



Optima Health/Virginia Premier Merger



# Welcome Provider Partners!

Removed 600+ authorization requirements to align with OHP and industry standards

Demographic changes will only require a single submission to update both Optima and legacy Virginia Premier data

Adapted VPHP Prior Authorization List (PAL) online tool for Optima Health

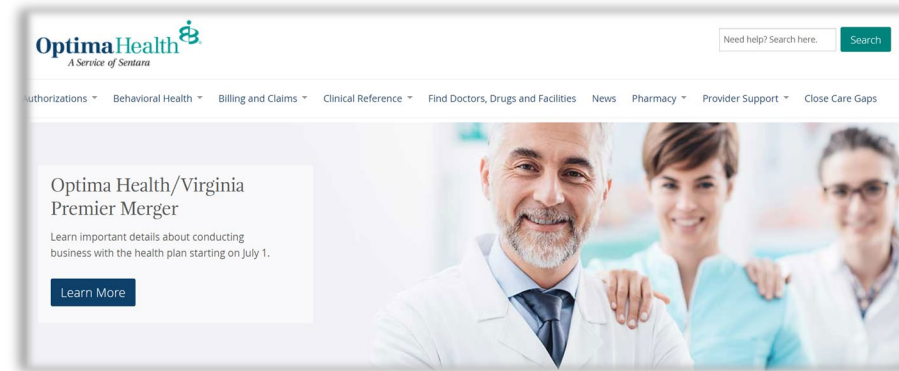
Aligned claims reconsideration timeline for VPHP claims to 365 days to mirror Optima and DMAS standard

Many policies and processes, have been aligned, but some (including some claims systems) currently remain separate. Today's goals:

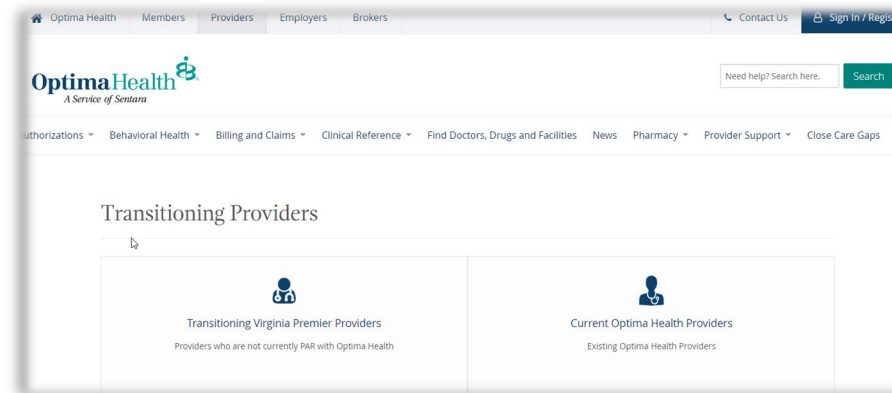
Highlight key elements that will be critical for claims submission

Answer and/or document questions for follow-up

We encourage you to use the dedicated Transitioning Providers webpage as your source of truth. Download the Provider Guide as a convenient desk reference.



Navigate from browser:  
[www.optimahealth.com/providers](http://www.optimahealth.com/providers)



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- Effective July 1, Virginia Premier will rebrand as Optima Health.
- The health plans are transitioning to full integration on January 1, 2024.
- Optima Health Group Number VP = the health plan formerly known as Virginia Premier.
- **Group Number VP** is an important distinction enabling Optima Health to administer the provider agreements for benefits and claims payments.
- Except when otherwise advised, policies and processes will remain the same for both health plans as you have experienced historically until further notice.
- Legacy Virginia Premier providers wishing to begin accepting Optima Health members (Group OCC) are encouraged to register for Provider Connection, the (Optima Health secure portal) **and MUST register for PaySpan.**
- The health plan formerly known as Virginia Premier has a relationship with Kaiser Permanente that will continue as well as expand to Optima Health members in Northern Virginia.
- Member ID card samples are available on the web page.
- Your points of contacts will remain the same, until/unless you are notified otherwise.



