Slide 1

Optima Health®

3rd Quarter "Let's Talk Behavioral Health"

August 9th, 2022

3rd Quarter Let's Talk Behavioral Health 2022

Slide 2

WELCOME
All participants will be placed on mute upon entry into the room
Ask your questions via the chat room OR hold until we have taken everyone off mute

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Optima Health

Housekeeping Items

Upon entry to the Webinar, you will be placed on mute.

Use headsets vs speakerphones for clear audio connections. Using wired connections will help to minimize wireless connectivity issues.

To ask questions please use the Chat Box on the right of the screen to communicate questions to the

presenter. You may also use the Raise Your Hand icon to ask a questions.

A copy of the Webinar slides will be emailed to the attendees.

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Optima Health

Our Mission
We improve health every day.

Our Vision
To be the health plan of choice in the communities we serve

Our Pledge
Helping you take care of yourself, and your family is our guiding mission. You'll see our commitment to you in the variety of innovative wellness programs we sponsor. Our dedication is also echoed in the concerned, caring manner that characterizes our customer service staff and philosophy. Simply put, it's this: when you're covered by Optima Health, we're passionate about your health.

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Optima Health Plans

Optima Health

Traditional Commercial Plans
Vantage (HMO)
Plus (PPO)
Point of Service (POS)

Integrated Account-based Product Lines
Equity (HSA)
Design (HRA)

Self-funded Options for Large and Small Employer Group Tiered Plans
OptimaDirectSM

Narrow Network Plans
OptimaSelectSM

Individual & Family Plans
OptimaFit®

Medicare Advantage Plans
Optima Medicare HMO

Medicaid/FAMIS Plans
Optima Family Care
(Medicaid XP)

Dual Eligible Special Needs Plan (D-SNP)
Optima Community Complete

Commonwealth Coordinated Care Plus (CCC Plus) Plan
Optima Health Community Care
(Medicaid XP)

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Quarterly Agenda

Optima Health

Quarterly Agenda

What's New at Optima Health? – Timely review of new relationships, products, services, or other changes.

ABA Topics–Highlight general useful information.

Important Reminders –Review training and regulatory requirements, deadlines, etc.

Question and Answers

QR Code Survey

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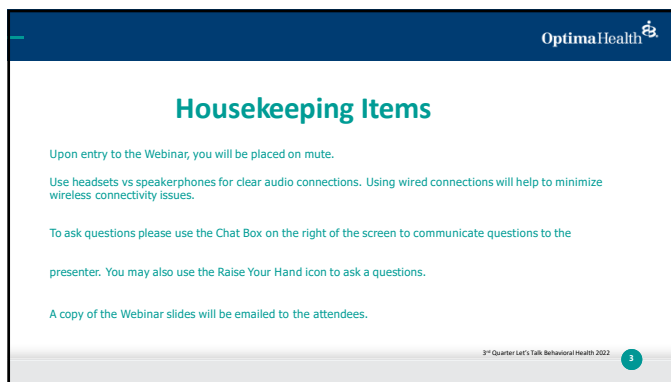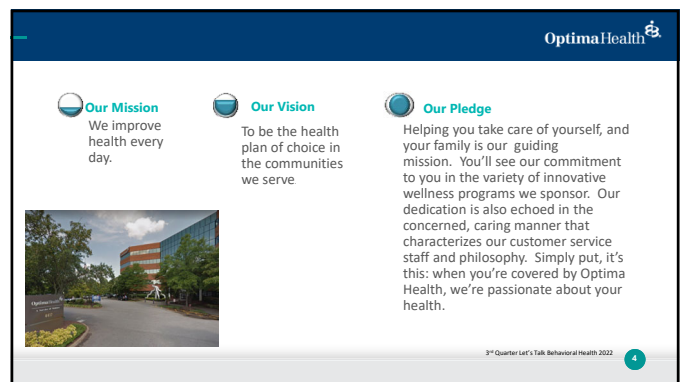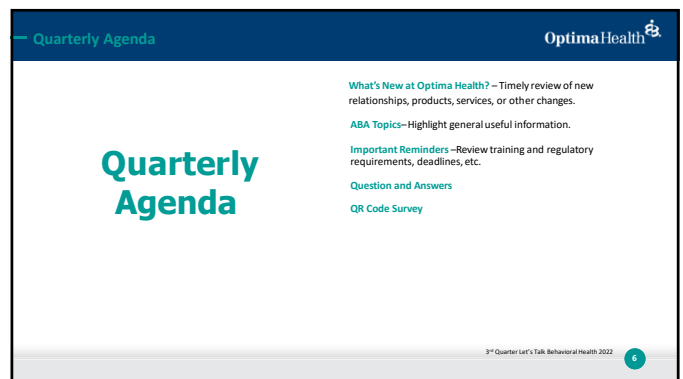
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Provider Connection Self-service OptimaHealth

