

Welcome to Optima Health!

Effective July 1, 2023, Optima Health Plan will assume the existing Virginia Premier agreements with Virginia Premier Providers. As of the merger effective date, Optima Health will assume all of Virginia Premier's rights and obligations under the agreement.

Optima Health Plan, a Virginia non-profit corporation, shares the same values as Virginia Premier and merging with them will help solidify our efforts to ensure that we continue to offer exceptional care and service to our consumers, members, patients and communities. It also helps us to better anticipate and respond to changes in our industry and to identify opportunities for growth and innovation.

Starting July 1, 2023, Virginia Premier Medicaid will become a part of Optima Health.

- The Virginia Premier Medicaid product will now be branded Optima Health and the Virginia Premier name will no longer be in use for Medicaid. Medicaid member ID cards will use Optima Health, Group Number: VP.
- This change means that DMAS will remove Virginia Premier from their Medicaid documents, enrollment broker/Maximus, websites, health plan comparison charts, etc.
- Virginia Premier D-SNP, Virginia Premier Advantage Elite, will remain a product of Virginia Premier.

Summary of Business Operations Beginning on July 1:

- Group Number: VP is an important distinction enabling Optima Health to administer the provider agreements for benefits and claims payments.
- Submit all Group Number: VP claims to Payer ID VAPRM.
- Generally, conducting business with Optima Health Group Number: VP will remain the same as you have experienced historically with Virginia Premier. You will receive timely notice of any process changes in the future.

Provider Orientation Opportunities:

Click Here for June 7

Click Here for June 14

Click Here for June 21

Click Here for June 28

Click Here for July 12

Click Here for July 19

Click Here for July 26



Contracts

Combining Optima Health and Optima Health Group Number: VP

At this time, contracts shall remain separate for the two different product lines: Optima Health Medicaid and Optima Health, Group Number: VP. We foresee combining contracts but will ensure that both DMAS and Optima Health are able to administer the change efficiently and accurately for our provider partners. We will ensure timely notice.

Important: Optima Health, Group Number: VP identifies legacy Virginia Premier provider agreements for claims adjudication.

Corporate Address (For general health plan correspondence and deliveries. Not intended for claims, submission, or appeals. See "Conducting Business Beginning July 1" for that information.)

U.S. Mail

Sentara Health Plan PO Box 66189 Virginia Beach, VA 23466

Overnight Mail

Sentara Health Plans, Inc. 1300 Sentara Park Virginia Beach, VA 23464

Remaining Informed

- The VPHP Newsletter is retired, effective immediately. You will begin receiving Optima Health providerNEWS by email. Additionally, current and past editions of providerNEWS are available on our website.
- Optima Health Provider Alerts will replace Virginia Premier Provider Alerts, effective July 1.

Public Website Access

As there are processes central to your ability to manage legacy Virginia Premier business as you do today, the website will remain active and continue to be branded as Virginia Premier until further notice.

For relevant details on all Optima Health programs, please visit the website.

Seeing Patients July 1 - December 31, 2023

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

Payer IDs				
Group Number: VP	Virginia Premier	Optima Health	Kaiser	
(Including newborns)	(DSNP)	54154 – Professional/Medical	Contact Kaiser	
VAPRM	VAPRM	5415M – Professional/Behavioral	directly for Payer ID	
(All Claims)	(All Claims)	Health		
		00453 – Institutional		



Identifying Members

Group Number: VP Card Sample

- Optima Health Group Number: VP members will receive their new ID cards in June.
- If a member presents with a legacy Virginia Premier ID card membership eligibility should be verified to confirm they are under Group Number: VP.
- Group Number: VP is an important distinction enabling Optima Health to administer the provider agreements for benefits and claims payments.



OPTIMA COMMUNITY CARE

Member Name: JOHN DOE Member Number: 99999999 Group Number: VP

Medicaid/Rx ID: 999999999999 PCP Name: JANE DOE PCP Number: 1-123-456-7899 DOB: 01/01/1995

Member Effective Date: 01/01/22

RxBIN: 003858 RxPCN: MA RxGRP: VPMMDCD



Detailed benefit information at optimamedicaid.com/vp

Pre-Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics

IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.