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Let's Get Acquainted 😊

## Provider Orientation/Quick Start

- Quick Reference Guide
- Doing Business with Us
- Key Contacts
- Stay Connected and Informed

## Optima Health Provider Guides (Detailed)

- Doing Business with Optima Health
- Medicaid Provider Guide
- Transitioning to Cardinal Care
- Doula Program Orientation
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Model of Care Provider Guide
- Transportation Benefit

News

[optimahealth.com/providers/provider-support/provider-orientation](https://optimahealth.com/providers/provider-support/provider-orientation)

[optimahealth.com/providers/updates/](https://optimahealth.com/providers/updates/)



**MOC and Attestations**

- [www.optimahealth.com/providers/provider-support/education/](http://www.optimahealth.com/providers/provider-support/education/)

**Provider Toolkit**

- [www.optimahealth.com/providers/provider-support/provider-toolkit](http://www.optimahealth.com/providers/provider-support/provider-toolkit)

**Jiva Resources**

- [www.optimahealth.com/providers/provider-support/jiva-resources](http://www.optimahealth.com/providers/provider-support/jiva-resources)

**Manuals and In-Office Lab List**

- [www.optimahealth.com/providers/provider-support/manuals](http://www.optimahealth.com/providers/provider-support/manuals)

**Update Your Information**

- [www.optimahealth.com/providers/provider-support/update-your-information](http://www.optimahealth.com/providers/provider-support/update-your-information)

**Webinar Registration**

- [www.optimahealth.com/providers/webinars/](http://www.optimahealth.com/providers/webinars/)

# Doing Business

Provider and member customer service numbers have been consolidated.

- All email addresses ending in @viriniapremier.com have been decommissioned and now end @sentara.com.
- Participating providers in need of assistance related to contracting may contact network management at [networkmgmt@sentara.com](mailto:networkmgmt@sentara.com).
- Provider/Member Customer Service: **(800) 881-2166**
- Select the health plan you are inquiring about:
  - #3 Optima Health, formerly Virginia Premier (Group Number VP), then follow prompts
  - #4 Optima Health, then follow prompts

*Note: To minimize confusion or challenges for our providers and members departments can still be reached by through the phone numbers you have used historically, until further notice.*



# Seeing Patients – In Network

	Provider Scenario		
Member Scenario	Legacy VPHP Provider Never OHP Contract Accepted	Legacy VPHP Provider Never OHP Contract Declined	OHP Provider Never VP
Optima Health: <i>Group VP</i>	YES	NO	NO
Optima Health	YES	NO	YES
Optima Health: Group VP <i>Newborn</i>	YES	NO	NO
Virginia Premier: <i>DSNP</i>	YES	YES	NO
Kaiser Permanente	Requires contract w/Kaiser Permanente	Requires contract w/Kaiser Permanente	Requires contract w/Kaiser Permanente



VPHP only who accepted contract.  
Able to see ALL member groups and newborns In Network.



VPHP only who declined contract. Unable to see either member group In Network.



Existing OHP Only can begin seeing ALL members on January 1<sup>st</sup>.

## We understand your frustration...this was not the original plan.

- Effective July 1, 2023, DMAS is reassigning the Virginia Premier Medicaid contract to Optima Health.
- DMAS will cease to conduct business for Medallion 4 and CCC+ programs with Virginia Premier on 6/30/23.
- It is critical that our 2023 rebid for Medicaid be submitted as one plan necessitating the need to begin the integration process now but this means some internal operations will remain separate.
- The health plans will continue preparations toward full integration on 1/1/24.
- Current Optima Health providers that are not par with Virginia Premier and would like to see **Group Number VP** members prior to 1/1/24 should contact your contract manager who will evaluate your agreement and need.



VPHP Only Accepted  
Contract.  
Able to see ALL member groups and  
newborns In Network.

*This includes providers currently in both networks*

## Eligibility

- Members with Group Number VP will be distinguished as **Optima Health (formerly Virginia Premier)** on the DMAS portal.

## Claims Submission

- Electronic Claims Submission: We accept claims through any clearing house that can connect through Availity and Change Healthcare.
- Mail Paper Claims to: PO Box 5550, Richmond VA, 23220

## Authorizations

- Existing Authorizations: no changes to authorizations that are approved and in progress, until further notice. New authorization numbers will not be required on July 1.
- New Authorizations: New authorizations are triggered by member eligibility. If Group Number VP member is eligible, use the existing authorization process you have used historically with Virginia Premier.



