



# INTRODUCING



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**MEDALLION 4.0**

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*Growing Strong*



**Todd Clark**  
**Manager, Member & Provider**  
**Solutions**  
**Department of Medical Assistance**  
**Services**

# Today's Health Plan Presenters

- **Aetna Better Health of Virginia**
- **Anthem HealthKeepers Plus**
- **Magellan Complete Care**
- **Optima Health Family Care**
- **UnitedHealthcare Community Plan**
- **Virginia Premier**

# Agenda

- ❑ Background
- ❑ Vision
- ❑ Launch
- ❑ Populations
- ❑ Services
- ❑ Medallion 4.0 Health Plans
- ❑ Medallion 4.0 Enrollment
- ❑ Medicaid Expansion
- ❑ Health Plan Presentations

# Medallion 4.0

- Medallion 4.0 is a program that will cover the basic Medallion 3.0 and FAMIS populations. The Medallion program began in 1996. This will be the 3<sup>rd</sup> iteration of the Medallion program.
- Will cover approximately 740,000 Medicaid and FAMIS members effective August 1, 2018. Members will have a choice of **six (6)** plans in each region
- New carved in populations and services:
  - Early Intervention (EI) Services
  - Third Party Liability (TPL)
  - Community Mental Health and Rehabilitation Services (CMHRS)
- One Medallion /FAMIS contract

# Keeping the Best of Medallion

- High program acceptance
- Quality programs
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - National Committee for Quality Assurance (NCQA) Accredited
  - Agency-wide quality strategy
- Expansive Networks
- Adequate Rates
- Addiction and Recovery Treatment Services (ARTS)
- Foster Care and Adoption Assistance
- Telehealth
- Compliance and Technical Manual
- Program Integrity



**Growing Strong**

# Evolution of Managed Care

## Adding More

- Six Plans with Statewide Coverage
- Expands
  - Care Coordination Programs
  - Telehealth and Telemedicine
  - Focus on Pregnant Women and Oral Health
  - Stakeholder Engagement
- Social Determinants of Health
- Use of Social Media
- Trauma Informed Care
- Address Nutritional Insufficiency
- Increase Focus on Network Adequacy
- Collaboration and Joint Projects Across Sister Agencies
- Common Core Formulary





# Managed Care Alignment

Medallion 4.0 and CCC Plus managed care programs are aligned in many ways

- ✓ Regions
- ✓ Services (where possible)
- ✓ Integrated behavioral health models
- ✓ Common core formulary
- ✓ Care management
- ✓ Provider and member engagement
- ✓ Innovation in managed care practices including Value-Based Purchasing
- ✓ Quality, data and outcomes
- ✓ Strong compliance and reporting
- ✓ Streamlined processes and shared services

# Medallion 4.0 Advantages

- Focuses on **quality of care** for individuals
- Offers a network of **high quality providers**
- Health plans offer **enhanced benefits**
- Health plans provide **comprehensive** health coverage and will focus on **prevention**

# Population by Region

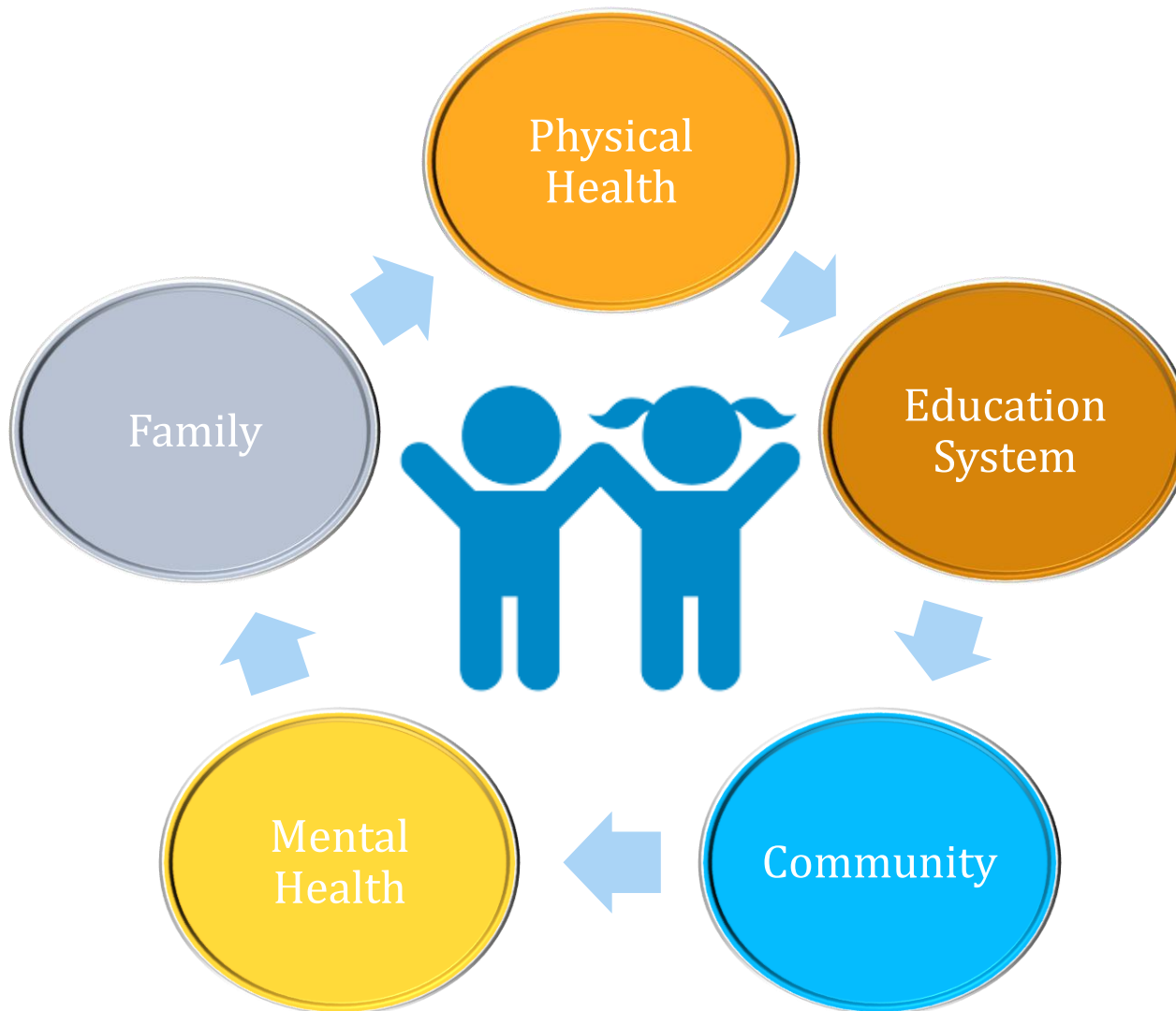
Anticipated Launch Date	Region of Virginia	Regional Launch Population
August 1, 2018	Tidewater	161,421
September 1, 2018	Central	189,438
October 1, 2018	Northern/Winchester	178,416
November 1, 2018	Charlottesville/Western	88,486
December 1, 2018	Roanoke/Alleghany	72,827
December 1, 2018	Southwest	46,558
<b>Total</b>		<b>737,146</b>





