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- Keep Your Practice Information Up to Date

Any policy changes communicated in this newsletter are considered official and effective immediately unless otherwise indicated, and will be reflected in the next edition of the Optima Health Provider Manual.



We have attempted to identify each policy change by placing a red push pin to the left of the corresponding language.



COVID-19 Coverage Extension Update

Optima Health policy changes for COVID-19 have been extended. Optima Health is now waiving member responsibility for COVID-19 and non-COVID-19 telehealth visits, and related treatments through May 31, 2021.

To ensure member responsibilities are waived for telehealth visits, please continue to bill the codes that identify the service(s) provided, affix the modifier 95 or GT, and use place of service (POS) 02. POS 02, which indicates that services were provided through a telehealth platform. As always, document appropriately in the medical record for audit purposes.



Any future extensions will be announced on the Optima Health provider website. The Optima Health website has a list of [Frequently Asked Questions \(FAQs\)](#) specifically for our providers concerning COVID-19.

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COVID-19 Vaccines

Providers should continue to submit claims for the vaccine administration fee for Moderna Inc., Pfizer Inc./BioNTech and now Johnson & Johnson. Providers should use the claim form appropriate for the services billed. Due to the CARES Act, no member cost share will be charged.

Optima Health will follow standard Centers for Medicare and Medicaid Services (CMS) guidelines for billing vaccine administration.



COVID-19 Vaccines

If you incur a cost for these vaccines, you should bill using the codes below.

CODE	DESCRIPTION	MANUFACTURER	VACCINATION TYPE
91301	SARSCOV2 VAC 100MC-G/0.5ML IM	Moderna	Moderna Covid-19 Vaccine
0011A	ADM SARSCOV2 100MC-G/0.5ML 1ST	Moderna	Moderna Covid-19 Vaccine Administration – First Dose
0012A	ADM SARSCOV2 100MC-G/0.5ML 2ND	Moderna	Moderna Covid-19 Vaccine Administration – Second Dose
91300	SARSCOV2 VAC 30MC-G/0.3ML IM	Pfizer	Pfizer-BioNTech Covid-19 Vaccine
0001A	ADM SARSCOV2 30MC-G/0.3ML 1ST	Pfizer	Pfizer-BioNTech Covid-19 Vaccine Administration – First Dose
0002A	ADM SARSCOV2 30MC-G/0.3ML 2ND	Pfizer	Pfizer-BioNTech Covid-19 Vaccine Administration – Second Dose
91303	SARSCOV2 VAC AD26 .5ML	Johnson & Johnson	Johnson & Johnson Covid-19 Vaccine
0031A	ADM SARSCOV2 VAC AD26 .5ML	Johnson & Johnson	Johnson & Johnson Covid-19 Vaccine

The Virginia Department of Health (VDH) is handling the distribution of the vaccine through its priority system. [Visit the VDH website](#) to learn more about the process and [access and submit the form](#). VDH will determine prioritization of the provider or facility.

Optima Health is closely monitoring the spread of COVID-19 in the United States and in Virginia. We have enacted our robust emergency management protocols and our dedicated team is on standby to monitor and follow COVID-19 closely in Virginia and North Carolina. If you have additional questions, please contact your network educator at 1-877-865-9075, option 2.

Learn about actions we are taking to support our members at: optimahealth.com/covid-19. You may also view our updated [Frequently Ask Questions](#) to stay informed.



New Provider Information Verification Partner

To make attestation more efficient for you and your staff, Optima Health has partnered with VerifyHCP,[®] a quick and easy clinician directory verification portal developed by LexisNexis[®] Risk Solutions. VerifyHCP enables practices to validate or update pre-populated directory information in one place across all participating health plans.



Updated practice information allows us to provide members with current directory information so they can select in-network providers, choose health plans, and ultimately access care. Our goal is to make this process as easy as possible for providers and their practices and to receive 100% response to outreach requests. Providers who do not respond to verification requests may face delayed claim reimbursements and removal from directories.

Outreach to confirm and update directory information will begin in April 2021. Several outreach methods will be used including email, fax and phone, with email being the primary method. Providers and practices will be directed to register and log in to the VerifyHCP Portal to confirm their directory information on file is accurate. The portal is a secure, free website for providers and their staff to use to confirm directory information, as required by CMS and various state laws.

