



Provider Alert

Urgent Provider News



December 1, 2023

Dear Provider,

This week, we are sharing the following provider updates — see below to learn more.

- [Payment and Reimbursement Policy Updates](#)
- [Optima Health Vendor Partnerships](#)
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- [Reminder: Medicaid Authorizations Update](#)
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Payment and Reimbursement Policy Updates

We are implementing changes to payment and reimbursement policies, effective **February 1, 2024**. Please review the changes below and share with your team as needed.

National Drug Codes

Optima Health, soon to be known as Sentara Health Plans, requires the reporting of a valid National Drug Code (NDC) on any drug charges in accordance with the Food and Drug Administration's (FDA) NDC directory. This will be enforced on February 1, 2024, and claims with a drug charge will be denied if received without an NDC, an invalid NDC, or mismatched NDC number. Applicable to Virginia Premier Medicare and Medicaid and Optima Health Medicare lines of business.

Optima Health Vendor Partnerships

Optima Health partners with vendors to manage select services. We encourage you to review the details about each program on our [website](#), particularly those that will impact

your prior authorization workflow to ensure members do not experience delays in receiving the care they need, when they need it.

AccordantCare

The AccordantCare program is designed to help members find the answers and support needed to manage their healthcare needs and maximize their overall health status.

Avalon

Avalon provides Routine Testing Management (RTM) services. RTM, an automated review of high-volume, low-cost laboratory tests, provides consistent application of laboratory policies while remaining provider and member friendly.

CareCentrix

- Home Infusion Therapy - CareCentrix manages post-acute care services for our commercial members in Virginia.
- Home Sleep Testing (HST) - CareCentrix manages sleep testing services to our Medicare, Medicaid, and Dual Eligible Specials Needs Plan (D-SNP) members.

Carelon

- Medical Oncology: Carelon manages the Optima Health Oncology Program. This is a utilization management program that requires providers to request prior authorization for therapeutic and supportive medical oncology drugs.
- Radiation Oncology: Carelon Medical Benefits Management recognizes the key role that radiation oncology practices play in the delivery of care for patients with cancer.

National Imaging Associates (NIA)

NIA provides a Medical Specialty Solutions program for imaging and cardiac services. Services include prior authorization of nonemergent, advanced outpatient imaging, and some cardiac services.

Modivcare

Modivcare, our new transportation vendor, administers the non-emergency transportation benefit for Medicaid and Medicare members effective January 1, 2024.

Performant

Performant offers audit and payment integrity services to payers of healthcare claims, according to industry standards. Services include identification and resolution of underpayments and overpayments resulting from erroneous claims submissions or payments.

Authorization Requirement Update

We previously announced positive and/or lateral prior authorization updates that will become effective on January 1, 2024. The authorization requirements for the **2023 Hearing HCPCS and CPT Codes V5008 – V5275** and **92590-92593** were listed incorrectly. This information has been corrected and is now available for review on optimahealth.com.

Reminder: Medicaid Authorizations Update

We are updating Provider Connection, our secure portal, which will temporarily suspend the ability to create/view authorizations for the Medicaid line of business. Providers may continue to fax in authorization requests per normal process.

Between December 1 - December 15:

- Please fax Medicaid authorization requests for DOS January 1, 2024 and beyond using the authorization request forms published on the website for Group Number VP or Optima Health Medicaid members.
- Normal portal functionality will resume on December 16, 2023.

Call provider services at 1-800-881-2166 for urgent authorization statuses.

Elective Authorization Requests for Hysterectomies – Medicaid

In alignment with DMAS medical necessity criteria and compliance with federal statute 42 CFR 441 Subpart F, effective February 1, 2024, Optima Health will require the DMAS-3005 form be submitted with elective pre-authorization requests for hysterectomies.

We ask that the providers send in the signed DMAS-3005 with supporting clinical documentation to receive a determination. Failure to submit the appropriate paperwork may result in a denial of the requested service.

Authorizations Temporarily Not Viewable: Date Span Extended

Last month, we notified you about the system conversion for our Medicaid line of business. The date span has been extended. Authorization requests submitted between November 22 to December 14, 2023, may not show in the provider portal, but this does not indicate that the plan has not received or reviewed them.

We will continue to fax and mail determination letters to providers and members within our standard processing timeframe. We will continue to respond to urgent authorizations by fax. Outpatient providers will be required to bill span dates crossing over January 1, 2024 separately, with service dates prior to January 1, 2024 billed distinctly from those following January 1.

- Providers should search by member versus authorization number.
- After January 1, 2024, providers will be able to view authorizations online through the legacy Optima Health portal, Provider Connection.
- Continue to submit authorization requests via the existing process.
- There will not be any disruption to our members' care and claims will still be processed accordingly.
- Please call provider services at 1-800-881-2166 if you have questions or need an immediate update on your request.

Sincerely,

Your Optima Health Team