# Population Focus

# Treating the Whole Member



# A Holistic Approach to Treatment

- Well Check-ups
  - Vision
  - Dental
  - Hearing
- Increasing primary care visits
- Community Mental Health and Rehabilitation Services (CHRMS)
- Prevent and/or reduce obesity, asthma, and other chronic conditions

# Population Focus



- Pregnant Women
  - Infants
  - Children/Teens
  - Adults
- Foster Care & Adoption Assistance



# Pregnant Women



- ✓ Expanded Case Management
- ✓ Lower C-Section Rate
- ✓ Increase Family Planning
- ✓ Maternity kick payments—  
separate payment for actual  
delivery
- ✓ Opioid treatment through the  
Addiction and Recovery  
Treatment Services (ARTS)  
program
- ✓ Targeted Maternal Child Health  
(MCH) special projects

# Infants

- ✓ Newborn Enrollment
- ✓ Promote Safe Sleep initiatives
- ✓ Increase Fluoride Varnish
- ✓ Decrease Neonatal Abstinence Syndrome (NAS) Babies and Substance-Exposed Infants (SEI)
- ✓ Cover Early Intervention (EI) services



# Children



- Increase
  - ✓ Oral Health Utilization
  - ✓ Vision Screenings
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Community Mental Health and Rehabilitation Services (CMHRS)
- Prevent and/or reduce obesity, asthma, and other chronic conditions

# Teens



- ✓ Increase Well Visits
- ✓ Increase:
  - ✓ Oral Health Utilization
  - ✓ Vision Screenings
- ✓ Expanded Vision Care and Access
- ✓ Focus on Messaging to Adolescents

# Foster Care & Adoption Assistance



- ✓ Trauma Informed Care and Resilience
- ✓ Enrolling eligible members in Fostering Futures and Former Foster Care
- ✓ Focus on Transition to Adulthood
- ✓ Collaboration with local Department of Social Services
- ✓ Supporting Foster Care and Adoptive Parents
- ✓ Seamless transitioning of children to new status

# Adults



- ✓ Wellness and Prevention
- ✓ Expanded Chronic Case Management and Disease Management
- ✓ Enhanced Services
- ✓ Behavioral Health
- ✓ Family Planning
- ✓ Social Determinants of Health
- ✓ Decrease Emergency Department Use

# Populations Currently Excluded from Medallion 4.0

- ✓ Home and Community-Based Waiver Services
- ✓ Plan First
- ✓ Inpatient Mental Health in State Psychiatric Hospital
- ✓ Hospice Enrollees
- ✓ Nursing Facility Members
- ✓ Newly eligible pregnant members in third trimester who request exemption
- ✓ Hospitalized at the time of scheduled enrollment

# Enrollee Protections


- During the **continuity of care** period of up to 30 days. MCOs have to allow members to use their existing providers while new providers are located.
- MCOs must go **out of network** to provide a service if they do not have a provider in their network that can provide a service




# Access to Care Standards



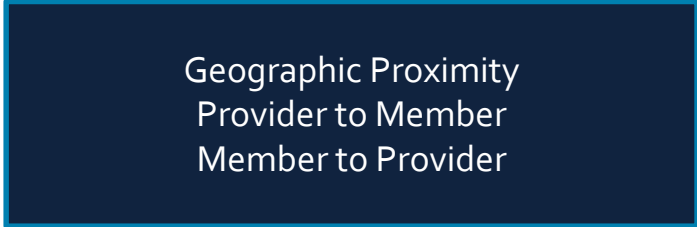
MCO Network  
Adequacy  
Dimensions



Staffing  
Number and mix of providers  
Hours of operation



Accommodations  
for physical disabilities  
Translation services



Geographic Proximity  
Provider to Member  
Member to Provider

# Carved Out Services

Services for Medallion 4.0 enrolled individuals that are paid for through fee-for-service

- ✓ School Health Services
- ✓ Dental Services
- ✓ Home and Community-Based Medicaid Waivers



# Community Mental Health Rehabilitation Services and Behavioral Therapy

# Community Mental Health Rehabilitation Services and Behavioral Therapy

- ✓ The CMHRS and Behavioral Therapy transition to Medallion 4.0 will occur in accordance with the regional implementation of the program, beginning August 1, 2018.
- ✓ Once CMHRS goes live in a region, providers should be billing the correct managed care plan for services.
- ✓ Medallion 4.0 CMHRS will mirror CCC Plus CMHRS.

# Medallion 4.0/ FAMIS MOMS CMHRS Services

CMHRS will be part of the Medallion 4.0 program beginning  
August 1, 2018

## SERVICES

**Intensive In Home (IIH)**  
**Therapeutic Day Treatment (TDT)**  
**MH Case Management**  
**MH Family Support Partners**  
**MH Peer Support Services**  
**Behavioral Therapy**  
**Day Treatment/Partial Hosp.**  
**Psychosocial Rehabilitation**  
**Intensive Community Treatment**  
**Mental Health Skill Building**  
**Crisis Intervention**  
**Crisis Stabilization**

No changes made to  
program regulations,  
medical necessity,  
criteria, procedure  
codes, unit values, etc.

Core Service  
Authorization processes  
will be standardized  
across health plans.

# Medallion 4.0 FAMIS CMHRS Services

CMHRS will be part of the Medallion 4.0 program beginning August 1, 2018

## SERVICES

**Intensive In Home (IIH)**  
**Therapeutic Day Treatment (TDT)**  
**MH Case Management**  
**MH Family Support Partners**  
**MH Peer Support Services**  
**Crisis Intervention**  
**Behavioral Therapy**

No changes made to program regulations, medical necessity, criteria, procedure codes, unit values, etc.

