



Provider Connection

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
- Pre-adjudicate medical claims using C3-Clear Claims Connection
- View and download remits and Pending Claim Reports
- Submit online reconsiderations for Medical claims

Register for Provider Connection

Register Now

Trouble logging in, etc. e-mail providerconnectionsupport@Sentara.com
[Provider Connection Registration](#) | [Providers](#) | [Optima Health](#)

2

Online Provider Connection Portal Claims View

The **Provider Connection Portal** provides you access to review your claims online.

We strongly encourage member number as it is easier to locate the record.

This is where you will be able to reconsider claims online, provide a more in-depth review of the process.

[Provider Connection Registration](#) | [Providers](#) | [Optima Health](#)

3

Electronic Billing Leads to Faster Payment

Our preferred method of billing and payment is electronic. We accept claims through any clearinghouse that can connect through Payer path/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

<https://www.optimahealth.com/documents/forms/general/form-doc-ohcc-billing-and-claims-quick-reference-guide.pdf>

4

Billing and Claims

- Our timely filing deadline on all claims is **365 days from the service date**.
 - This includes any corrections, reconsiderations, and/or appeals
- Turnaround time for clean (correctly submitted) claims:
 - Electronic 14 days
 - Paper 25 days
 - LTSS/CMHRS/NF claims are processed within 14 days
- Preferred method of claim filing is electronic
 - We accept claims through any clearinghouse that can connect through Payerpath/Allscripts/Availity

<https://www.optimahealth.com/documents/forms/general/form-doc-ohcc-billing-and-claims-quick-reference-guide.pdf>

5

Prior Authorization via Provider Connection

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

- We have replaced our former utilization management system Symphony with JIVA.
- Access JIVA Dashboard through Provider Connection.

Sign Into Provider Connection on Optima Health Website.

Useful Links
<https://www.optimahealth.com/documents/provider-orientation/002-job-aid-prior-authorization-submissions.pdf>

6

Create Pre-Authorization Submissions Online


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/005-job-aid-pre-authorization-submissions.pdf>



7

Clarifying Process for JIVA

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 [fax sheet on requesting authorizations](#). You can also contact the following:

3rd Quarter Let's Talk Behavioral Health 2022


8

PROVIDER TRENDS

9

Corrected Claims Submissions

If you are submitting a **"Corrected Claim"** please be sure to state **"Corrected Claim"** in BOX 19 of the HCFA 1500 Claim Form. Please include the **original claim number** to avoid denials or duplicated claims.



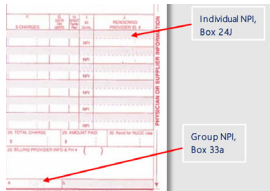
<https://www.optimahealth.com/documents/provider-orientation/005-job-aid-avoiding-common-claim-submission-errors.pdf>

10

NPI

There are multiple NPI trends that have been identified including corrected claims submitted has incorrect NPI on the claim form.

- Providers that offer multiple services and have multiple provider setups must bill the appropriate **NPI/ TAXONOMY/ TAX ID** on the claim to eliminate delays.
- Individual NPI should be listed in box 24J, Rendering Provider ID #, in the bottom unshaded portion of the box labeled "NPI"
- Group NPI should be listed in box 33a, "Billing Provider Information and Phone number".




<https://www.optimahealth.com/documents/provider-orientation/005-job-aid-avoiding-common-claim-submission-errors.pdf>

11

Authorizations and Claims

For services requiring pre-authorization please include the authorization number on the claim in box 23 of the CMS 1500.



Note: If you are resubmitting a claim, please include the original claim number and correct authorization number to avoid denials and duplicated claims.

<https://www.optimahealth.com/documents/provider-orientation/005-job-aid-avoiding-common-claim-submission-errors.pdf>

12

Medical Procedure Code and Behavioral Health Diagnosis Code

Trending currently are claims billed with a medical procedure code along with Behavioral Health Diagnosis code. To better assist Providers to understand billing here are scenarios where regardless of the place of service, or diagnosis the claim will be reimbursed medically.

Service Provider <ul style="list-style-type: none"> PCP OR PCP TYPE PROVIDER NON-PSYCHIATRIC SPECIALIST READING PHYSICIAN (READS X-RAYS, ECG) READING PHYSICIAN ECG- PERFORMED BY A MEDICAL DOCTOR DNIE HOME HEALTH PT/OT/ST PROVIDER 	Outpatient <ul style="list-style-type: none"> Lab (ordered and billed by a psychiatrist) Lab (ordered by a psychiatrist and billed by an outside provider such as a reference lab) Medical Radiology and associated professional fees. 	Medications <p>Psychiatric or SA medication while inpatient on a medical unit</p>
AMBULANCE <p>Transportation to an emergency room in the absence of an admission Transportation to a hospital prior to admission for either a medical or psychiatric diagnosis Transfer from an out-of-plan facility or ER to a participating facility psych or med</p>	Emergency Room Services Facility <p>Services rendered in a participating ER facility – regardless if the service was for medical or psych.</p> <p>Out-of-area ER facility with:</p> <ul style="list-style-type: none"> psychiatric diagnosis medical diagnosis <p>Out-of-network ER facility located in the service area:</p> <ul style="list-style-type: none"> psychiatric diagnosis medical diagnosis 	Inpatient Stay <p>H & P for inpatient admission (physician)</p> <ul style="list-style-type: none"> psychiatric provider medical provider <p>Services provided on a medical unit with BH / SA as a secondary diagnosis</p> <ul style="list-style-type: none"> psychiatric provider medical provider <p>Psychiatric or SA unit with ongoing medical care even if at a psychiatric facility</p> <ul style="list-style-type: none"> Radiology and EKG Medical consultation on a psychiatric or SA unit

13


Useful Links

- Provider Connection Sign In/Registration
<https://www.optimahealth.com/providers/provider-connection-registration>
- Provider Trends- Medical/BH trend pg. 28-30
<https://www.optimahealth.com/documents/provider-manuals/plan-management-plan-ref-provider-manual.pdf>
- Common Claim Errors PDF
<https://www.optimahealth.com/documents/provider-orientation/005-job-aid-avoiding-common-claim-submission-errors.pdf>
- Provider Toolkit – Provider Education Materials
<https://www.optimahealth.com/providers/provider-support/provider-toolkit>
- JIVA Resources
<https://www.optimahealth.com/providers/provider-support/jiva-resources>

14


QR SURVEY CODE

Scan this QR code to take our quick survey questions



15

Questions and Answers



16

Thank you For Partnering with Optima Health!

Contact Us
NMTrainers@sentara.com

17