Providers with secure access to Provider Connection can perform the following functions 24 hours per day, seven days per week:

- **Check Member eligibility,** copayments, and benefits   View and print Member ID cards
- **Access real-time deductible and out-of-pocket** maximum information
- **Request prior-authorization**
- **Create OB notifications**
- **Check authorization status** and effective/expiration dates
- **View claim** detail and status
- **View, download, and print PCP Membership Reports**
- **View and download remits** and Pended Claim Reports

OptimaHealth
A Service of Sentara

Provider Sign In

Username

Password

Sign In

Forgot Password? / Need to Register?

Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, Optima Health Group, Inc., and Sentara Health Plans, Inc. Optima HMO products, related Patient Optional Point-of-Service products, Point-of-Service products, and Open Access products are underwritten by Optima Health Plan. Optima Preferred Provider Organization products are underwritten by Optima Health Insurance Company. Self-funded plans are administered by Sentara Health Plans, Inc. / Copyright © 2022 Optima Health.

Provider Connection Registration | Providers | Optima Health

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Provider Connection Self-service Password Reset Now Available OptimaHealth

If you are an active Provider Connection user, you can save valuable time by enrolling in the self-service password reset process. Set up is easy and only requires two steps.

- Set up your security questions to activate password reset capabilities.
- Wait 24 hours so our systems can synchronize.

  IMPORTANT:
- Login a minimum of once over 90 days to keep your provider portal profile active. If your account expires you may request assistance at Providerconnectionsupport@sentara.com.
- All Provider Connection Registration must complete a two-step login for added security.

  NOT REGISTERED for Provider Connection click on this link to get started. https://apps.optimahealth.com/providers/login/login.aspx

Register for Provider Connection

Register Now

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New ID Card Vendor – Effective July 5, 2022 OptimaHealth

Optima Health is transitioning ID card vendors from **HealthLOGIX** to **Clarity** on Tuesday, July 5, 2022, for all lines of business. This new vendor will allow us to provide a better experience to our members and valued physician partners with **improved digital ID cards** that mirror the familiar physical ID cards.

Once the digital integration is complete later this summer, the digital copy of the member ID card will mirror the physical member ID card. The switch to Clarity will be a seamless transition. Questions about this transition, please contact provider customer services at **(800) 229-8822 (medical)** or **(800) 648-8420 (behavioral health).**

clarity®

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Appointment Access Standards OptimaHealth

Product	Appointment type		Scheduling Standard (time between member request and appointment availability)
Commercial, QHP, Optima Medicare, and Optima Family Care	Emergency (Medical and Behavioral Health)		Immediately upon request
	Urgent/Symptomatic		24 hours or as quickly as symptoms demand
	Routine Medical Care/Follow up Behavioral Health Care/Well Care		30 days
	Initial Behavioral Health		7 days
	Prenatal Care	First Trimester	7 days
		Second Trimester	7 days
		Third Trimester	3 days
		High-Risk Pregnancy	3 days or immediately if emergency
	Postpartum		Within 60 calendar days of delivery
Optima CCC Plus	Emergency		Immediately upon request
	Urgent/Symptomatic		24 hours or as quickly as symptoms demand
	Routine Primary Care*		30 days
	Behavioral Health		5 business as or as quickly as symptom demand
	Prenatal Care	First Trimester	14 days
		Second Trimester	7 days
		Third Trimester	5 days
		High-Risk Pregnancy	3 days or immediately if emergency
	Postpartum		Within 60 calendar days of delivery

* The Medallion 4.0 and CCC Plus standard for Routine Primary Care does not apply to routine physical examinations; regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every 30 days; or for routine specialty services like dermatology, allergy care, etc.

* The Medallion 4.0 and CCC Plus standard for Routine Primary Care does not apply to routine physical examinations; regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every 30 days; or for routine specialty services like dermatology, allergy care, etc.

