Optima Health

providerNEWS
Winter 2022

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.

Free Stress Management Resource Available to Healthcare Providers

We know medical professionals face daily occupational stressors, recognized for quite some time and exacerbated in the past year and a half by the pandemic. Sentara Healthcare is committed to helping our community physicians and providers with positive solutions to improve emotional wellbeing.

Sentara is excited to announce an investment in mental health and well-being for all physicians, nurse practitioners (NPs), and physician associates (PAs) within our communities, regardless of their affiliation with Sentara. In partnership with meQuilibrium (meQ), Sentara is offering personalized mental and emotional health resources for one full year to up to 40,000 medical professionals practicing in North Carolina or Virginia with an active National Provider Identifier (NPI).

As a community healthcare provider who has been working tirelessly throughout this pandemic, we invite you to sign up for meQ and create your own user profile. This application is designed to help build mental and emotional resilience to face each day with confidence. The app serves as a 24/7 stress and life coach in your pocket. meQ is the only clinically validated resilience platform leveraging behavioral psychology, neuroscience, and analytics to deliver transformative insights that change lives. **And because of Sentara's investment, it is being offered to you free of charge for one year (12 months).**

You can sign up and create your meQ account here: www.getmeq.com/Sentara. Once using the meQ app, if you have any questions, please reach out to the meQ help desk at support@mequilibrium.com.

When you enroll and set up your profile, you'll also get your own highly personalized action plan designed to help you feel more in control, think clearly, and act with confidence.

Who is eligible?

- Any healthcare provider with an active NPI in Virginia or North Carolina. This includes MDs, NPs, and PAs.
- Registration is limited to the first 40,000 community healthcare providers to sign up. Once enrolled, you will have free access to all of meQ's services for one full year.

How do I sign up?

Create a FREE meQ account by visiting www.getmeq.com/Sentara. A valid email address and NPI number is required.

Optima Health News

COVID-19 Coverage Extension Update

Optima Health has updated our robust list of COVID-19 provider frequently asked questions (FAQs). To help alleviate the challenges facing healthcare providers, we are temporarily relaxing certain authorization requirements from **January 12, 2022 through February 28, 2022**. Flexibilities for telehealth services have also been extended until **February 28, 2022**. We will notify you of any extensions. In addition, we updated our COVID-19 Vaccine Guidance to add details about boosters and additional doses for the immunocompromised.

Beginning January 15, 2022, Optima Health expanded coverage for certain over-the-counter COVID-19 diagnostic tests for commercial group and Individual & Family Plan members. Providers do not need to take any action. Please refer members to the Optima Health website for more information, including eligible plans and details for Medicare and Medicaid members.

Continue reminding members and their loved ones that there are many reasons to get vaccinated, such as protecting themselves and their families and friends. If you have questions about the vaccine, please view our vaccine guidance page. If you have any additional questions, please contact your Optima Health Network Educator.

Clinical Documentation Platform Migration Delayed to 2022

Optima Health has delayed a planned migration from our current clinical documentation platform, Symphony, originally scheduled for go-live on December 6, 2021. We notified providers via an email alert distributed on December 3.

We will begin the migration to our new system, JIVA by ZeOmega, in the second quarter of 2022. We will contact you with further information when available. If you have questions, please contact your Network Educator at 1-877-865-9075, option 2.

We appreciate your partnership and look forward to continuing to work together to improve health every day.

Optima Medicare Advantage/Optima Dual-Eligible Special Needs Plan (D-SNP) Contract Update

The following language is added to all compensation addenda/exhibits impacting the Medicare Advantage line of business. In the event that similar language already exists in a particular compensation addendum/exhibit, such language is replaced by this language.

Except as otherwise stated in this addendum/exhibit, any reimbursement terms in this addendum/exhibit that are identified as based on Medicare rates, pricing, fee schedules, or payment methodologies or policies published or established by the Centers for Medicare and Medicaid Services (CMS), shall refer to the per claims payment amounts that CMS and a Medicare beneficiary would pay directly to Provider for the same items or services under fee-for-service Medicare.

Unless SHP notifies Provider otherwise, in the event CMS changes such Medicare payment to Provider due to a CMS directive, Act of Congress, Executive Order, or Regulatory Requirement, the amount payable by SHP to Provider will automatically be changed as soon as reasonably possible.