Member Services/ARTS: (Hearing Impaired/Virginia Relay: 711) 1-800-881-2166 Behavioral Health Crisis Line: 1-844-513-4950 1-855-880-3480 Transportation: 24/7 Nurse Advice Line: 1-800-256-1982 Pharmacist Help Desk: (Including Pre-Authorization) 1-877-779-2890 Dental: 1-888-912-3456

Send Claims to Optima Health P.O. Box 5550 P.O. Box 66189 Richmond, VA 23220 Virginia Beach, VA 23466

Optima Health Card Sample



OPTIMA COMMUNITY CARE

Member Name: JOHN DOE Member Number: 9999999*99 Group Number: OCC

Medicaid #: 999999999999 PCP Name: JANE DOE PCP Number: 1-123-456-7899

DOB: 01-01-1995

Member Effective Date: 01-01-22

RxBIN: 003858 RxPCN: MA



RXGRP: OHPMDCD

Detailed benefit information at optimahealth.com and our mobile app

Pre-Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.

Member Services: (Hearing Impaired/Virginia Relay: 711)

Behavioral Health/ARTS Crisis Line:

Transportation:

Provider Services: (Including Pre-Authorization)

24/7 Nurse Advice Line:

Pharmacist Help Desk: (Including Pre-Authorization)

Dental:

Medical Claims PO Box 5028 Troy, MI 48007-5028

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

PO Box 66189 Virginia Beach, VA 23466

1-800-881-2166

1-888-946-1168

1-877-892-3986

1-888-946-1167

1-800-394-2237

1-844-604-9165

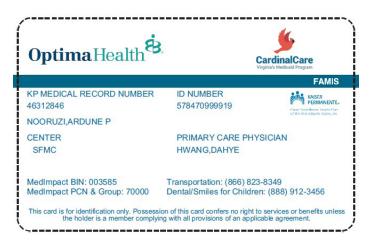
1-888-912-3456

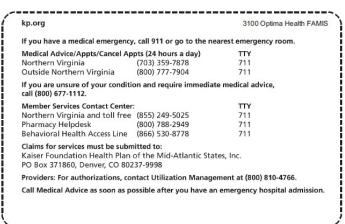


Kaiser Permanente

The former Virginia Premier health plan had a relationship with Kaiser Permanent that will continue beyond July 1, 2023, expanding to Optima Health members in Northern Virginia. Kaiser Permanente member IDs will be uniquely distinguished with their company logo.

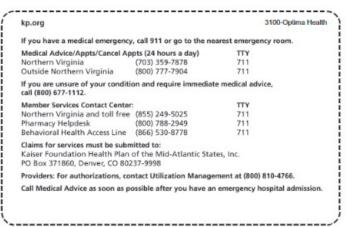
FAMIS





Medicaid





Continuity of Care

Newborns: Legacy Virginia Premier newborns will be assigned to Optima Health Group Number: VP.

Loss of Eligibility: Members who lose eligibility with Legacy Virginia Premier will be assigned to Group Number: VP if reenrolled within the renewal grace period.

Medicare/D-SNP

Virginia Premier D-SNP, Virginia Premier Advantage Elite, will remain the same. D-SNP is contracted with CMS and remains effective through December 31, 2023

Key Contacts

The provider and member customer service numbers have been consolidated.

Provider/Member Customer Service: 1-800-881-2166

- Select the health plan you are inquiring about:
 - #3 Optima Health, formerly Virginia Premier (Group Number NP), then follow prompts to reach department
 - # 4 Optima Health, then follow prompts to reach department

Until further notice some departments can still be reached through the numbers you've dialed historically.

- Group Number: VP
 - Transportation 1-855-880-3480
 - Pharmacist Help Desk (including pre-authorization) 1-877-779-2890
 - Care Coordination 1-800-727-7536
 - Provider Service Representative: **contactmyrep@virginiapremier.com**
- Optima Health
 - Transportation 1-877-892-3986
 - Pharmacist Help Desk 1-844-604-9165
 - Care Coordination 1-866-546-7924
 - Network Educator (product and service updates, escalations) 1-877-865-9075, Option #2

Additional phone numbers

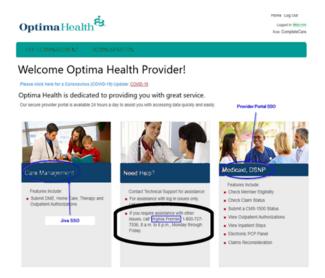


Portal Access

Group Number: VP

You will continue to be able to access the Virginia Premier **provider portal** as you do today. The portal will be rebranded to Optima Health. Kaiser information will remain accessible.