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DMAS UPDATES OptimaHealth

DMAS: Updates to Mental Health Services Manual

DMAS had made changes to Chapter IV, Cover Services and Limitations Chapter and Appendix E, Intensive Community Based Support Appendix of the Mental Health Services Manual, previously known as the Community Mental Health Services (CMHRS) Manual. To familiarize yourself with these changes, please view the July 1, 2022 memo https://vamedicaid.dmas.virginia.gov/memo/updates-mental-health-services-manual

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JIVA OptimaHealth

Case Management and Utilization Documentation platform, Symphony, will be replaced by a new platform, JIVA by ZeOmega.

JIVA will allow providers to view the authorization certification number after the request has been submitted. **IMPORTANT NOTE**: Approval is not achieved until the decision has been posted in the portal. Providers will show up as non-par until the provider has submitted first request.

https://cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=f2523e1a-fbe4-4af2-ae98-7ca6a708eda2

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Clarifying Process for JIVA — Optima Health

Clarifying Process for Authorization Verifications
Recently, our behavioral health utilization management, medical utilization management, care management, and customer service representatives have received an increased number of calls to verify authorizations. We know your time is valuable and want to clarify any confusion regarding faxed authorizations from our new system, JIVA.

Here is what you need to know:
- Prior to our JIVA implementation, providers received all authorizations via auto-fax at the same time each day.
- Now, providers will receive a fax as soon as the determination is made for the request for authorization. This helps achieve our goal to provide you with real-time information.
- Faxes will look different because they are coming through Jiva rather than our previous system.
- We encourage all providers to use the Optima Health Jiva Portal to submit their requests. If you do not have access to the Optima Health Jiva Portal, complete the Provider Connection registration form to get started.
- If you submit your authorization request via fax, you can verify the authorization in the Optima Health Provider Portal. If you use the Optima Health Jiva Portal to submit your request, you should use the Jiva Portal to verify your authorization requests.
- If your attempts to locate your authorization in either portal are not successful, please call Optima Health for assistance using the numbers listed below.
- During our upcoming Let's Talk Behavioral provider education session, we will cover the process and answer any questions that may arise during the segment.

We appreciate your efforts to provide the best care for our members. For more information about Jiva, please refer to the resources on our website, including a tip sheet on requesting authorizations. You can also contact the following:

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Prior Authorization via Provider Connection — Optima Health

The preferred method to obtain prior-authorization is through the Optima Health secure Provider portal, Provider Connection.

- The **system defaults** to outpatient service and users must select inpatient if applicable.
- **Request Type**: The system will default to Non-Urgent and then you may enter the ICD 10 codes and Procedure/Revenue Codes.
- **Ordering Provider Codes** may be looked up by using the NPI search icon.
- **The Document Clinicals** section must be completed and attached before submission.
- **When the Authorization information is completed**, the Status of request field will show **complete-Approved or Complete-Pended for Further Review.**

Sign Into Provider Connection on Optima Health Website.

Create Medical Authorization.

Useful Links
https://www.optimahealth.com/documents/provider-manuals/plan-management-plan-ref-provider-manual.pdf
https://www.optimahealth.com/documents/provider-orientation/002-job-aid-pre-authorization-submissions.pdf
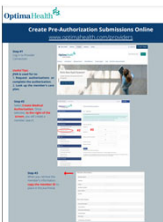
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Create Pre-Authorization Submissions Online Job Aid — Optima Health

Create Pre-Authorization Submissions Online

New Revised Create Pre-Authorization Submission Online Job Aid.
- Includes step-by-step process submitting authorization via provider connection.
- Provides Quick Tips for JIVA

Useful Links
https://www.optimahealth.com/documents/provider-orientation/002-job-aid-pre-authorization-submissions.pdf
https://www.optimahealth.com/documents/provider-manuals/plan-management-plan-ref-provider-manual.pdf

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Behavioral Health Quarterly Webinar

**Focused Presentation
for
Behavioral Therapy (ABA) Providers**

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Credentialing Requirement for Behavioral Therapy Providers — Optima Health

1. As a rule, Optima Health only credentials licensed providers
2. LBA's and LABA's must be individually credentialed
3. We do not credential RBTs and UBTs
4. The practice (organization) gets credentialed on a group level for behavioral therapy services and is a separate application process.

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Contracting and Credentialing — Optima Health

- **Join Our Network**
  - Non-contracted providers, group practices, or facilities that have not joined Optima Health will need to complete the Request for Participation form available on Optima Health website under Join Our Network.
- **Credentialing**
  - The Optima Health credentialing process allows healthcare professionals to join the Sentara Healthcare provider network. It also ensures that providers who are contracted with Optima Health meet the healthcare industry standard. To request credentialing, please submit a Provider Update form.