Additionally, in the case of Medicare Advantage, where CMS and/or Congress implement a global percentage reduction in payment to Medicare Advantage Plans, SHP shall accordingly reduce payment to Provider hereunder consistent with such percentage reductions in payments to Medicare Advantage Plans.

Vaccine Coverage for Members

With COVID-19 rates on the rise, it is especially important for members to be vaccinated this winter. Please encourage your patients to protect themselves and their loved ones by getting all recommended immunizations.

As a reminder, high-dose and FluMist® influenza vaccines are not covered for all ages. Adjuvant influenza vaccines are not covered for members ages 64 and younger.

The COVID-19 vaccine is now approved for everyone, ages five and older. Boosters are recommended for everyone ages 12 and older.

DMAS Announces April Launch for PRSS System

The Virginia Medicaid agency will launch a new technology platform in April 2022. Providers credentialed in one or more managed care organizations (MCOs) will use the new Provider Services Solution (PRSS) to complete enrollment and maintenance processes. This change is part of the Medicaid Enterprise System (MES) project.

PRSS will be more efficient and make it easier for you to access information you need as a Medicaid provider. You will be able to update licenses and certifications and submit required attachments through the secure portal. You will also be able to request participation with MCO health plans during the enrollment/revalidation process through the portal. The new system will also allow Virginia to comply with federal requirements for the 21st Century Cures Act.

We need your help to ensure that this transition is a success. If you need to enroll through PRSS, we will let you know, and we will send you a schedule in the coming months telling you when to take this action. The Virginia Medicaid agency is working with us to schedule enrollments for our providers beginning in the summer of 2022 to ensure an efficient process.

If you participate in more than one MCO network, you will receive information and instructions from each managed care health plan. If you serve Medicaid fee-for-service members, you will also receive information directly from the Virginia Department of Medical Assistance Services (DMAS).

Next Steps

Please watch for updates on the PRSS system. We will share more information in the coming months, and we will ask you to take the following actions:

- **January 2022**: Access training videos and other resources.
- **March 2022**: Providers with active credentials in the current Medicaid Provider Portal will receive new MES credentials via email. The Virginia Medicaid agency will ask you to confirm that you are able to use your new credentials to access the MES login page and that you can locate the PRSS Portal on the MES website. You will receive instructions at this time on how to assign other users to work on your behalf in PRSS through the delegate assignment process.

We will keep you informed as the project progresses so that you have plenty of time to take training, ask questions, and get responses to your questions. You can also contact your Optima Health Network Educator at 1-877-865-9075, option 2.

Services Facilitation Authorization Changes

Optima Health wants to make you aware of upcoming changes to the authorization process for a variety of services. These services include:

- H2000- Initial Comprehensive Visit
- S5109- SF Consumer Training Visit
- 99509- Routine Visit
- T1028- Service Facilitation Reassessment
- TS5116- SF Management Training Hours

The table, located in the Service Facilitation Authorization Changes document, lists the service, the authorization process, and the new process effective February 2, 2022. Where applicable, changes are indicated in red. If you need to request an authorization, please call 757-552-8370 or 1-844-512-3172 (toll-free), option 5. Contact the care coordination line, 1-866-546-7924, or member services, 1-877-552-7401, to inquire about any needs for the member, including contacting their assigned care coordinator.

Optima Health values your help in providing long-term support services to our members. Member care is a top priority, and your partnership is critical. If you have additional questions, contact your assigned Network Educator, 1-877-865-9075, option 2.