Core Service  
Authorization processes will be standardized across health plans.

# Residential Treatment Center (RTC) Services

## Fall 2019

- ✓ Effective Fall 2019 each MCO will cover Residential Treatment Services consisting of Psychiatric Residential Treatment Facility (PRTF) and Therapeutic Group Home Services (TGH) for Medallion 4.0 individuals.

# Treatment Foster Care – Case Management (TFC-CM) Services

Fall 2019

- ✓ Effective Fall 2019 each MCO will cover TFC-CM services for Medallion 4.0 individuals.





# Medallion 4.0 Health Plans

# Medallion 4.0 Health Plans

Same as CCC Plus

**aetna**<sup>®</sup>

Aetna Better Health<sup>®</sup> of Virginia



**Anthem. HealthKeepers Plus**  
Offered by HealthKeepers, Inc.

**Magellan**  
COMPLETE CARE<sup>®</sup>

**OptimaHealth**<sup>®</sup>  
Family Care

 **UnitedHealthcare**<sup>®</sup>  
Community Plan

 **VirginiaPremier**<sup>™</sup>  
Powered by **VCU Health**

# Health Plan Enhanced Benefits

- All six (6) health plans will offer enhanced benefits to members, including, but not limited to:
  - Adult dental
  - Vision for adults
  - Cell phone
  - Centering pregnancy program
  - GED for Foster Care
  - Sports physicals at no cost (under age 21)
  - Swimming lessons for members six (6) years and younger
  - Boys and Girls Club membership (6-18 years old)
  - Free meal delivery after inpatient hospital stays
- Note: Not all health plans will offer all of the same enhanced benefits.

# Credentialing and Contracting

- **Credentialing:** Providers who are already credentialed with a health plan do not have to re-credential for Medallion 4.0 UNLESS you add a new service
- **Contracting:** Providers who have contracts with a health plan MAY have to sign new contracts or update existing contracts to include the Medallion 4.0 program. You should contact your contracted health plans to confirm.



# Resources

# Transportation

Health Plan	Transportation Company	Reservation Line	Customer Service Line
<b>Aetna</b>	Logisticare	800-734-0430	800-734-0430
<b>Anthem</b>	Southeastrans	877-892-3988	877-892-3988
<b>Magellan</b>	Veyo	800-424-4518	800-424-4518
<b>Optima</b>	Southeastrans	877-892-3986	877-892-3986 (Option 1)
<b>UnitedHealth</b>	National Med Trans	833-215-3884	833-215-3885
<b>VA Premier</b>	VA Premier	800-727-7536	800-727-7536

# Education and Enrollment Broker

## Maximus

- Contracted by DMAS to assist members with health plan enrollment and provide objective information
- Changes health plan assignment based on member requests
- Submits exemption requests to DMAS for approval
- Assists members with health plan research
  - Locating providers
  - Explaining enhanced benefits
  - Prescription coverage

# Medallion 4.0 Enrollment

## Maximus

- Medallion 4.0 Helpline **1-800-643-2273**
- **Hours:**
  - Monday through Friday (8:30 am to 6:00 pm)
- Medallion 4.0 Enrollment Website:
  - [www.virginiamanagedcare.com](http://www.virginiamanagedcare.com)





# Eligibility

- You should check a member's eligibility before you render any service
- Eligibility can be checked in a number of ways:
  - By contacting the member's health plan
  - By contacting the managed care helpline at
    - 800-643-2273 (TTY: 800-817-6608)
  - By contacting the provider helpline at
    - 800-552-8627
  - By logging onto the Virginia Provider web portal at [www.viriniamedicaid.dmas.gov](http://www.viriniamedicaid.dmas.gov)

# Common Core Formulary (CCF) for Health Plans

- ❑ The CCF includes at a minimum all preferred drugs on Virginia Medicaid's FFS Preferred Drug List (PDL)
  - Plans can **add** brand or generic drugs to the CCF
  - Plans cannot place additional restrictions on CCF drugs
- ❑ Advantages
  - Provides continuity of care for patients
  - Decreases administrative burdens for prescribers
- ❑ “**Closed**” CCF Drug Classes
  - Drug class must be **identical** to Virginia Medicaid's FFS PDL
  - Plans **cannot** add or remove drugs from these classes
  - Twelve drug classes from Virginia Medicaid's FFS PDL
- ❑ The Common Core Formulary was implemented on August 1, 2017
- ❑ CCF web-ex at [http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx)

# Defining Value – Based Payments

Paying for value, not volume

Value-based payment reform means creating payment structures that tie **provider financial success** to patient receipt of **high-quality, efficient care**



**FAMIS**

**Covering Children With  
Affordable Health Insurance**

# FAMIS and FAMIS Plus

- FAMIS and FAMIS Plus are Virginia's health insurance programs for uninsured children.
- FAMIS provides coverage for children in working families who earn too much to qualify for Medicaid, but not enough to afford private or employer sponsored insurance.
- FAMIS Plus is Virginia's name for children's Medicaid.
- Both provide access to comprehensive quality health services for children.

# Covered Services

- Annual well checkups for babies, kids and teens
- Prescription drugs
- Doctor visits
- Shots
- Dental care (Carved Out)
- Vision care and glasses
- Mental health care
- Tests and x-rays
- Hospital stays
- ER care

In addition, for children enrolled in FAMIS Plus:

- Transportation to medical appointments
- Specialized treatments and services for children with special health care needs

# How to Apply

1. Call Cover Virginia at 1-855-242-8282 to apply by phone
2. Apply online. Visit [www.coverva.org](http://www.coverva.org) for more information or to connect with Common Help
3. Visit your local Department of Social Services





# FAMIS MOMS

**Covering Pregnant Women With  
Affordable Health Insurance**



# FAMIS MOMS

- FAMIS MOMS provides health care coverage for eligible pregnant women during their pregnancy and for 60 days post-partum.
- Lower income pregnant women may qualify for Medicaid, which also covers pregnancy and 60 days post-partum.