➤ Link to "Join Our Network"-
https://www.optimahealth.com/providers/provider-support/join-our-network

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Credentialing Expectations — OptimaHealth

Individual Provider Credentialing
- All provider credentialing requests are submitted through the Submit a Provider Update Form.
  - **The Provider Update form can also be found at:**
    https://www.optimahealth.com/providers/provider-support/join-our-network
  - When the update has been successfully submitted an automatic notice will be generated by Nintex@workflowcloud.com.
  - Be sure all required fields on the form are completed.
  - Ensure your CAQH profile is up-to-date and re-attested.
  - Cross Coverage form sent by the credentialing department is required.
- **Credentialing typically takes 60-90 days**

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Credentialing Expectations cont. — OptimaHealth

Organizational Credentialing

- **Org Credentialing MUST** be completed in order to bill for unlicensed staff (RBT/UBT) or other uncredentialed QMHPs.
- A Contract Manager will provide an organizational credentialing application.
  - Be sure all required fields on the form are completed.
  - A W-9, Business license and Certificate of Insurance are required supporting documentation for ABA providers.
- **Organization Credentialing typically takes 30 - 60 days.**
  - The Contract Manager will inform you of Organizational approval as there currently is no automatic notice for org provider credentialing approval.

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Provider Data Load — OptimaHealth

- **Getting information loaded into the claims system typically takes 30-45 days** following the approval of the ABA Individual/Organization credentials
- Once the LBA/LABA is approved by the credentialing department, the provider is individually set-up in our system and can submit claims using their individual NPI number.
- When the individual provider's data has been loaded, an automatic email notification will be sent to the email address entered in the provider update form.
- Once the practice is approved by the credentialing department, the practice is set-up in our system as a provider, referred to as an "Org" provider with the type 2 NPI.

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Billing for Behavioral Therapy Services — OptimaHealth

- **LBA and LABA providers can submit claims using their individual NPI# or the Group NPI as the rendering provider.**
- These claims **must include the appropriate modifier**.

- RBT and UBT claims must be billed on a group level using the Type 2 NPI# as the rendering provider information on the claim.
- Claims without a modifier indicate that an RBT/UBT performed the service.

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ABA PROCEDURE CODES AND MODIFIER MEANINGS — OptimaHealth

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Behavioral Health Quarterly Webinar

Authorizations Continued

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ABA Authorizations – Initial Requests OptimaHealth

The ABA provider must submit the following information for the initial service authorization:

- Initial Service Authorization Request Form
- The provider assessment completed by the LBA, LABA, or LMHP;
- The preliminary ISP; and,
- A description of the preliminary discharge plan to include referrals as service goals are met.

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ABA Authorizations – Initial Requests OptimaHealth

For all requests exceeding 20 hours (80 units) or more per week:

- The schedule of activities used to structure the service sessions; describe how the activity will facilitate the implementation of the ABA treatment.
  - Person-centered and individualized to the member's ISP goals.
  - What we see most often is a very general schedule or no schedule at all.
- Each session must clearly be related to the successful attainment of the treatment goals.
- The therapeutic function of all scheduled sessions must be clearly defined regarding the number of hours requested.

One of the most important factors here is including all information required for an Initial SAR as outlined by DMAS.

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ABA Authorizations – Continued Stays OptimaHealth

Continued Stays must include:
- Continued Stay Service Authorization Form
- An updated ISP that reflects the current goals and interventions
- A summary of the care coordination activities.
- Documented generalization across environments and discussion of parental involvement. Services should not remain entirely clinic-based because that does not support the generalization of skills to the natural environment.
- Original Comprehensive Needs Assessment and an addendum to this assessment (can be in a progress note) that briefly describes any new information impacting care, progress and interventions to date, and a description of the rationale for continued service delivery.
- Parameters for the schedule requirements for requests over 20 hours remain.

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ABA Authorizations – Continued Stays OptimaHealth

Continued Stays also required a summary of the youth's treatment progress that contains the following information:

- Graphical presentation of progress on each goal and objective in the ISP.
- Overview of family involvement during service period with regards to the youth's ISP to include:
  - Who has been involved.
  - Progress made and continuing needs (to include reasons the youth and caregiver need continued ABA).
  - Progress towards generalization of adaptive functioning in multiple settings to include assessing for maintenance of the skills acquired.
  - Updating the ISP as needed to test for generalization of skills in multiple environments;
  - Progress toward the anticipated date of discharge from services including any plan to gradually reduce services (e.g. identifying lower levels of care, natural supports, care coordination needs).