Authorizations and Medical Policies

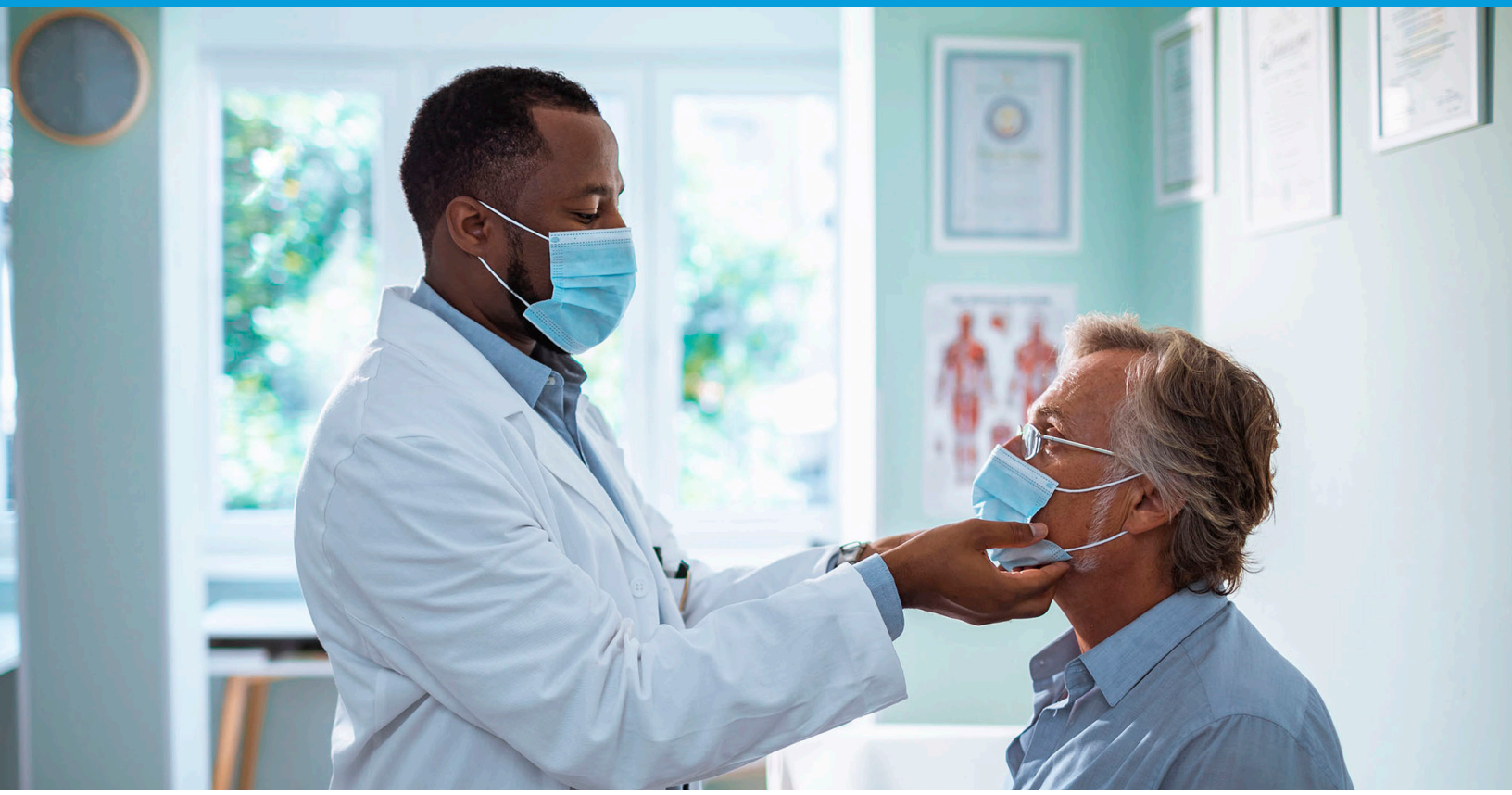
Project Bravo Phase II: New Behavioral Health Services Launched December 1

Effective December 1, 2021, the Department of Medical Assistance Services (DMAS) now offers seven new behavioral health services including:

- Multi-Systemic Therapy (MST)
- Functional Family Therapy (FFT)
- Mobile Crisis Response
- Community Stabilization
- 23-Hour Crisis Stabilization
- Residential Crisis Stabilization Unit (RCSU)
- Applied Behavior Analysis (ABA)

Visit our website to learn about these new services and how they are administered, including licensing requirements, billing codes, and service authorizations. Finally, your Behavioral Health Contract Manager is also available to answer your contract or provider network related questions.