# **FAMIS *Select***

**Premium Payment Assistance  
for FAMIS Families**

# FAMIS *Select*

- FAMIS *Select* offers families with children enrolled in FAMIS more health care coverage options.
- A child must already be enrolled in FAMIS before the family can enroll in FAMIS *Select*.
- The FAMIS *Select* program allows families to choose between covering their children through FAMIS or through an employer-sponsored health plan.
- Families who choose to enroll in FAMIS *Select* can get up to \$100 per FAMIS *Select* enrolled child per month to help pay their family premium.
- For more information visit [www.coverva.org/programs\\_famis\\_select.cfm](http://www.coverva.org/programs_famis_select.cfm)

# New Health Coverage for Virginia Adults



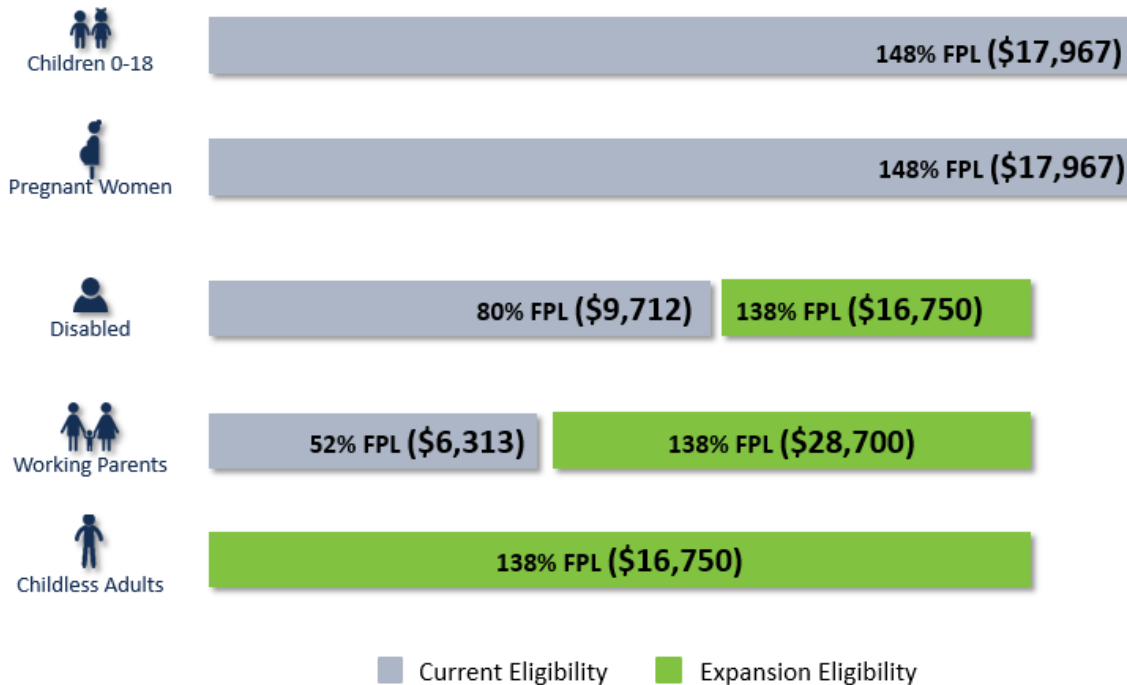
# Overview of Adult Coverage

- Beginning January 1, 2019
- Up to 400,000 more adults living in Virginia will have access to quality, low-cost health coverage
- People working in retail, construction, childcare, landscaping, food service or other jobs that do not offer health insurance may be eligible for this low-cost health insurance in Virginia.
- The rules have changed. Virginians who may have applied for Medicaid in the past and been denied may be eligible now.

# Who is Eligible?

New eligibility rules will provide quality, low-cost health care coverage to up to 400,000 men and women

- Adults ages 19 – 64, not Medicare eligible
- Income from 0% to 138% Federal Poverty Level
- Not already eligible for a mandatory coverage group



# What Services are Covered?

## New enrollees will receive all State Plan services and additional federally required preventive services

- Doctor, hospital and emergency services, including primary and specialty care
- Prescription drugs
- Laboratory and X-ray services
- Maternity and newborn care
- Home health services
- Behavioral health services, including addiction & recovery treatment services
- Rehabilitative services, including physical, occupational and speech therapies
- Family planning services
- Medical equipment and supplies
- Preventive and wellness services, including annual wellness exams, immunizations, smoking cessation and nutritional counseling
- And more

# New Adult Coverage Uses Current Delivery Models

Coverage will be provided for most individuals through the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) managed care programs

## Expansion Delivery Systems

**Commonwealth Coordinated Care Plus (CCC Plus)** will serve populations who are *medically complex*

**Medallion 4.0** will serve populations other than those who are medically complex

**Fee for Service** will serve populations excluded from managed care, including:

- incarcerated adults,
- adults identified as presumptively eligible, and
- newly eligible individuals until they are enrolled in an MCO



# Regular Updates About Adult Coverage

Please visit the [www.coverva.org](http://www.coverva.org) regularly for updates. More information will be coming soon on the timing and process for enrollment. Outreach materials will be posted on the website so that our partners can share them in their communities.



# Partner With Us

## You can help spread the word

- Talk to your family, friends and neighbors about new adult coverage
- Visit the Cover VA website for information and updates
- Access the eligibility tool on [www.coverva.org](http://www.coverva.org) to see if you or someone you know may be eligible for coverage



**COVER VIRGINIA**  
Connecting Virginians to  
Affordable Health Insurance

**Coming Soon: New Health Coverage for Adults**  
Beginning in early 2019, more adults living in Virginia will  
have access to quality low cost health coverage.  
Get more information at [coverva.org](http://coverva.org).

The advertisement features a diverse group of approximately 15 people of various ages and ethnicities smiling. The logo for Cover Virginia is in the top left corner, and the text is centered in the upper right portion of the image.



Next Steps

- About Medicaid
- Eligibility Guidance
- FAMIS
- Managed Care Benefits
- Programs & Services
- Long Term Care
- For Providers
- Report Fraud or Abuse
- Appeals
- DMAS Open Data



Regional Map

Meetings

Members

Providers/ Stakeholders

Presentations

Reports

### Announcements

- Medallion 4.0 Model Handbook [pdf]
- Notice of Intent to Awards [pdf]
- Medallion 4.0 Launch Memo [pdf]
- Notice of Award [pdf]

### Request for Proposals (RFP)

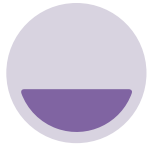
- Negotiations notice Central [pdf]
- Negotiations notice Charlottesville Western [pdf]
- Negotiations notice Northern Winchester [pdf]



# Follow Dr. Jennifer Lee on Twitter



[@VAMedicaidDir](https://twitter.com/VAMedicaidDir)



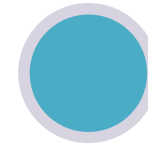
## Our Mission

We improve health every day.