You can contact LexisNexis Risk Solutions Tech Support at healthcare.custhelp.com/app/ask or the VerifyHCP Portal Help Desk phone number (1-888-245-4619) with questions about the portal.

Note: this partnership with LexisNexis replaces the previous attestation outreach performed by BetterDoctor on behalf of Optima Health.

Common Issues Affecting Directory Accuracy

Directory accuracy directly affects member access to provider care and it continues to be an area of focus for Optima Health. Some of the most common problems we have identified that offices can assist with are:

- Failure to notify Optima Health of providers that are leaving the practice, retiring or are deceased.
- Listing providers at office locations for the group when they rarely or never see patients at that location.
- Failure to notify Optima Health when the provider is no longer accepting new patients or when they start accepting new patients again.
- Staff that are scheduling appointments are unaware of the specific products that each provider is contracted with and accepting new patients for.

Prior Authorization Phone and Fax Number Change Reminder

The Optima Health Utilization Management Team has reorganized into two distinct teams with separate phone and fax lines for prior authorization of both medical and medical drug benefits.

The Government Programs Team handles authorizations for Medicare and Medicaid plans:

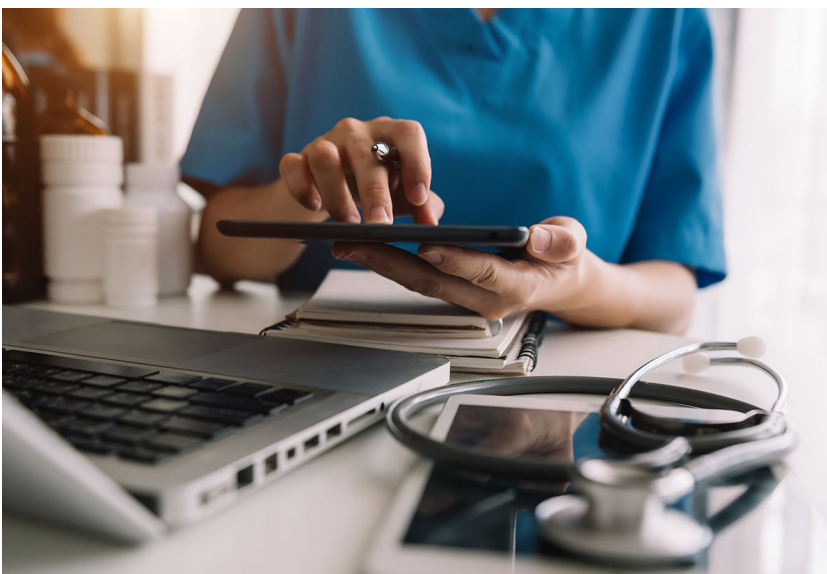
- Optima Medicare HMO
- Optima Community Complete (OCC) (D-SNP)
- Optima Family Care (OFC)
- Optima Health Community Care (OHCC)

The phone number for the Government Programs Team is 1-888-946-1167. The new fax number is listed on the authorization form.

The Commercial Plan Team handles authorizations for employer group plans and the individual product. The phone number for the Commercial Plan Team is 1-800-229-5522. The new fax number is listed on the authorization form.

You may also submit authorization forms via the provider portal on optimahealth.com. Prior authorization forms, phone and fax numbers for Addiction and Recovery Treatment Services (ARTS) and Community Mental Health Rehabilitation Services (CMHRS) programs have not changed.

Optima Community Care Education Requirement for D-SNP Providers



The Centers for Medicare and Medicaid Services (CMS) requires managed care plans that offer Dual Special Needs Plans (D-SNP) to create a model of care annually and ensure that all participating D-SNP providers receive training for their model of care annually.

Optima Health offers the Optima Community Care (OCC) 2021 provider model of care training on our [provider website](https://optimahealth.com). This training requirement is mandatory for all OCC providers.



Balance Billing Reminders

As a reminder, as of January 1, 2021, Virginia law protects members from “balance billing.” No Virginia out-of-network provider should balance bill or attempt to charge members other than in-network charges performed in an in-network Virginia facility for:

- **Emergency services**, regardless of the final diagnosis, provided by an out-of-network provider located in Virginia.
- **Non-emergency surgery or ancillary professional services for a covered benefit provided by an out-of-network provider at an in-network facility** located in Virginia. This includes surgery, anesthesiology, pathology, radiology, or hospitalist and laboratory services.