## Claims Submission

- Electronic - We accept claims through any clearing house that can connect through Payerpath/Allscripts or Availity.
- Mail Paper Claims to:
  - Medical Claims: PO Box 5028, Troy MI 48007-5028
  - Behavioral Health Claims: PO Box 1440, Troy MI 48099-1440
- Timely Filing
  - 365 days from the service date for all claims. This includes any corrections, reconsiderations, and/or appeals. Includes historical business for dates prior to 7/1 for former Virginia Premier providers.
- Turnaround time for clean (correctly submitted) claims:
  - Auto Adjudication 14 days
  - Manual Adjudication 25 days
- Quick links to guidance to learn to read an Optima Health remit, view claims status and submitting reconsiderations are available on the transitioning provider web page

*Note: No changes in how current Optima Health providers will conduct business*

## Group Number VP (Including Newborns)

VAPRM  
All Claims

## Virginia Premier (DSNP)

VAPRM  
All Claims

## Kaiser

Contact Kaiser directly  
for Payer ID

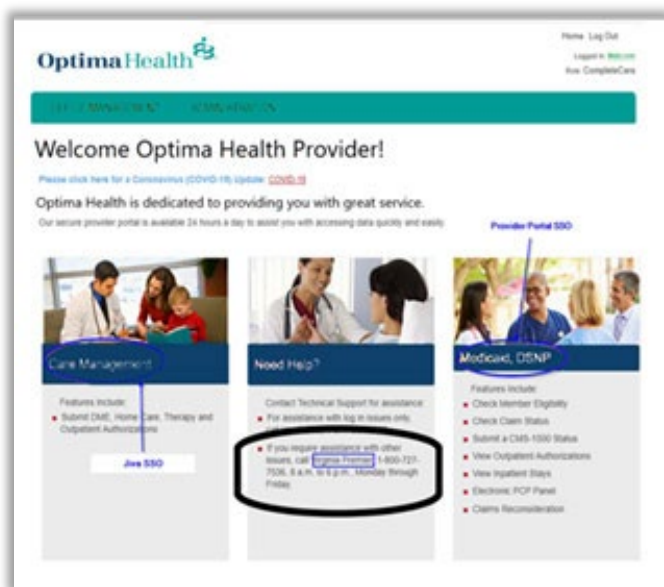
## Optima Health

54154 – Professional/Medical  
54154M – Professional/Behavioral Health  
00453 – Institutional



## Group Number VP

- Provider portal will remain available to verify eligibility, submit claims and claim reconsiderations and review claims and claim reconsideration history.
- Rebranded as Optima Health



## Optima Health

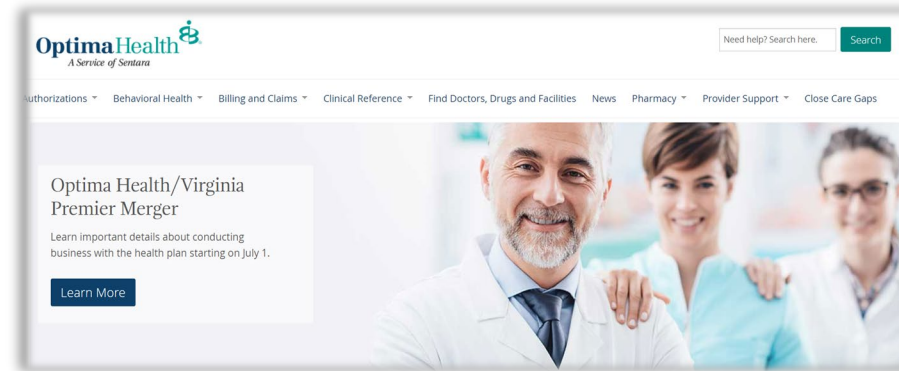
- Register for Provider Connection
- Register for PaySpan (Medicare) - Contact providersupport@payspan.com or 1-877-331-7154, option 1, for help obtaining registration codes and assistance with navigating the website. PaySpan is available Monday – Friday, 8 a.m. – 8 p.m.