## Our Vision

To be the health plan of choice in the communities we serve.



## Our Pledge

Helping you take care of yourself and your family is our guiding mission. You'll see our commitment to you in the variety of innovative wellness programs we sponsor. Our dedication is also echoed in the concerned, caring manner that characterizes our customer service staff and philosophy. Simply put, it's this: when you're covered by Optima Health, we're passionate about your health.

***Who is Optima Health:** Virginia based Health Plan with offices in Virginia Beach, Richmond, and Roanoke with home-based employees located statewide. Not-for-Profit subsidiary of Sentara Healthcare in operation since 1984, we provide coverage for approximately 500,000 members and growing!*

***Our Products include:** Optima Commercial (HMO, POS, PPO), OptimaFit (Individual and Family HMO plans), **Optima Family Care (Medicaid)**, Optima Medicare HMO, Optima EAP, Optima Community Complete (DSNP) and Optima Health Community Care (CCC+)*

***Optima Family Care has been covering VA Medicaid members for 24 years and we will continue to provide that same excellent service through the Medallion 4.0 Product.***

# What you need to know

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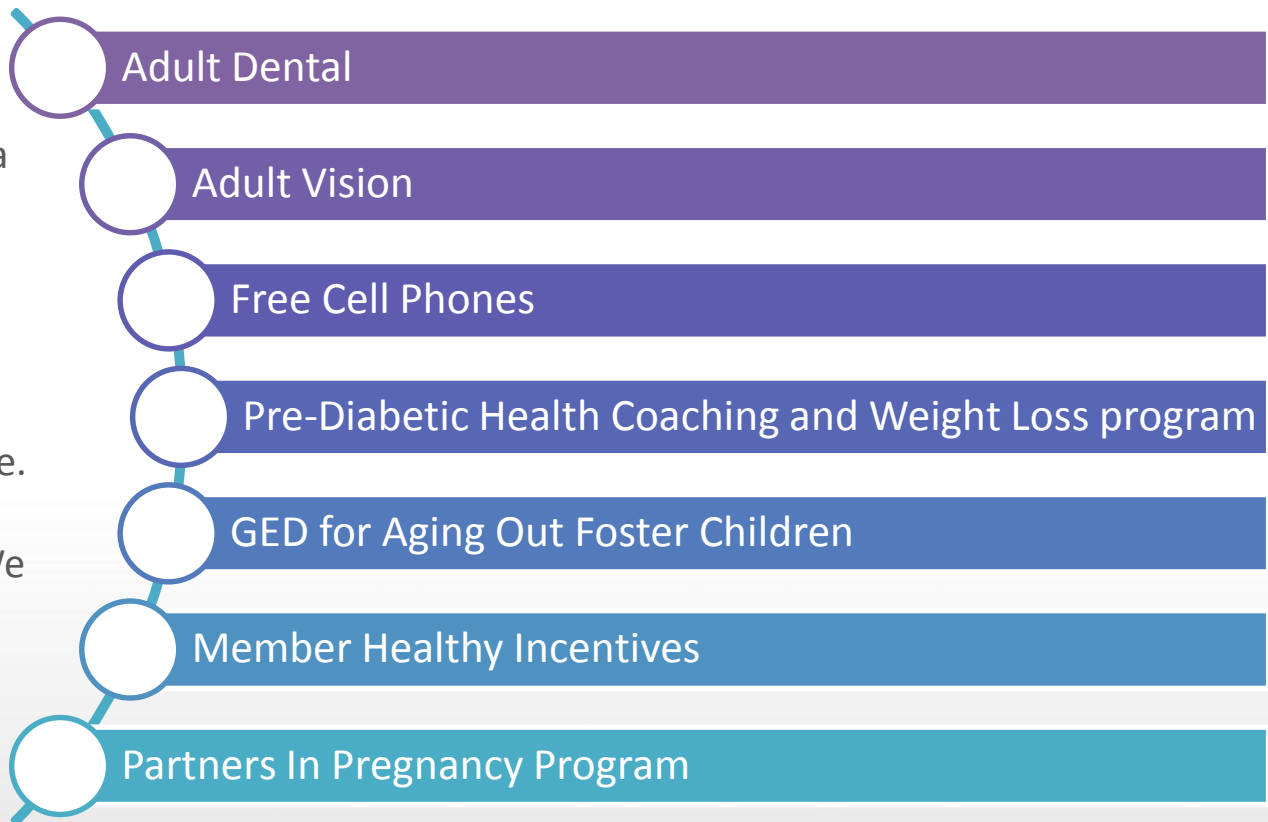
New Services: **Community Mental Health & Rehab** and **Early Intervention**

- Community Mental Health and Rehabilitations Services (CMHRS)
  - CMHRS Providers that went through LCAR under Optima Health Community Care, you do NOT need to do so again.
  - If you are already contracted with Optima Health to provide other services, but have not completed the CMHRS application, you MUST do so and be approved through LCAR.
    - ☐ Access Optima Health CMHRS Provider Application on [optimahealth.com/providers](https://optimahealth.com/providers) – Join our Network
  
- Early Intervention Providers (EI)
  - If you are not already contracted with Optima Family Care, you will need to be contracted. Contact your regionally assigned Contract Manager at 877-865-9075 option 4 or [OptimaContract@sentara.com](mailto:OptimaContract@sentara.com)

*The LCAR may take between 90-120 days upon receipt of a complete and accurate application.*