If a health plan's member is treated by an out-of-network provider for emergency services or visits an in-network facility for scheduled services covered by Virginia's balance billing law, the provider or facility that is out-of-network will have to submit a claim to the member's health plan.

The amount the health insurer pays the facility or provider must be a “commercially reasonable amount” based on payments for the same or similar services in a certain geographic area. If the health plan and the provider cannot agree on the amount, either party can start the arbitration process.

Self-funded employer groups: must opt-in to the balance billing law at least 30 days prior to the group's effective date. The employer group's status may be referenced on the [State Corporation Commission website](#).





Changes for New Providers Joining Optima Health

Effective January 1, 2021, Optima Health has a new process for onboarding new providers. All new Optima Health provider applicants are required to complete the “Request for Participation” form [located on our website](#).

This form is for those providers who do **not** currently have a contractual relationship with Optima Health. Once received, the Optima Health network management team will evaluate the information to ensure the provider meets our terms and conditions for participation. If approved to move forward in the application process, providers are assigned a contract manager and the contract manager will send the appropriate application(s), contract and instructions for completion.



In addition, our “Provider Update Form” now has additional fields where a new practitioner can be added to an existing practice to begin the credentialing process. It is important that providers follow the instructions carefully to avoid delays in processing. If any changes affect your contract (e.g., new tax ID or new legal name), please contact your contract manager.

Member Bill of Rights and Responsibilities

The Optima Health Member Bill of Rights and Responsibilities ensures that all members are treated in a manner consistent with the mission, goals and objectives of Optima Health. It also ensures that providers are aware of their obligations and responsibilities upon joining Optima Health, and throughout their participation with the plan. Each Optima Health product includes a specific Member Bill of Rights and Responsibilities document which is shared with members when they enroll.

This information is available in either the core Optima Health Provider Manual (commercial plans) or the Provider Manual Supplements for each plan (Optima Health Community Care, Optima Family Care and Medicare HMO).



Addressing and Preventing Compassion Fatigue

As a healthcare professional, you probably understand the importance of self-care to maintain your ability to work effectively. You need to take care of yourself first, and allow others to care for you. This will help you to do your best work when caring for others. The Substance Abuse and Mental Health Services Administration (SAMHSA) suggests strategies for self-care, stress management and relaxation.

Based on what has worked for you in the past, you may want to come up with a set of strategies and schedule them on a regular basis as part of a stress management and self-care plan. The plan can be adjusted if you find it is unrealistic or unhelpful. Give yourself credit for all you manage to do in the current, challenging environment.



You can find the full publication (as well as other resources related to COVID-19 and mental health) on the [SAMHSA website](#).

Optima Health appreciates all you have done for our members over the past year!

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Revised In-Office Lab List

The In-Office Lab List has been updated and three new codes have been added:

- 87428
- 0240U
- 0241U

As a reminder, the In-Office Lab List is a listing of all of the codes that can be performed in the physician's office. Lab tests that are not on the list should be sent to a participating reference lab. If lab tests other than the ones on the in-office list are performed in the physician's office, they will be denied as a non-allowed lab charge and the member is not responsible. To access the In-Office Lab List, visit the [Optima Health website](#).



Provider Resources

Network Management Updates



All Optima Health participating providers are assigned a network educator for their practice/tax ID based on region, regardless of specialty. In the past, Optima Health network management network educators were assigned based on provider type. Network management has spent the last several months cross training our team to be able to guide providers regardless of whether you are a practitioner group, solo practitioner, organizational provider or a facility.

Optima Health network educators are required to reach out to you at least once a year (more frequently if needed) to validate information Optima Health has on file and keep you updated on changes. We ask our provider community to: make time available for this required outreach to ensure you have up-to-date information, ensure that Optima Health is compliant with governmental bodies' educational requirements, and we are displaying your information accurately in our directory. Thank you for your continued support and participation.

Health and Prevention: Monthly Health & Wellness Webinars

Health and Preventive Services is pleased to announce they are presenting webinars that discuss health, disease prevention and wellness. The monthly series is aimed at keeping members engaged, aware and educated on a variety of topics. Webinar topics include:

- tobacco use and its effects on the body
- healthy eating
- improving heart health
- mindfulness
- goal setting
- financial decision making



In addition to the recorded video, a transcript of the presentation is available online for all webinars. To view these webinars, visit the [Optima Health website](#).



