.

Community Mental Health Rehabilitation Services	Procedure Code
Mental Health Case Management	H0023
Therapeutic Day Treatment (TDT) for Children	H0035 HA/ H0032 U7
Day Treatment/ Partial Hospitalization for Adults	H0035 HB / H0032 U7
Crisis Intervention and Stabilization	H0036
Intensive Community Treatment	H0039 / H0032 U9
Mental Health Skill-building Services (MHSS)	H0046 / H0032 U8
Intensive In-Home	H2012 / H0031
Psychosocial Rehab	H2017 / H0032 U6
Crisis Stabilization	H2019
Behavioral Therapy/Assessment	H2033 / H0032 UA
Mental Health Peer Support Services – Individual	H0025
Mental Health Peer Support Services – Group	H0024

CMHRS Authorization

OptimaHealth

OFC utilizes the DMAS defined medical necessity criteria for CMHRS. Members must meet service specific medical necessity criteria. Requests are reviewed on an individual basis to determine the length of treatment and service limits based on the Member's most current clinical presentation.

OFC/OHCC uses the DMAS standardized CMHRS Service Authorization/Registration forms and are available in the Authorization Forms section of www.optimahealth.com/provider and on the DMAS website.

Authorization requests should be submitted through the Authorization Portal or faxed to the Optima Health number specified on the authorization/registration form.

A list of all CMHRS service registration/authorizations requirements can be found on the DMAS website or the OFP Provider Manual Supplement on optimahealth.com/providers.

CMHRS Joining the Network

OptimaHealth

In order to provide CMHRS services to OFC Members, Behavioral Health Providers must be approved by Optima Health to provide the specific CMHRS service(s) at the location where the service(s) is being provided.

- Access Optima Health CMHRS Provider Application
optimahealth.com/providers – Join Our Network

Once the completed application and required documents are received they will be subject to the Licensure, Corrective Action Plan and Audit Review (LCAR) process for approval to provide CMHRS services for OHCC and OFC Members. Providers will be notified of the specific CMHRS services they are approved for.

- You must bill using the same NPI that is submitted on your application

CMHRS Joining the Network

OptimaHealth

☑ CMHRS Providers that went through LCAR while joining under Optima Health Community Care , you do NOT need to do so again.

If you are already contracted with Optima Health to provide other services, but have not completed the CMHRS application, you MUST do so and be approved through LCAR.

CMHRS Providers may NOT be enrolled as part of a delegation agreement

❑ Access Optima Health CMHRS Provider Application
optimahealth.com/providers – Join Our Network

You must bill using the same NPI that is submitted on your application

CMHRS Claims Billing

OptimaHealth

All CMHRS services may be billed using the CMS 1500 claim form for outpatient services. In addition, Therapeutic Day Treatment (TDT) for Children and Day Treatment /Partial Hospitalization for Adults may also utilize the UB-04 Claim Form for hospitals/facilities as appropriate.

While electronic billing is preferred, Providers may submit paper or electronic claims. CMHRS Providers may submit electronic claims through any clearinghouse that can connect with AllScripts/PayerPath or Availity.

- Clean claims from Community Behavioral Health, ARTS and Early Intervention Providers are processed within 14 days of receipt of the clean claim.

Residential Treatment Services

OptimaHealth

Residential Treatment Services include Psychiatric Residential Treatment Facility Services (Level C) and Therapeutic Group Home Services (TGH) (Levels A & B) and are administered by the DMAS Behavioral Health Services Administrator (Magellan of Virginia).

Members admitted to a Residential Treatment Facility will be temporarily excluded from the Medallion 4.0 program until they are discharged. Members admitted to a Therapeutic Group Home (TGH) are not excluded from the Medallion 4.0 Program and any professional medical services rendered to Members in a TGH are provided through OFC. OFC works closely with Magellan to coordinate care and provides coverage for transportation and pharmacy services for these carved out services. Members admitted to a Residential Treatment Center for Substance Use Disorder are not excluded from Medallion 4.0 and all services continue to be provided through OFC.

Dental

OptimaHealth

The Smiles For Children program provides coverage for diagnostic, preventive and restorative/surgical procedures, as well as orthodontia services for Medallion 4.0 and FAMIS children. The program also provides coverage for limited Medically Necessary oral surgery services for adults (age 21 and older). Contact Smiles For Children at 1-888-912-3456. Information is also available on the DMAS website.