# Extra Benefits Included in Optima Family Care

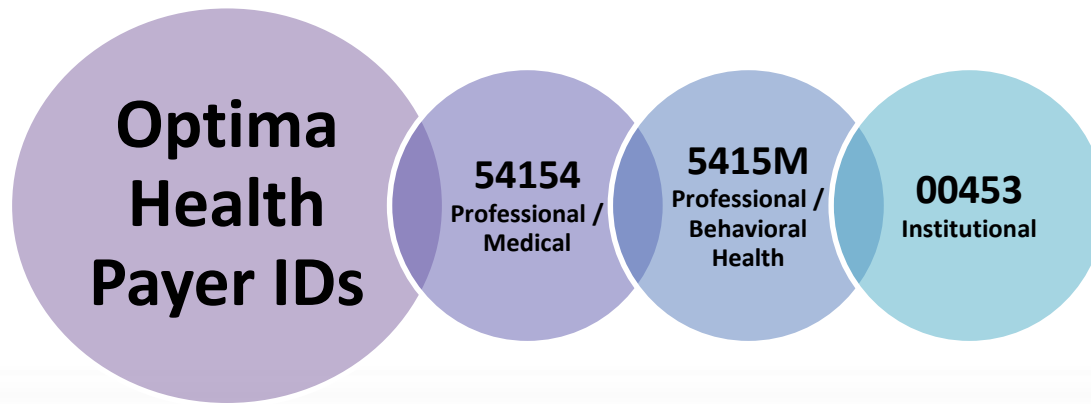
As a member of Optima Family Care our members will have access to services that are not generally covered through Medicaid fee-for-service. These are known as “enhanced benefits.” We provide the following enhanced benefits:





# Our preferred method of Billing and Payment is Electronic!

We accept claims through any clearinghouse that can connect through Payerpath / Allscripts



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**

# Optima Family Care: Provider Portal

OptimaHealth.com offers providers instant access to resources and tools to optimize doing business with Optima Health...

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Drug formularies and pharmacy authorization forms

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Medical authorization forms

---

Easy enrollment for Electronic Funds Transfer (EFT)

---

Provider Manuals & Newsletter

---

Clinical guidelines and reference tools

---

Provider Education tools

---

Secure business transactions through **Provider Connection**

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Access what you need, when you need it

The screenshot shows the Optima Health Provider Portal interface. At the top, there are navigation tabs for 'Provider Connection' and 'Provider Home', along with 'Contact Us' and 'Hello, [User]' links. The Optima Health logo is prominently displayed, with the tagline 'A Service of Sentara'. A search bar is located on the right side of the header. Below the header, there is a navigation menu with options: 'Pharmacy', 'Authorizations', 'Billing and Claims', 'Clinical Reference', 'Education', 'Updates', and 'Find Doctors, Drugs and Facilities'. The main content area features a large banner image of a smiling male doctor. Overlaid on this image is a white box titled 'New Participating Providers' with the text 'Find useful information for newly participating providers in our frequently asked questions.' and a blue button labeled 'Frequently Asked Questions'. Below the banner, the section is titled 'Optima Health Providers' and contains a grid of six service tiles: 'Pharmacy' (Drug authorization forms, formularies and more.), 'Medical Authorizations & Policies' (Medical authorization forms, policy information and more.), 'Billing & Claims' (Billing services form instructions, EDI transaction overview and more.), 'Clinical Reference' (Immunization schedules, clinical guidelines and more.), 'Provider Education' (General information associated with the ongoing education of our providers), and 'Updates' (Important provider information and newsletters updates).

# Optima Family Care: Provider Connection

Provider Connection is the Optima Health self-service, on-line provider tool for secure transactions through [optimahealth.com](https://optimahealth.com) for contracted providers, administrators and office staff.

Available 24 hours a day, 7 days a week – so you can do business when it's convenient for you.

The screenshot displays the 'View Eligibility' page in the Optima Health Provider Connection system. The page includes a search form with the following fields: Policy ID, Member Number, Medicaid ID, Member Social Security Number, Member Last Name, and Member First Name. A 'Search' button is located below the form. The left sidebar contains navigation options: Eligibility, Authorizations, Claims, and Reports. The top navigation bar includes 'Provider Connection', 'Provider Home', 'Contact Us', and 'HELLO CARA'.

- Verify member eligibility and benefits
- Check claims status
- Submit reconsiderations
- Obtain payment remittance advices
- View PCP membership reports
- Access C3 – Clear Claims Connection
- Submit and review authorization requests

# Optima Family Care: Important Contacts

Key Contact	Services	Phone / Fax
PROVIDER RELATIONS (PR)	Help with Eligibility, Benefits, Authorizations, Claims (Medical)	Phone: (800) 229-8822 Fax: (855) 687-6270
	(Behavioral Health)	Phone: (800) 648-8420 Fax: (888) 576-9675
APPEALS	Provider Appeals	Fax: (866) 472-3920
CLAIMS	Electronic Claims Submission Notes	Fax: (757) 275-9953
CLINICAL CARE SERVICES	Medical Providers	Phone: (800) 229-5522 Fax: Number on Form
	Behavioral Health Providers	Phone: (800) 648-8420 Fax: (866) 466-1452
	Pharmacy	Phone: (800) 229-5522 Fax: (800) 750-9692
	Case Management Services	Phone: (866) 503-2731
NETWORK MANAGEMENT	Provider Contracting and Education	Phone: (877) 865-9075 <a href="mailto:OptimaContract@Sentara.com">OptimaContract@Sentara.com</a>
	Credentialing	Phone: (877) 865-9075 x 3, 3 Medical: <a href="mailto:MedProviderApp@Sentara.com">MedProviderApp@Sentara.com</a> Behavioral Health: <a href="mailto:BHCredentialing@Sentara.com">BHCredentialing@Sentara.com</a> Organization/Agency: <a href="mailto:OrgProviderApp@sentara.com">OrgProviderApp@sentara.com</a>

# Want to Hear More – Join us!

- **Regional Provider Seminars – Register online at [www.optimahealth.com/providers/](http://www.optimahealth.com/providers/)**



## Medallion 4.0 Provider Seminars

We will be holding seminars to educate our provider partners about Medallion 4.0. We invite you to join us - registration is required and seats are limited.