Authorization Updates for April to June 2021

Optima Health would like to notify you of the following authorization updates made since the last version of Network News:

POLICY	DETERMINATION/COVERAGE
Medical 174 Vestibular Evoked Myogenic Potential (VEMP)	<ul style="list-style-type: none"> New policy: considered not medically necessary
Medical 34C & Medical 34D Genetic testing of NOTCH2 and JAG1 for Alagille Syndrome	<ul style="list-style-type: none"> Updated Policy: Genetic Testing NOTCH2 and JAG1 for Alagille Syndrome considered Not Medically Necessary
Medical 34C Genetic Testing for Spherocytosis and Elliptocytosis Panel	<ul style="list-style-type: none"> Updated Policy: Genetic Testing for Spherocytosis and Elliptocytosis Panel considered Not Medically Necessary
Medical 175 Basofunction HRT Test	<ul style="list-style-type: none"> New Policy: Basofunction HRT Test considered Not Medically Necessary
Medical 285 Bronchial Thermoplasty	<ul style="list-style-type: none"> Coverage removed for Virginia Optima Health Medicaid plans; Bronchial Thermoplasty now considered Not Medically Necessary for all Optima Health products
Medical 13 Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition (IDNP)	<ul style="list-style-type: none"> Coverage added for RELiZORB for all Optima Health products
DME 26 Needleless Injection and Laser Lancet	<ul style="list-style-type: none"> Coverage removed for E0620 Skin Piercing device for collection of capillary blood, laser, each for all Optima Health products. New non-coverage of A4257 Replacement lens shield cartridge for use with laser skin piercing device
Medical 328 Balloon Eustachian Tuboplasty	<ul style="list-style-type: none"> Balloon Eustachian Tuboplasty considered Not Medically Necessary
Medical 286 Exhaled Breath Condensate	<ul style="list-style-type: none"> Coverage removed for Medicaid, considered Not Medically Necessary for all products



Billing and Reimbursement



Commercial SHP Ambulatory Surgery Grouper Modifications



Effective for July 1, 2021 dates of service, the Sentara Health Plans (SHP) Ambulatory Surgery Grouper will be updated to include codes that the Centers for Medicare and Medicaid Services (CMS) previously considered eligible for reimbursement only if performed in an inpatient setting. CMS reviews all inpatient-only codes on an annual basis and determines if these services may be performed safely in an outpatient setting.

Based on the outcome of the CMS review, SHP will map an additional 282 codes to a grouper level other than 99 within the SHP Ambulatory Surgery Grouper. This modification is only applicable to those providers that are reimbursed for commercial claims through the SHP Ambulatory Surgery Grouper payment method. A listing of these codes and the assigned grouper level is available on the Optima Health [Provider Manuals and Directories webpage](#) (see SHP Ambulatory Surgery Grouper). These codes will be included in the SHP Ambulatory Surgery Grouper published for July 1, 2021.



Modifier 25 Payment Policy Changes for Medicaid Products

Effective July 1, 2021, when a preventive examination and a problem-oriented E/M service are reported on the same day for the same patient, the problem-oriented E/M service, appended with modifier 25, is reimbursed at 50 percent of the allowed amount for all Medicaid products. As previously announced in the Summer 2020 providerNEWS, **this policy was effective on October 1, 2020** for all commercial products.



Preventative medicine codes:

- 99381-99397 (preventive medical exam)
- G0402 (preventive physical examination)
- G0438-G0439 (annual wellness exam)

Problem-oriented E/M codes:

- 99201-99215

Per CPT guidelines, modifier 25 (either a significant, separately identifiable Evaluation and Management service from the same physician or other qualified healthcare professional on the same day of the procedure, or another service) must be billed in conjunction with the problem-oriented visit evaluation and management code when a preventive medicine service is reported on the same day for the same patient.



Tobacco Cessation: Behavioral Therapies and Medications Help Members Quit

There are effective treatments that support tobacco cessation, including both behavioral therapies and FDA-approved medications. FDA-approved pharmacotherapies include various forms of nicotine replacement therapy as well as bupropion and varenicline. Research indicates that tobacco users who receive a combination of behavioral treatment and cessation medications quit at higher rates than those who receive minimal intervention.