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ABA Authorizations – Additional Items OptimaHealth

- Members may now have TDT and ABA services authorized concurrently to address school-based concerns.
- Clinical research supports the multidisciplinary approach for children with ASD and other developmental disorders.
  - We often recommend services to complement ABA such as OT, ST, PT, early intervention, CM, and community-based supports.
- We consider the developmental age and needs of the child when justifying medical necessity for the units requested.
  - Example: Can a 2-year-old realistically engage in 6-8 hours of daily direct intervention?
- Denial letters should be faxed to the number on file for the provider.
  - If you are continuing to not receive faxed letters from us, please call provider relations.

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OptimaHealth

Important Reminders

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Provider Relations Key Contacts   Optima Health

When addressing/escalating concerns with your network educator about Optima Health policies and procedures please note the number dialed, date and time, and the person with whom spoken. Having these details enables us to conduct better research and properly/thoroughly re-educate, whether internally or externally.

Provider Relations
• Member Eligibility/Benefit Information
• Claims Questions
• Duo Resets

Network Educator
• Product and service updates
• Ensure compliance with provider contract
• Keeping you current on our educational services and resources
• Updating provider contact information
• Address any special needs, concerns or complex situations

Behavioral Health Provider Service Representatives
757-552-7174 or 1-800-648-8420
8 a.m. to 6 p.m. Monday through Friday
Fax: 757-552-7499
ProviderRelations@sentara.com
Emails are responded to within three business days.

24-Hour Interactive Voice Response
Phone: 757-552-7474 or 1-800-229-8822, option 2

Clinical Care Services Pre-Auth
Government Plans (888) 946-1167 Medical & Drug Questions
Commercial (800) 229-5522 Medical & Drug Questions
Behavioral Health: 1-800-648-8420

Please use the Optimahealth.com/provider website Contact Us option on the top right hand corner of our webpage to get access to the most up to date phone numbers, email addresses and other addresses.

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Reconsiderations   Optima Health

A request for reconsideration is a re-billed or corrected claim for the same patient, date of service(s), and/or procedure(s)

Paper requests for reconsideration of a claim denial must include the claim or copy of the remit, any supporting documentation, and the "Provider Reconsideration Form or Behavioral Health Reconsideration Form" (found on https://www.optimahealth.com/providers/billing-and-claims/coverage-decisions-and-appeals and mailed to:

**Behavioral Health Claims PO
Box 1440
Troy, MI 48007-5028**

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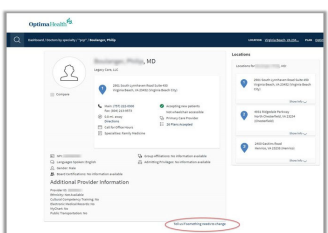
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Provider Directory   Optima Health

Please review the Online Provider Directory
Please review the online provider directory routinely or call provider services for the status of your providers. For SHP providers a written notice to SHP should be provided within 60 days of the occurred change.

Confirm the following for the Online Provider Directory during provider visits:
• Providers who have joined/left the practice
• Service Addresses (Do not list locations where they do not regularly see patients)
• Specific products under contract
• Accepting New Members (Panel Status)
• Public Transportation Availability
• Digital Contact Information (email address or website)

Note: List a provider's subspecialty in the directory only when approved by Credentialing. Notify credentialing if you want to add a subspecialty to a provider that was previously submitted to credentialing without that subspecialty

www.optimahealth.com/providers/provider-support

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Register for Our Upcoming Webinars   Optima Health

We invite providers to join our upcoming webinars. See dates and registration links below:

• Let's Talk Behavioral Health on November 8, at 10 am
• Claims Brush Up September 7 at 10 AM
• Claims Brush Up December 7 at 11 AM

https://www.optimahealth.com/providers/webinars/

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Electronic Claims Submission   Optima Health

Our preferred method of billing and payment is electronic. We accept claims through any clearinghouse that can connect through Payerpath/Allscripts or Providers can use Availity for EDI.

Optima Health Payer IDs
54154 Professional / Medical
5415M Professional / Behavioral Health
00453 Institutional

Paper claims must be mailed to:

**Medical Claims
P O Box 5028
Troy, MI 48007-5028**

**Behavioral Health Claims
P O Box 1440
Troy, MI 48099-1440**

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Questions and Answers   Optima Health

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