- The provider portal will remain available to verify eligibility, submit claims and claim reconsiderations, and review claims and claim reconsideration history.
- The welcome page will be rebranded as Optima Health for Group Number: VP (formerly the Virginia Premier Medicaid Plans).



Optima Health

Your Jiva experience through Optima Health will be slightly different in appearance and workflow.

Learn more

Registration for Provider Connection, the Optima Health secure online provider portal, is required.

How to Register Job Aid

Register Now

Conducting Business with Optima Health Group Number VP Beginning July 1

Group Number: VP

Clinical Guidelines: The clinical guidelines for Group Number: VP will not change to align to Optima Health at this time. While we are integrating, we are reviewing these policies to ensure we are taking the best steps for members and providers. During this period, providers will continue to operate under the prior standards of each plan unless otherwise notified.

Viewing 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

Timely Filing: Please refer to your contract for your Practices Timely Filing Requirements. You have 365 days from the date of service to submit any corrections, reconsiderations, and/or appeals.

- Turnaround time for clean (correctly submitted) claims:
 - Auto Adjudication 6 days
 - Manual Adjudication 19 days

Appeals – May be submitted in writing within 365 days from the date of service for claims appeals. 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
Grievance Email: complaints@sentara.com

Phone: 1-844-434-2914 Fax: 1-866-472-3920

Member Operations: 1-800-881-2166

Authorizations:

- **Existing Authorizations:** Providers will experience no changes to authorizations that are approved and in progress, until further notice. The systems and guidelines supporting the authorizations for Group: VP will remain the same. 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.

Joining the Network: New groups joining the network will join under Optima Health.

If you are interested in joining the LTSS network, please contact Centipede for additional information.

To Join Our LTSS Network

CENTIPEDE Health Network

Phone: 1-855-359-5391 Fax: 1-866-421-4135

Email: joincentipede@heops.com

CENTIPEDE Credentialing CENTIPEDE Health P.O. Box 291707 Nashville, TN 37229 **Facility and Ancillary Providers:** Contact Network Management at 1-877-865-9075 to inquire about the contracting process.

To add a new provider to a practice, please submit a Provider Update Form. Please review the provider credentialing requirements prior to completing your submission.

Provider Manual

Payer ID: VAPRM (all claims)

Conducting Business with Optima Health Beginning July 1

- Doing Business with Us Quick Start
- Doing Business With Optima Health Guide
- Provider Manuals

Claims Submission:

Electronic – We accept claims through any clearing house that can connect through Payerpath/Allscripts or Availbility.

- Mail Paper Claims to:
 - Medical Claims: PO Box 5028, Troy MI 48007-5028
 - Behavioral Health Claims: PO Box 1440, Troy MI 48099-1440
- Payer IDs:
 - 54154 Professional/Medical
 - o 5415M Professional/Behavioral Health
 - 00453 Institutional

Timely Filing:

- 365 days from the service date for all claims -this includes any corrections, reconsiderations, and/or appeals.
- turnaround time for clean (correctly submitted) claims:
 - Auto Adjudication 14 days
 - Manual Adjudication 25 days

Reading an Optima Health Remit

View Claim Status and Submit Reconsideration Online

Appeals may be submitted in writing within 365 days from the date of service for claims appeals. 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.

Sentara Brand Evolution



We are introducing our new name, Sentara Health, which reflects our enhanced focus on promoting the overall health and well-being of our consumers—our patients, members, and communities—who are at the center of everything we do. It also represents our deepening alignment between our healthcare services and health plans. We are practicing the future of healthcare today by providing healthcare that is simple, seamless, personal, and more affordable.

By the end of this year, we will retire the Optima Health and Virginia Premier brands unifying them under Sentara Health Plans. This change shows our steadfast commitment to our members and the communities we serve. The new brand identity is a representation of our growth and our promise to continue innovating and adapting in the ever-changing healthcare industry.

We will continue to go by the name people call us, Sentara, a name and brand our consumers trust.

While our brand is evolving, our mission remains the same: We Improve Health Every Day.