Optima Health B.

Optima Community Complete (OCC) (D-SNP)

- Optima Community Complete is an Optima Health Medicare Advantage Dual Special Needs Plan (D-SNP)
- Became effective January 1, 2018
- Membership limited to members who participate in DMAS CCC+
- Integrates Medicare and Medicaid benefits through care coordination
- Members receive a seamless care experience matched to their specific needs

Important Coverage Information

- Members are encouraged, <u>but not required</u>, to enroll in the same health plan for their CCC + and D-SNP benefits.
- Providers should obtain <u>both</u> ID cards from dual-eligible members
- Medicare D-SNP plan is primary
- Submit claims directly to Optima Health for OCC members, or the appropriate D-SNP plan for Optima Health Community Care (OHCC) members that are enrolled with another MCO D-SNP plan

Optima Community Complete Plan ID Card



OptimaHealth (5)

Optima Medicare HMO Optima Community Complete (HMO SNP)

Member Namo: John Doe Sample. Member Number: 99999999999 08.30 Rx Group Number: 9099999 50Y: 50 Effective Date: 01/01/20XX UCC: SD bauer: 80840-ED: 80

> Part B and Part D Rx MedicareRBuBin: 610011 BylPer: CTRXMEDD.

H25503-004

Dotailed benefit information is available at optimal-eath com-

This gold is used to obtain covered benefits. Present this gold each time you seek. health care services. Presufficiention may be required for hospitalization, outpatient surpers: the papiers, advanced insusino, DME, home health, skilled numino, acuterehab, or presidence. If admitted to the hospital, please notify Optima Medicare within 45 hours of your admission.

MEMBER SERVICES Character Services disables 757,000 E160 OR 1,000,007,0000

PHARMACY MEMBER SORVICES 1-000-003-7514 TEX 71F \$2000 BW 15648 DENTAGUEST MEMBER SERVICES

TTV Virginia Relay Stenion: process (repaired) 711 CR 1-900 IOS THO

757-653-3250 OR 1-800-384-2207 NUMBER ADVICE LINE: MEDICAL PREJUTHORIZATION: 757.552.3540.08T 1.000.299.5522 BEHAVIORAL HEALTH PREMIATHS: 757-552-7174 OR: 1-800-649-9420

PHARMACIST LISE COLLY

ICALL Option/bd: 1,866,603,7514 TTY 711 757-553-7474 OR: 1-800-239-8822 PROMIDER RELUTIONS

MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:

BEHAVIORAL HEALTH CLAIMS MEDICAL CLAIMS

P.O. Box 1440 P.O. Box 5028 Troy, MI 48039-9440. Tion, ME4900T-5829

An HMO plan offered by Optima Health Plan.

Mandatory Training



- OCC Model of Care training is required for all participating OCC providers
- Providers can meet this training requirement by completing the Optima Community Complete – Model of Care – Provider training at www.optimahealth.com/providers/education