- PCPs or other screening Providers must make an initial direct referral to a dentist when the child receives their six month/biannual screening. The dental referral must be provided at the initial medical screening regardless of the periodicity schedule on any child age three or older, unless it is known and documented that the child is already receiving regular dental care. When a screening indicates a need for dental services at any earlier age, referral must be made for dental services.

- Dental services for pregnant women are provided through the Smiles for Children program by DentaQuest. Coverage ends 60 days after the baby is born. Covered services include x-rays and exams, cleanings, fillings, root canals, gum related treatment, crowns, bridges, partials and dentures, tooth extractions and other oral surgeries. Orthodontic treatment is not included.

Early Intervention Services

OptimaHealth

Early Intervention (EI) services are covered for children from birth to age three who have:

- A 25% developmental delay in one or more areas of development
- Atypical development; or,
- A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay

EI services are designed to address developmental delay in one or more areas (physical, cognitive, communication, social or emotional, or adaptive).

EI Provider Requirements

OptimaHealth

All EI Providers must have DBHDS certification and be approved by Optima Health to provide EI services. All EI service Providers must be enrolled with OFC prior to billing.

Joining The Network

All provider's requesting participation with Optima Health to offer Early Intervention Services must complete the Licensure Review and Contracting process/review, even if already contracted and participating for other services or products.

- ❑ Contact your Contract Manager by calling Network Management at 877-865-9075 or emailing OrgProviderApp@sentara.com.

Early Intervention providers are contracted as an organization (agency) and all services are billed under the organization's type 2 NPI.

EI Provider Requirements

OptimaHealth

More detailed information on eligibility, benefits and OFC Early Intervention processing policies is available online in the OFC Provider Manual Supplement and DMAS website.

OFC EI policies and procedures, including credentialing, follow Federal and State EI regulations in accordance with 12 VAC 30-50-131 and coverage and reimbursement rules in the DMAS Early Intervention Services Manual.

Early Intervention

OptimaHealth

DMAS Provider Contract Requirements state:
You agree to assist enrollees who are potentially eligible for Early Intervention Services with referral to local interagency councils.

Service authorization is not required*

Children are first evaluated by the local lead agency to determine if they meet requirements. If determined eligible, the local lead agency enters the data in the Infant and Toddler Online Tracking System (ITOTS).

Based upon ITOTS information, the Department of Behavioral Health and Developmental Services (DBHDS) staff enters the EI level of care (LOC) in the DMAS system. Once the LOC is entered, the EI services are billable based upon the Physician's order on the Individualized Family Service Plan (IFSP).

*The IFSP does not replace the need for an authorization for commercial coverage

Early Intervention IFSP

OptimaHealth

The IFSP will serve as the authorization for Early Intervention Services

Effective 08/21/2018, DMAS implemented the following procedures for IFSPs

- EI Service Coordinator shall fax to Optima Health the following sections:
  - Section I – Child and Family Information
  - Section V – Services Needed To Achieve EI Outcomes
  - Section VI – Other Services
- EI Service Coordinator should forward to MCO Section VII – Transition Planning once the Transition Plan Section is developed
- Fax the IFSP on initial development and anytime there is a change in services
- MCO Care Coordinator may request other sections of the IFSP to assist in care management and provision on non-EI services

If you have any questions or concerns with these procedures, please don't hesitate to reach out Optima Health Provider Relations or each out directly to DMAS at the emails
For CCC Plus - cccplusearlyintervention@dmas.virginia.gov
For Medallion 4.0 - M4earlyintervention@dmas.virginia.gov

Early Intervention Targeted Case Management

OptimaHealth

Local Lead Agencies (LLA) are designated by DBHDS to be responsible for either providing or contracting with another entity to provide the EI Target Case Management (also referred to as **EI Service Coordination**) for each locality in the Commonwealth.

If a LLA subcontracts this service to another entity, it is the responsibility of the LLA to ensure that the EI Service Coordination agency meets all provider qualifications to provide EI services. This includes the service coordinator's qualifications to render EI Service Coordination services.

Providers interested in providing EI Service Coordination should contact the LLA in their area for more information on providing this service.