## Important Notes About Jiva

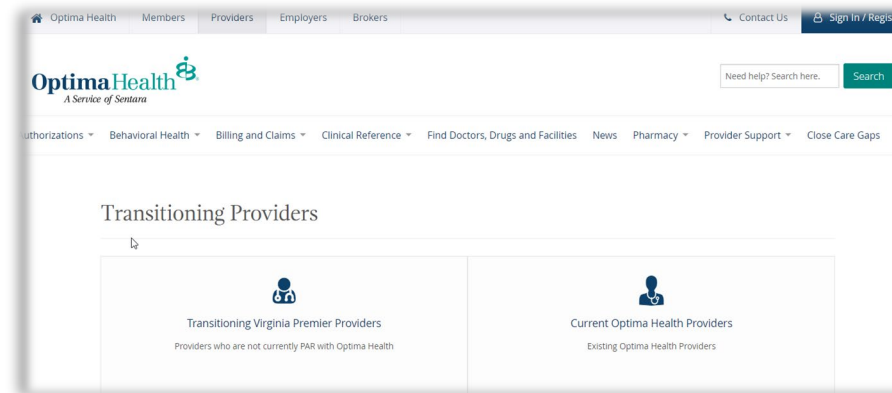
- Legacy Virginia Premier providers will notice that Jiva has a slightly different appearance and workflow. Jiva resources are available on the website.
- Registration for Provider Connection is required to access Jiva.

# Reminder: Your Source of Truth

We encourage you to use the dedicated Transitioning Providers webpage as your source of truth. Download the Provider Guide as a convenient desk reference.



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Scan Me

# Both Health Plans

[rwjenki1@sentara.com](mailto:rwjenki1@sentara.com)

- Appeals may be submitted in writing within 365 days from the date of service.
- Clinical appeals must be submitted within 60 days of notice of denial.
- Detailed information and supporting written documentation should accompany the appeal. A decision will be rendered within 30 business days of receipt of the appeal request, with a 14-day extension if it is in the best interest of the member.
- Mail to:  
Optima Health Appeals and Grievances  
PO Box 6253  
Glen Allen, VA 23058
- Appeal Email: [memberappeals@sentara.com](mailto:memberappeals@sentara.com)  
Grievance Email: [complaints@sentara.com](mailto:complaints@sentara.com)  
Phone: (844) 434-2914  
Fax: (866) 472-3920  
Member Operations: (800) 881-2166

# PAL List Effective 7/1 – Both Health Plans

The Prior Authorization List (PAL), an online method for identifying authorization requirements, will be available on both health plans websites. PAL is your source of truth for authorization requirement. We are excited to offer this convenient *new* resource to Optima Health providers!

1) Please select your plan:

☐ Optima Community Care: OCC Medicaid (OHCC/FAMIS/Family Care)

☐ Optima Community Care (formerly Virginia Premier): Group Number VP Medicaid (Elite Plus/FAMIS/Medallion)

☐ Virginia Premier Advantage Elite (HMO D-SNP)

☐ Optima Health Medicare (OHP MAPD, MA, D-SNP, C-SNP, Part B Give Back)

2) Input procedure code or description:

Results:

Procedure Code	Description	Effective Date	Authorization Required	Exception
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	2023-09-01	No Authorization Required	

New Search

Previous Result Screen (VPHP Only)

Results:

Procedure Code	Description	Effective Date	Authorization Required	Exception
Please input a valid code	not available	not available	not available	not available

New Search

New Result Screen (ALL)

Results:

Procedure Code	Description	Effective Date	Authorization Required	Exception
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	2023-09-01	No Authorization Required	

New Search

Effective **July 1, 2023** you may submit changes related to the legacy Virginia Premier Health Plan at [Update Your Information | Providers | Optima Health](#) for the following request types:

- Virginia Premier DSNP
- Updates to legacy Virginia Premier Health Plan data to support claims processing and/or reprocessing efforts for all products **prior to 7/1/2023**.

If you are a participating provider, and need additional assistance related to provider data updates, please email: [pustatus@sentara.com](mailto:pustatus@sentara.com)





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# Questions, please?

[rwjenki1@sentara.com](mailto:rwjenki1@sentara.com)