- Hampton Roads: Janaki Smith, JXSMITH@sentara.com, 757-805-1815 (mobile)
- Central: Chris Hamilton, CSHAMIL1@sentara.com, 804-510-7407
- Western: Randy Hoffman, RCHOFFMA@sentara.com, 540-560-5219



Time to Prepare for HEDIS Medical Record Review

Each year, Optima Health performs a review of a sample of our members' medical records as part of the Healthcare Effectiveness Data and Information Set (HEDIS®) quality review study. HEDIS is part of a nationally recognized quality improvement (QI) initiative and is used by the Centers for Medicare and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and several states to monitor the performance of managed care organizations.

We will begin requesting 2021 medical records in February 2022. No special authorization is needed for you to share member medical record information with us, since HEDIS is a QI initiative and is a routine part of healthcare operations.

The HEDIS review is time sensitive, so please submit the requested medical records within the timeframe indicated in the initial HEDIS request letter sent to your office. Per NCQA's timeline, the data submission deadline for all HEDIS Data Collection is May 6, 2022.

Please contact the Optima Health Quality Improvement Office at 757-252-8400 or toll-free at 1-844-620-1015 if you have any questions. We greatly appreciate your continued participation in providing high-quality care to Optima Health members.

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

Medical Record Documentation Standards

- A current active problem list must be maintained for each member. It should be legible and updated as appropriate. Significant illnesses and chronic medical conditions must be documented on the problem list. If there are no significant problems identified, indicate in the progress notes that the member is a well child/adult.
- Allergies and adverse reactions must be prominently displayed. If the member has no known allergies (NKA) or history of adverse reactions, ensure this is appropriately noted in the record. A sticker or stamp noting allergies/NKA on the cover of the medical record is acceptable.
- Past medical history (for patients seen three or more times) must be easily identified; include family history, serious accidents, operations, and illnesses. For children and adolescents (18 years and younger), past medical history relates to prenatal care, birth, operations, immunizations, and childhood illnesses.
- Record prescribed medications, including dosages and dates of initial or refill prescriptions.
- Each page of the medical record contains patient name or identification (ID) number. All entries are dated.
- Working diagnoses and treatment plans are consistent with medical findings. Appropriate plans of action/treatment are consistent with diagnosis.
- All requested consults must have return reports from the requesting consultant or documentation of a follow-up phone call must be noted by the primary care physician (PCP) in the progress note. Any further follow-up needed or altered treatment plans should be noted in progress notes. Consults filed in the chart must be initialed by the PCP to signify review. Consults submitted electronically need to show representation of PCP review.
- Continuity and coordination of care between PCP and specialty physicians/provider sites (hospitals, home health, skilled nursing facilities, and free-standing surgical centers) must be documented when applicable.

- There should be documentation present in the records of all adult patients (emancipated minors included) that advance care planning/advance directives have been discussed. If the patient does have an advance directive, note it in the medical record. A copy of the advance directive should be present in the record.
- Confidentiality of clinical information relevant to the patient under review is contained in the record or in a secure computer system, stored and accessible in a non-public area, and available upon identification by an approved person. All office staff must follow Health Insurance Portability and Accountability Act (HIPAA) privacy practices.
- An assessment of smoking, alcohol, or substance abuse should be documented in the record for patients 12 and older. Referrals to a behavioral health specialist should be documented as appropriate.
- Records should indicate preventive screening services are offered in accordance with Optima Health Preventive Health Guidelines. This should be documented in the progress notes for adults 21 and older.

American Cancer Society Recommendations for Cervical Cancer Screening

The American Cancer Society (ACS) recommends that people with a cervix get primary human papillomavirus (HPV) testing every five years (ages 25 through 65):

- a co-test every five years that combines a (HPV) test with a pap test, **OR**
- a pap test alone every three years.

For people older than age 65, with a cervix, it is recommended that they stop being screened if they've had:

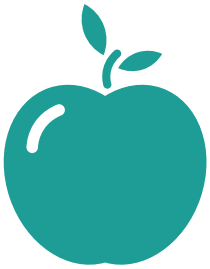
- no history of cervical intraepithelial neoplasia grade two or a more severe diagnosis within the past 25 years, **AND**
- 10 years of regular screening with normal results.

Benefits coverage may vary by plan. Please contact the Optima Health Quality Improvement Office at 757-252-8400 or toll-free at 1-844-620-1015 if you have any questions. We greatly appreciate your continued participation in providing high-quality care to Optima Health members.

