

Optima Health Direct Network Plans

Information for Providers

Frequently Asked Questions

1. What is the Optima Health Direct network?

Optima Health Direct network plans include the full Optima Health network of over 26,000 physicians and facilities, in a two-tier structure. Patients can save money when they utilize services from a Tier 1 provider. OptimaDirect® employer group plans and OptimaFit® Direct Individual & Family Plans (Individual Product) are available everywhere Optima Health sells its plans.

2. How does this differ from the Direct network you launched a few years ago?

The Direct network plans we launched in 2015 were available as an option only to Richmond-area residents and businesses, whereas the 2019 Direct network is available throughout our entire service area. The Direct network plans are the main product offered to our Individual Product members and our Small Groups (1–50 total employees). Direct network plans are optional for our Mid-Market and Large Commercial Groups, as well as all self-funded groups. The Direct network is not available to Optima Health Medicaid or Medicare plans.

We also made a few changes to the network structure for 2019:

Market Segment	Tier 1	Tier 2
Individual Product members	All participating Optima Health providers not in Tier 2	Virginia Commonwealth University and Mary Washington
Commercial Employer Groups	All participating Optima Health providers not in Tier 2	University of Virginia and Mary Washington

3. How will I know if my patient is enrolled in an Optima Health Direct network plan?


The plan name and network will be clearly marked on the front of the member ID card.

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Individual Product member ID card sample:



INDIVIDUAL PRODUCT

OPTIMAFITXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX35XXXXXXXXXXXX47
 PLANNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX35XXXXXXXXXXXX47


Member Name: John X Doe
 Member Number: 9999999*99
 Group Number: 999999
 Effective Date: 99-99-99 **Network: DIRECT**

Tier1			Tier2		
Coins:99/99%	UCC:\$99	DX2:\$999	Coins:99/99%	UCC:\$99	DX2:\$999
OV:\$99	ED:\$999	OP:\$999	OV:\$99	ED:\$999	OP:\$999
SOV:\$99	DX1:\$999	IP:\$999	SOV:\$99	DX1:\$999	IP:\$999

RxDed RX
 FFM \$999 99/99/99/99

Detailed benefit information is available at optimahealth.com

Employer Group member ID card sample:



ABC COMPANY
EQUITY VANTAGE

Member Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX26
 Member Number: XXXXXXXX10
 Group Number: XXXXX6
 Effective Date: XX-XX-XX **Network: DIRECT**

Tier1	Tier2
*Ded: \$9999	*Ded: NA
Coins: 99%	Coins: 99%

**This plan includes preventive care benefits not subject to the deductible.
 Please refer to your plan documents for details*

RX^{AD}
 99/99/99/99

Detailed benefit information is available at optimahealth.com

4. Is there a cost difference between the Tier 1 and Tier 2?

Yes. Members are able to maximize cost savings when they seek services from Tier 1 physicians and facilities.

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5. Are all benefits and services tiered?

No. Only the following benefits are tiered on OptimaDirect and OptimaFit Direct plans:

- PCP Office Visit
- Specialist Office Visit
- Outpatient Rehabilitative Services
- Outpatient Habilitative Services (QHP¹ plans only)
- Other Outpatient Therapies (Chemo/Radiation/IV/Inhalation)
- Outpatient Surgery
- Outpatient Diagnostics Procedures, Test, and Lab Work
- Advanced Imaging and Testing Procedures
- Maternity Care
- Inpatient Care
- Mental/Behavioral Health and Substance Use Inpatient Care
- Mental/Behavioral Health and Substance Use Outpatient Care
- Reconstructive Breast Surgery (QHP plans only)
- Allergy Care, Testing, and Serum (QHP plans only)

6. How can I determine my patient's cost share?

The member ID card shows the Tier 1 and Tier 2 cost share for some specific benefits. Since all plan benefits are not tiered, you should confirm your patient's cost share by viewing his or her benefits online at [optimahealth.com/providers](https://www.optimahealth.com/providers).

7. How do I know what providers are in the OptimaDirect or OptimaFit Direct network?

For the most up-to-date listing, please visit our Optima Health Provider website at: <https://www.optimahealth.com/provider/>.

Our OptimaFit Direct Individual Product network includes:

- Tier 1: All participating Optima Health providers except those listed in Tier 2
- Tier 2: Virginia Commonwealth University and Mary Washington Healthcare doctors and facilities

Our OptimaDirect Employer-Sponsored Plan network includes:

- Tier 1: All participating Optima Health providers except those listed in Tier 2
- Tier 2: University of Virginia Health System and Mary Washington Healthcare doctors and facilities

¹ QHP plans are Qualified Health Plans certified by the Health Insurance Marketplace that provide essential health benefits, follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meet other requirements under the Affordable Care Act. QHP applies only to Individual & Family Plans and Small Group Plans (1-50 total employees).

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8. How do I determine a patient's eligibility?

A member's eligibility status may change, so member coverage should be verified at the time of service. Optima Health will verify coverage based on the most current data available from the employer/payer. Retroactive changes can alter the member's status, therefore; verification of eligibility is not a guarantee of payment. Optima Health provides three ways to verify member eligibility:

- Provider Connection on optimahealth.com/provider – available 24 hours a day
- Interactive Voice Response (IVR) System – available 24 hours a day
- Speak with a Provider Service Representative at 1-800-229-8822, M-F from 8:00 a.m. to 5:00 p.m. ET