For those Optima Health members who have telephonic coaching included in their plan, WebMD® telephonic coaching offers a 12-week program with a certified health coach trained in tobacco cessation methods. The program also provides free nicotine replacement therapy and advice on proper usage. Patients should call **1-866-513-2505** to initiate the coaching program.

Members who don't have telephonic coaching included in their plan or those who do not have access to WebMD can use the state-funded line, called Quit Now. Like WebMD, Quit Now offers evidence-based, individualized counseling and free nicotine replacement therapy. Quitline counseling interventions consist of either a single call or a choice of multiple call programs, depending on funding. While partnerships with Virginia and North Carolina have been established, patients can call 1-800-QUITNOW for access to this free service in all 50 states.

For those patients who prefer a more self-paced program, Optima Health offers an at-home program called "Get Off Your Butt: Stay Smokeless for Life." Patients can access the program by visiting optimahealth.com/mylifemyplan.

In combination with FDA-approved medications such as bupropion and varenicline, any one of these additional programs provide the behavioral therapies that support effective tobacco cessation.





Urgent Care vs. Emergency Room: Know Where to Go

Optima Health is making an effort to educate members on where to go when in need of medical care based on the severity of their condition, wait times and the cost. As a provider, you are a critical resource to help Optima Health get our message across to members.



24-Hour Nurse Advice Line

Members are encouraged to call the free 24-hour Nurse Advice Line when their physician is not available and they don't know what to do. The Nurse Advice Line is staffed by nurses who can help members understand medical topics and make good decisions about their health.



Physician's Office

Members are directed to their primary care physician's office for routine or preventive care, and to keep track of their medications and overall health. This includes general health issues such as:

- earaches
- headaches
- mild asthma
- skin rashes
- sore throat
- immunizations and screenings
- routine checkups



Urgent Care Center or Virtual Physician Visit

Members are encouraged to schedule a virtual physician visit or obtain services from an urgent care center like Minute Clinic, First Med, Patient First or Velocity when they experience the following:

- cough/cold/runny nose
- throat pain or sore throat
- ear pain
- pain/burning in urine



Urgent Care vs. Emergency Room: Know Where to Go

- headache
- nausea/vomiting
- loose stools/diarrhea
- fever less than 104°F
- rash
- back pain
- minor injuries, cuts, burns



Emergency Room and Calling 9-1-1

Members are directed to the emergency room (ER) when they have a serious or life-threatening medical condition. Members with less serious conditions may face longer wait times. We also want members to understand that member cost-share tends to be higher for services provided in the ER. Examples of conditions that might require a trip to the ER include:

- bleeding that won't stop or coughing up blood
- confusion
- drug overdoses
- head injury
- seizures or loss of consciousness
- severe chest or abdominal pain
- severe cuts and burns
- severe vomiting or diarrhea
- shortness of breath
- sudden change in vision

These guidelines are intended as general information and are not an inclusive list of medical problems that can be treated in these settings.

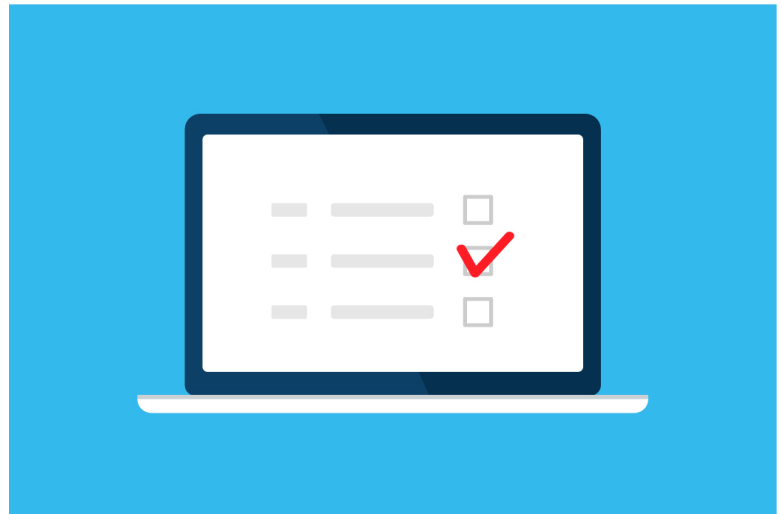


Provider Satisfaction Results

The results from the 2020 provider satisfaction survey performed August through October 2020 show that 91.9% of providers surveyed would recommend Optima Health to family or friends. When compared to the benchmark of all of the other plans providers work with, Optima Health scores were 25% higher overall.