EI Service Coordination Responsibilities

OptimaHealth

1. Coordinating the initial intake and assessment of the child and planning services and supports, including gathering background information from parents/guardians, gathering information from other sources, and participation in the development of Individualized Family Service Plans (IFSP), including initial IFSPs, periodic IFSP reviews, and annual IFSPs. This does not include performing medical assessments, but may include referral for such assessment;

2. Coordinating services and supports planning with other agencies and providers;

3. Assisting the child and family directly for the purpose of locating, developing, or obtaining needed services and resources;

4. Enhancing community integration through increasing the child and family's community access and involvement;

5. Making collateral contacts to promote implementation of the IFSP and allow the child/family to participate in activities in the community. Collateral contacts are defined as contacts with the child's significant others to promote implementation of the service plan and community participation, including family, non-family, health care entities and others related to the implementation and coordination of services;

6. Monitoring implementation of the IFSP through regular contacts with service providers, as well as periodic face-to-face visits, such as the development of the IFSP, annual IFSPs, as well as IFSP reviews;

7. Developing a supportive relationship with the family that promotes implementation of the IFSP and includes coaching the family in problem-solving and decision making to enhance the child's ability to participate in the everyday routines and activities of the family within natural environments where children live, learn, and play;

8. Coordinating the child/family's transition from EI services; and

9. Making contacts (face to face, phone, email, text) with the family.

Early Intervention Targeted Case Management

OptimaHealth

In order for Early Intervention (EI) Targeted Case Management (TCM) to be billed and reimbursed by the Department of Medical Assistance Services (DMAS), the EI TCM provider must have a new provider specialty code assigned to their provider file in the Virginia Medicaid Medical Information System (MMIS).

This new specialty code will be added to the provider file once this form and a new EI TCM provider enrollment application is completed and received by DMAS.

The EI Local Lead Agency (LLA) must complete and submit this form on behalf of the TCM provider to:

Virginia Medicaid Provider Enrollment Services
PO Box 26803
Richmond, VA 23261-6803
888-335-8476 (Fax)

Other Provider Manual Changes

OptimaHealth

- You cannot be excluded from participation in Medicare or state healthcare programs. You must be enrolled in the Medicaid program. Prior this was "encouraged" but now is mandatory.

- **All pregnant women** must be screened for prenatal depression in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) standards. Women who screen positive must receive referrals and/or treatment as appropriate and follow-up monitoring.

- **Abortion services** are covered for Medallion 4.0 only upon the Provider's certification that in his or her professional medical judgment carrying the fetus to term would endanger the woman's life or health. Providers must complete the DMAS 3006 form (Abortion Certification Form). Therapeutic abortion is covered by Optima Family Care in limited cases and only where there would be substantial danger to the life of the mother. The completed DMAS 3006 Form must be submitted. Requests should now go to Optima Health Medical Care Services at 1-800-229-5522 or 757-552-7540.

Other Provider Manual Changes

OptimaHealth

- **Diabetic Supplies** Test strips are covered under the pharmacy benefit for Optima Family Care. Test strips may be obtained at any retail pharmacy. LifeScan (previously Liberty) OneTouch test strips are preferred status on the OFC Formulary and do not require prior-authorization. All other brands require prior-authorization. Test strips may also require quantity limits. The OneTouch blood glucose meter is provided to OFC Members at no charge.

All information provided by Optima Health is based upon the most current information available at the time the materials were created. Please refer to the DMAS website and the DMAS Provider Manuals for confirmation that the information is up to date.

FAMIS Specialty or Biotech Drugs

OptimaHealth

The preferred specialty care pharmacy available to FAMIS Members is Proprium Pharmacy.

Proprium Pharmacy services most self-injected drugs and also includes transplant medication and medications for the treatment of HIV.

A complete list of specialty drugs is available on the Provider Web Portal.
FAMIS Members should contact Proprium Pharmacy at
(757)553-3568 or Toll Free (855)553-3568

Specialty or Biotech Drugs

OptimaHealth

The preferred specialty care pharmacy available to Medallion 4.0 Members is Sentara Norfolk General Outpatient Pharmacy.

The Medallion 4.0 program with Sentara Norfolk General Outpatient Pharmacy is called OptionSelect. This program includes most self-injected drugs and also includes transplant medication and medications for the treatment of HIV.

A complete list of specialty drugs is available on the Provider Web Portal. Medallion 4.0 Members should contact Sentara Norfolk General Outpatient Pharmacy at 1-877-301-2524.

Sentara Norfolk General Outpatient Pharmacy does not provide services for medication administered in the Physician office. If the Medallion 4.0 Member declines to participate with Sentara Norfolk General Outpatient Pharmacy, their information will be forwarded to Proprium Pharmacy to supply their specialty drugs.