[Learn More](#)

Topics Focus on:	Location	Date
Physicians (Medical), Ancillary & Hospitals	Hilton Garden Inn Richmond Innsbrook 4050 Cox Road Glen Allen, VA 23060	7/26/2018
Behavioral Health, Early Intervention, Community Mental Health & Rehab Services	Hilton Garden Inn Richmond Innsbrook 4050 Cox Road Glen Allen, VA 23060	7/27/2018
Physicians (Medical), Ancillary & Hospitals	Hilton Garden Inn 1793 Richmond Road Charlottesville, VA 22911	8/20/2018
Behavioral Health, Early Intervention, Community Mental Health & Rehab Services	The Institute 150 Slayton Ave Danville, VA 24540	8/21/2018
Physicians (Medical), Ancillary & Hospitals	The Hampton Inn by Hilton Convention Center 1204 Berryville Avenue Winchester, VA 22601	9/24/2018 * tentative
Behavioral Health, Early Intervention, Community Mental Health & Rehab Services	The Hampton Inn by Hilton Convention Center 1204 Berryville Avenue Winchester, VA 22601	9/25/2018* tentative
Physicians (Medical), Ancillary & Hospitals	Holiday Inn Roanoke Valley View 3315 Ordway Drive Roanoke, VA 24017	10/29/2018
Behavioral Health, Early Intervention, Community Mental Health & Rehab Services	Wytheville Convention & Visitors Bureau 975 Tazewell Street Wytheville, VA 24382	10/30/2018

- **Weekly WebEx Session – Find out more online at [optimahealth.com/providers/](http://optimahealth.com/providers/)**



# UnitedHealthcare Community Plan

Medallion 4.0 Provider Town Hall Presentation



- Who we are:
  - A global organization striving to be the most trusted name in healthcare through our local relationships, plans and networks
  - Nationally  
Through more than 70 Medicaid programs, UnitedHealthcare Community Plan serves over 6M members across 27 states
  - Locally  
Across all of our lines of business in Virginia, United serves over 900k Virginians

**Our Mission: Here at UnitedHealthcare, we help people live healthier lives and help make the health system work better for everyone!**

## Our UnitedHealthcare Care Coordinators can:

- **Provide** outreach and comprehensive assessment
- **Support** and educate members
- **Assist** with care coordination, referrals and resources
- **Facilitate** care provider and member relationships
- **Offer** specialty support for foster care, NICU, high-risk pregnancy, behavioral health, substance use disorder, transplant, children with special health care needs and medically complex members

## Care Coordination Escalation Contact:

- **Name:** Julie Garcia, MSW, LNHA, ACM, Health Services Director
- **Email:** [jagarcia@uhc.com](mailto:jagarcia@uhc.com)
- **Phone:** 703-286-3972



To reach a member's Care Coordinator, please call 844-284-0146



# Network and Contracting Contacts

## Skilled Nursing Facility Providers:

**Primary Contact:** Christopher LoGiacco

**Phone:** 612-642-7875

**Email:** [christopher\\_logiacco@optum.com](mailto:christopher_logiacco@optum.com)

## Behavioral Health Providers:

**Primary Contact:** VACCCBH@optum.com

**Web:** [providerexpress.com](http://providerexpress.com) > Quick Links  
>Join Our Network

**Escalation Contact:** Colleen Chesney

**Phone:** 612-632-5069

**Email:** [colleen.chesney@optum.com](mailto:colleen.chesney@optum.com)

## Hospitals, All Services Owned by the Hospital System, Physicians:

**Primary Contact:** Kishana Ford

**Phone:** 804-267-5279

**Email:** [kishana\\_ford@uhc.com](mailto:kishana_ford@uhc.com)

## Physical Therapy (PT)/Occupational Therapy/(OT) Speech and Language Pathology (SLP) Providers:

**Primary Contact:** Amber Halford

**Phone:** 952-205-2913

**Email:** [amber.halford@optum.com](mailto:amber.halford@optum.com)

# Claims Submission Options

## Electronic Submission Options (Clearinghouse):

Payer ID 87726 (UnitedHealthcare and Optum)

- **Standard Timely Filing:**

365 days from date of service

- **Paper Claims – Mail To:**

UnitedHealthcare Community Plan – Virginia

P.O. Box 5270

Kingston, NY 12402-5270

Note: The address for INTotal claims won't change

Link: <https://provider.linkhealth.com>

- **Provider Website:** [UHCprovider.com](https://UHCprovider.com)

**To sign up for Electronic Payments and Statements (EPS), go to [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com) > Quick Links > Electronic Payments and Statements**

- For more information about EPS, call 844-284-0146

## Early Intervention Services:

Contracted and serviced by our various network teams, depending on care provider specialty and license.

**Example:** Licensed Clinical Social Workers (LCSW), Psychiatrists and Psychologists are managed by the behavioral health team. PT, OT, and ST care providers are managed by the physical health team.

## Prior Authorization Contact Information

**Phone:** 844-284-0146 Monday – Friday: 8 a.m. – 6 p.m. Available 24 hours for emergencies

**Fax:** 844-882-7133

## General Questions

If you have questions or would like more information about UnitedHealthcare Community Plan of Virginia, please call Provider Services at **844-284-0146** TTY 711 or visit **[UHCCommunityPlan.com/VA](https://UHCCommunityPlan.com/VA)**