The five areas that affected satisfaction scores the most were:

1. overall satisfaction with the case management/disease management programs (also #1 in 2019)
2. the timeliness of the utilization appeals process
3. accuracy of claims payment
4. process of obtaining pre-certification/authorization information
5. ease of using the automated telephone system



Thank you for your feedback. We analyze the results of these surveys and create action plans to increase satisfaction based on your responses.

At-Home Screening for A1C and Urine Microalbumin

Optima Health has partnered with BioIQ® to offer members an easy way to detect and monitor diabetes by mailing test kits to monitor A1C and microalbumin to the member's home. An invitation letter will be sent to members encouraging them to order a test online and it will be mailed to them in a few weeks.

The A1C test kit measures the member's average blood sugar over two to three months. The microalbumin test collects the member's urine sample to monitor the kidney function to assess the risk for kidney disease. The convenience of these home tests will allow members to get the care needed in order to address any medical challenges.

Invitation letters to order kits will be sent to Medicare and Medicaid members who have had gaps in one or both of these two measures for at least two years. Test results will be mailed to both the member and their PCP. Members will be advised to immediately follow up with their PCP for further evaluation. Please encourage your patients to participate in this free preventive service.



TCM Support Improves Care and Outcomes for Patients

Transition of Care (TCM) is the coordination and continuity of healthcare during a patient's movement from one healthcare setting to another, or to home.



Why take the time for TCM?

- better patient care
- better outcomes
- reduces risk of readmission
- reduces no show rates
- enhanced billing opportunity

Optima Health supports the efforts of the Centers for Medicare and Medicaid Services to strengthen the level of accountability for the care provided by healthcare providers during periods of transition which are seen as important time-points to measure the quality of care coordination post-discharge as well as ensuring member safety.

As our partner in delivering high quality care to our members, we need your assistance to ensure that our members are receiving the recommended services timely. Expectations for meeting the HEDIS® measures for adults ages 18 and older Transitions of Care (TRC) include:

- CPT codes 99483, 99495, 99496, 1111F should be submitted for transitional care management services and medication reconciliation.
- documentation in the PCP record of the following:
 - o notification of inpatient admission on the day of admission through two days after
 - o receipt of discharge information on the day of discharge through two days after
 - o patient engagement after inpatient discharge (e.g., office visits, home visits and telehealth) provided within 30 days after discharge
 - o medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (documentation of review of both a list of the members' current outpatient medications and the discharge medications or notation that no medications were prescribed upon discharge)

For more information, [please see 2020 HEDIS® measures](#). For questions about these measures, please contact the quality improvement department at 757-252-8400 or toll-free 1-844-620-1015.

Source: HEDIS® MY 2020 & MY 2021 (2020). Technical Specifications for Health Plans. Vol. 2. National Committee for Quality Assurance.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



Important Phone Numbers

Provider Relations	757-552-7474 or 1-800-229-8822 OHCC: 1-844-512-3172
Provider Relations Fax	757-961-0565
Behavioral Health Provider Relations	757-552-7174 or 1-800-648-8420
Medical Care Management (Pre-Authorization)	Commercial and Individual Products: 757-552-7540 or 1-800-229-5522 OHCC, OFC, Medicare HMO and OCC:1-888-946-1167
Network Educators	757-552-7085 or 1-877-865-9075
Health and Preventive Services	757-687-6000
Proprium Pharmacy	1-855-553-3568
Proprium Pharmacy Fax	1-844-272-1501

Keep Your Practice Information Up to Date

Please notify Optima Health of any changes to provider or practice information with 60 days' notice, or as soon as possible, especially changes to:

- provider rosters
- panel status
- address/phone numbers
- practice email address for official communication from Optima Health

Medical providers should contact their Network Educator at 1-877-865-9075 with this information; behavioral health providers should complete the [provider update form](#).

Thank you for your partnership in providing accurate information to our members!