Patient Utilization Management and Safety Program

OptimaHealth

The Patient Utilization Management and Safety Program (PUMS) is a DMAS requirement for all Medicaid managed care organizations, designed to keep Members safe from misuse and overdose of controlled substances. This tiered program monitors Members who are using controlled substances: Members in the program are only able to fill their prescriptions at one pharmacy and may be only able to receive controlled prescriptions from their designated PUMS Provider. Members may be locked into the PUMS program due to:

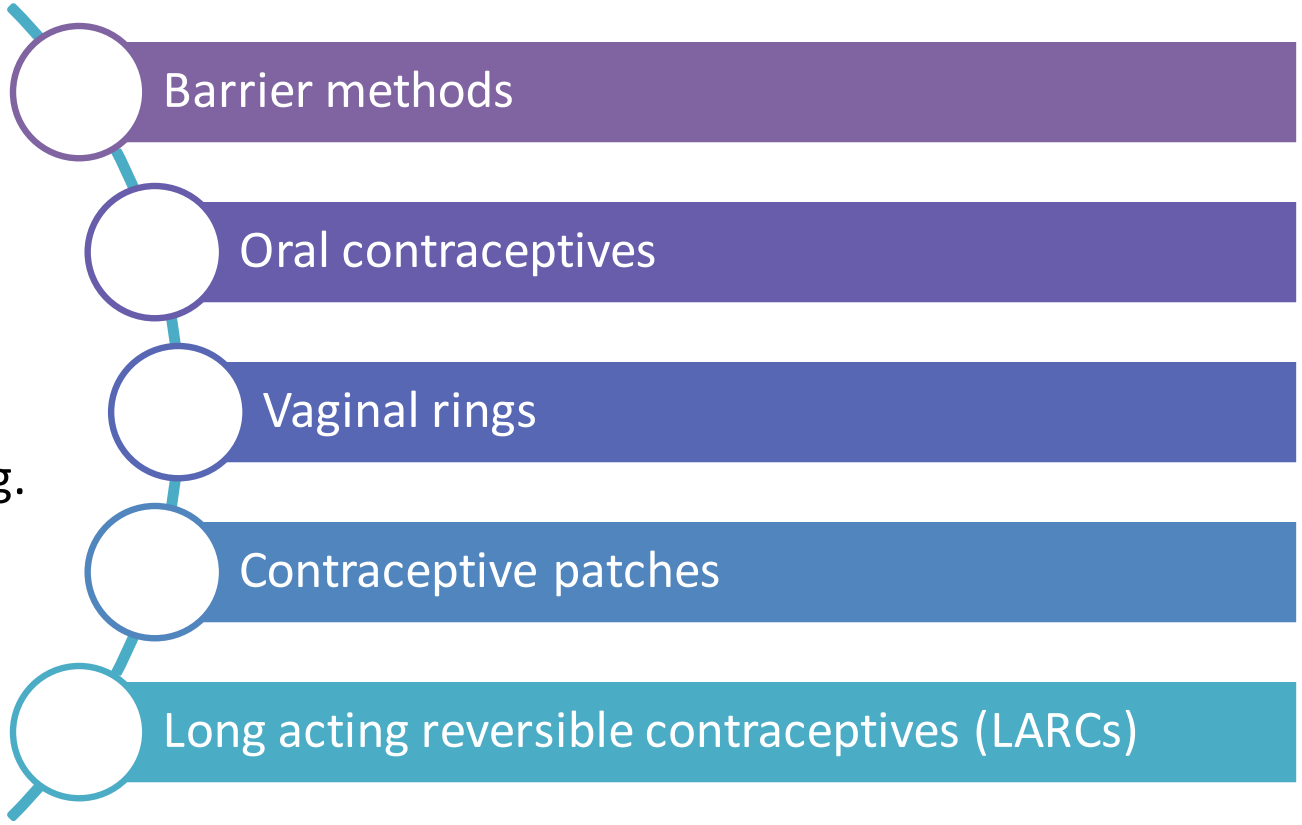
- Use of multiple pharmacies
- Multiple prescribers
- Complex drug regimen
- Suboxone use

Long Acting Reversible Contraception

OptimaHealth

Medallion 4.0 and FAMIS provide coverage for Members for all methods of family planning including but not limited to:

Members are free to choose the method of family planning.



Prescription Formulary

OptimaHealth

All members enrolled in the Medallion 4.0 program will utilize the DMAS Preferred Drug List (PDL); select over the counter medications are covered on the PDL. DMAS has allowed Optima Health to supplement the formulary with drugs not specifically listed on the PDL as "Preferred" or "Non-Preferred". For a complete list of covered drugs see the Provider Web Portal or you may access the DMAS PDL at: https://www.virginiamedicaidpharmacyservices.com

All over the counter medications will require a prescription to process at the pharmacy.