Source: Based off the American Cancer Society, 2020. Recommendations for Cervical Cancer Screening

Quality Improvement

Utilize Wellness Visits Early on to Improve Member Engagement



At the start of a new year, it is important to maintain continuity of care for all patients. From a Medicare perspective, prioritize getting your patients in early for their Annual Wellness Visits (AWV) and "Welcome to Medicare" initial preventive visits. The value of these visits extends beyond what occurs in the actual appointment.

Scheduling these visits early in the year promotes early and regular intervention with the member. In turn, this leads to improved quality outcomes, greater member engagement, and improved rapport between the provider and patient. Additionally, increased member engagement can lead to positive responses on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey and the Health Outcomes Survey (HOS) and reduced time in the hospital and outpatient services.

Optima Medicare pays for a routine annual physical to occur at the same time as an AWV or an Initial Preventive Physical Exam (IPPE). Routine physical exam costs will be covered by the health plan. Below we have highlighted some key points to guide these exams.

Note: Members can receive rewards of up to a $25 value for completing their AWV and annual physical exam. The AWV or IPPE and annual physical exam can be completed in the same visit.

"Welcome to Medicare" Initial Preventive Visit (IPPE)[1]	Annual Wellness Visit[1]	Routine Annual Physical Exam[1]
Purpose: Review of medical and social history and preventive services education **Population:** Patients who are new to Medicare **Coverage:** Only once in a lifetime within 12 months of Part B enrollment	**Purpose:** A visit to create and update a personalized prevention plan and perform a Health Risk Assessment (HRA) **Population:** Patients new to or continuing their health plan **Coverage**: Once every 12 months (must be 12 months after the IPPE)	**Purpose**: A routine exam performed to review a patient's overall health; no relationship to the treatment or diagnosis for a specific illness, symptom, or injury **Coverage**: Annual physicals are covered by Optima Medicare

[1] Centers for Medicare and Medicaid Services. (2021, February). Medicare Wellness Visits. Medicare Wellness Visits - Medicare Learning Network. Retrieved December 1, 2021, from www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html.

"Welcome to Medicare" Initial Preventive Visit (IPPE)[1]	Annual Wellness Visit[1]	Routine Annual Physical Exam[1]
Components: **1.** review past medical and surgical history **2.** list current medications and supplements **3.** review diet **4.** discuss physical activities **5.** document history of substance use (alcohol, tobacco, and illegal drug use) and screen for potential substance use disorders **6.** screen for potential depression risk factors (including current or past) **7.** assess functional/ safety abilities **8.** conduct exam: height, weight, body mass index (BMI), blood pressure (BP), visual acuity screen **9.** discuss end-of-life planning **10.** provide education and reference to preventive services: a once-in-a-lifetime screening ECG/EKG as appropriate **11.** review opioid prescriptions **Codes**: Preventive Visit = G0402; ECG = G0403, G0404, G0405	**Components:** **1.** perform an HRA (only for the patient's first AWV after IPPE)* **2.** establish family medical history **3.** create list of current providers **4.** measure BMI and BP **5.** assess cognitive function **6.** screen for potential depression risk factors **7.** assess functional/ safety abilities **8.** establish screening schedule for patient **9.** develop list of patient risk factors **10.** discuss end-of-life planning **11.** provide education and reference to preventive services **12.** review opioid prescriptions **13.** screen for potential substance use disorders **Codes**: G0438, G0439 *Optima Health performs HRAs for our members.	**Components:** **1.** review past medical and surgical history **2.** list current medications and supplements **3.** assess patient vital signs (heart rate, blood pressure, body temperature, body oxygen levels, respiration rate, etc.) **4.** conduct blood test **5.** perform visual exam **6.** complete physical exam **7.** provide cancer screening **Codes**: 99387, 99397

[1] Centers for Medicare and Medicaid Services. (2021, February). Medicare Wellness Visits. Medicare Wellness Visits - Medicare Learning Network. Retrieved December 1, 2021, from www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html.

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, option #2
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 within 60 days, 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 now update their information electronically using our Provider Update Form. Please note that, **effective November 1, 2021**, we discontinued accepting and processing Provider Update Forms that have not been submitted online. Please notify the appropriate individuals in your practice of this information.

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