The "preferred drugs" on the PDL may be subject to edits such as Prior Authorizations, Step-Edits, and Quantity limits. These drugs may reject at the pharmacy without a Prior Authorization in the system. Prior Authorization forms are available on the Provider Web Portal or by contacting Pharmacy Authorizations by phone at (800) 229-5522, option 3. Prior-authorization Request Forms should be faxed to the Pharmacy Department at (800) 750-9692.

The "non-preferred drugs" or drugs not listed on the PDL may reject at the pharmacy unless Optima Health has approved a Medical Necessity request and an override is put into the system. Optima's Medical Necessity Form is available on the Provider Web Portal or by contacting Pharmacy Authorizations by phone at (800) 229-5522, option 3. Medical Necessity Request Forms should be faxed to the Pharmacy Department at (800) 750-9692.

Prescription Formulary for FAMIS

OptimaHealth

All members enrolled in the FAMIS program will utilize a closed formulary pharmacy benefit. Prescription drugs on the FAMIS Drug List may require a co-pay. Select over the counter drugs are covered with a prescription to process at the pharmacy, and may require a co-pay.

For a complete list of covered drugs, please see the Provider Web Portal.

Some drugs on the FAMIS Drug List may be subject to edits such as Prior authorizations, Step-Edits, and Quantity limits. These drugs may reject at the pharmacy without a prior authorization in the system.

Drugs not listed on the FAMIS Drug List will require a Medical Necessity authorization. All Prior Authorizations and Medical Necessity forms can be found on the Provider Web Portal or by contact Pharmacy Department by phone at (800) 229-5522, option 3. All Prior authorization and Medical Necessity requests must be faxed to the Pharmacy Department (800) 750-9692.

Transportation Program

OptimaHealth

Medallion 4.0 covers non-Emergency transportation for eligible Members for covered services as well as Emergency transportation. If a Medallion 4.0 Member has no other means of transportation, transportation will be provided to and from a medical appointment with a Participating Provider.

FAMIS Members do not have non-emergent transportation

Optima Health has contracted with Southeastrans to administer the transportation program (taxi and wheelchair) for Medallion 4.0. The Member is expected to call 1-877-892-3986 five days in advance of a scheduled covered service to have the transportation arranged and prior-authorized. Southeastrans does not cover scheduled ambulance/stretcher transportation. Non-Emergency ambulance/stretcher is approved and arranged by Optima Health Medical Care Services.

For more information regarding transportation, please call 1-877-892-3986 (toll free).

Telemedicine Services

OptimaHealth

OFC provides coverage for telemedicine services for OFC Members. Telemedicine is defined as the real time or near real time two-way transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment.

- Physicians, nurse practitioners, certified nurse midwives, clinical nurse specialists-psychiatric, clinical psychologists, clinical social workers, licensed and professional counselors are permitted to use medical telemedicine services and one of these types of providers at the main (hub) and satellite (spoke) sites is required for a telemedicine service to be reimbursed. Federal and state laws and regulations apply; including laws that prohibit debarred or suspended providers from participating in the Medicaid program.

- The decision to participate in a telemedicine encounter will be at the discretion of the OFC Member and/or their authorized representative(s), for which informed consent must be provided, and all telehealth activities must be compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and DMAS's program requirements. All telemedicine services must be provided in a manner that meets the needs of vulnerable and emerging high-risk populations and consistent with integrated care delivery. Telemedicine services can be provided in the home or another location if agreeable with the OFC Member.

Special Needs Members

OptimaHealth

Optima Family Care Members that have been identified as hearing impaired, who speak limited or no English and who require interpreter services may have these services arranged by the Plan, as directed by the DMAS contract. Resources are listed in the core Provider Manual.

- Provider offices should provide assistance when hand to hand transportation is required for the Special Needs Member.
- In addition to the Provider requirements for Special Needs Members from the DMAS Contract listed in this Manual Supplement and requirements in the core Provider Manual, Providers are required to submit physical accessibility information for Provider directories to facilitate access for Special Needs Members such as wide entry, wheelchair access, accessible exam rooms, tables, lifts, scales, bathroom stalls, grab bars or other accessibility equipment.

Foster Care and Adoption Assistance

OptimaHealth

Case Management Services for managed care enrolled foster care and adoption assistance children are covered by Magellan until fall, 2019. After fall, 2019 these services will be covered by OFC.

Thank You