# Virginia Premier Elite Individual (Medallion 4.0)

## Provider Town Hall

# A little about us

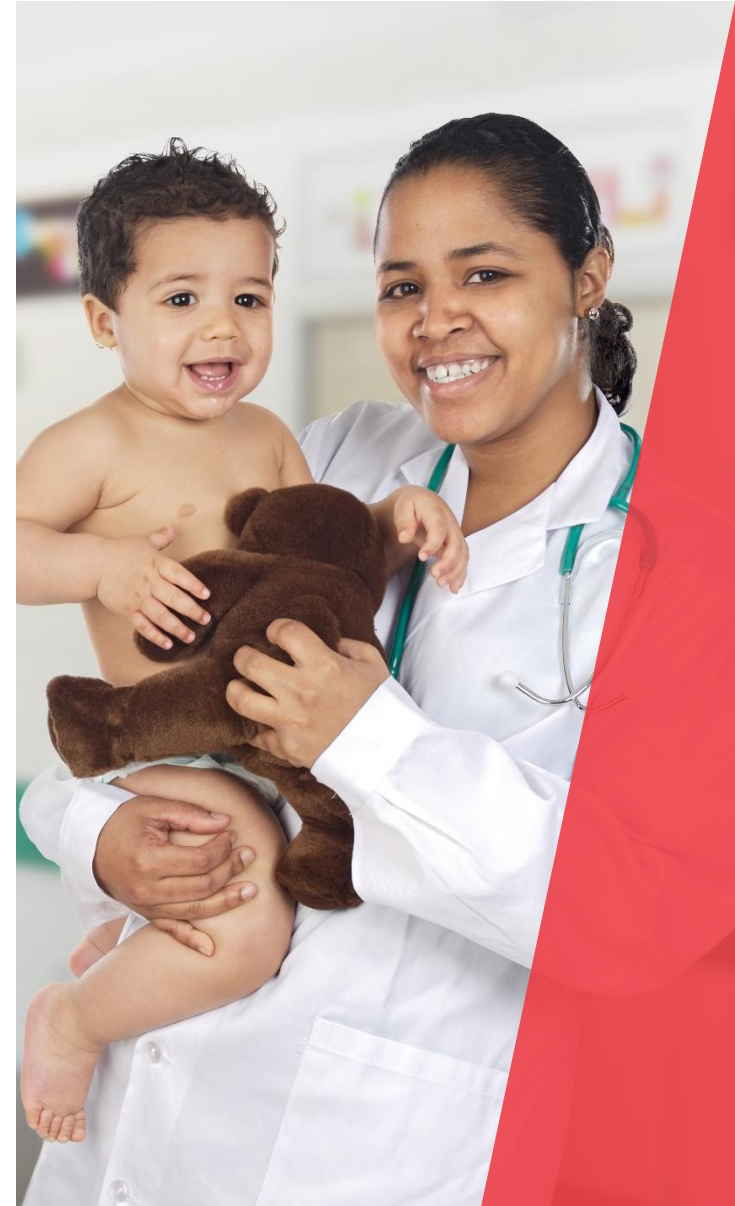
Virginia Premier is a non-profit health care organization powered by Virginia Commonwealth University (VCU) Health.

With over 20 years of experience providing Medicaid services, we know how to make healthy living easy.

We pride ourselves on making care meaningful by offering a state-of-the-art medical home and our own transportation service.

We offer the right care, in the right places, with local offices and care coordinators throughout Virginia.

*Virginia Premier's mission is to inspire healthy living within the communities we serve, with a focus on those in need. We do this through innovation, strategic partnerships, industry-leading health care and the power of VCU Health.*



# How Provider Services can help

With our online provider portal, you can:

- Check eligibility, authorization, and claim status
- Submit CMS 1500 claim forms
- Manage your provider panels

Please register for the Virginia Premier provider portal at:

<https://www.virginiapremier.com/providers/medicaid/provider-portals/>

You can also find your local Provider Service representative on our website at **VirginiaPremier.com**. Select **Providers, Medicaid, Provider Resources**, then click on the **Education Meetings** tab.

If you're not part of our network, please visit our website at **VirginiaPremier.com**. Select **Providers** then click **Join the Virginia Premier Network**.

For assistance, please contact our Provider Services team at 1-800-727-7536.

# How to submit claims

There are a few ways you can submit claims to us:

## Electronic Claims

Clearinghouse	PayerID	Telephone
Availity	VAPRM	1-800-282-4548
Relay Health	VAPRM	1-800-527-8133
Change Healthcare	VAPRM	1-866-371-9066

## Provider Portal

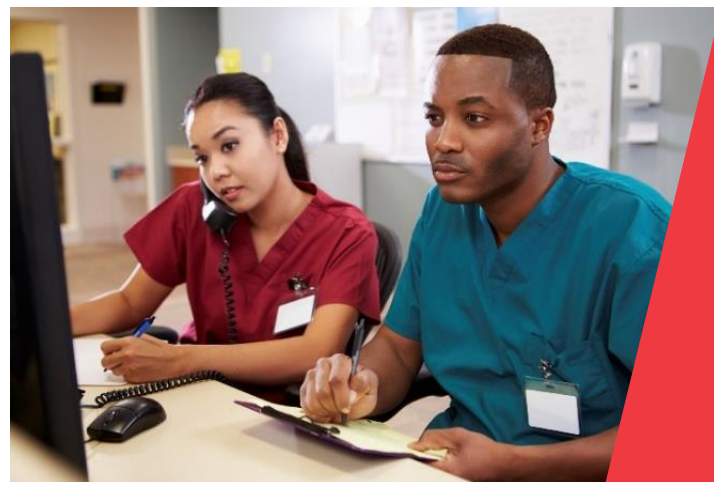
Submit CMS 1500

## Paper Claim

Virginia Premier Elite Individual  
P.O. Box 4369  
Richmond, VA 23220

If you need help with your claims, you can:

- Use our **Provider Portal** to check the status of your claim
- Call our Claims Customer Service at: **1-800-727-7536**, select option 4, then press 1, and then 2 for claims
- Email us at **vphpnetdev@vapremier.com**



# How Medical Management can help

## Provider Authorizations

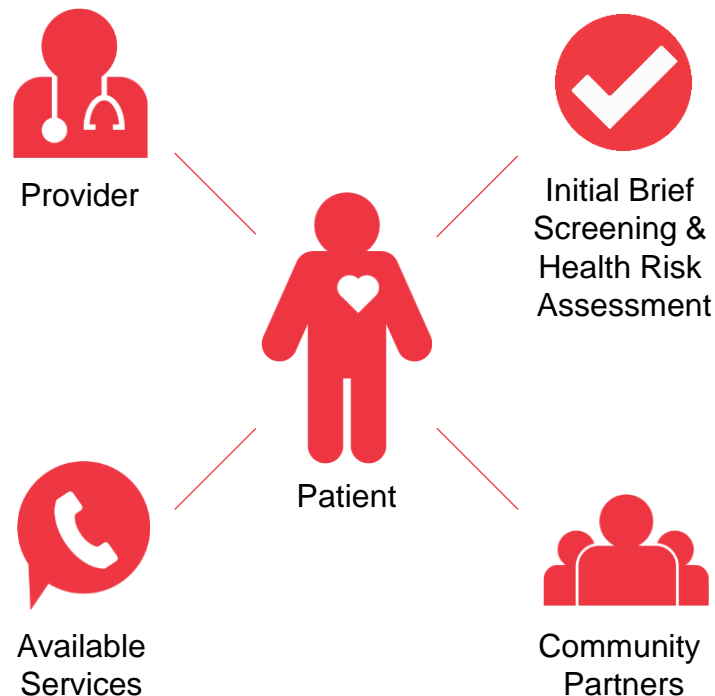
To obtain an authorization, call 1-888-251-3063 or fax 1-800-827-7192 with clinical information and your request.

## Care Coordination

- Helps you understand benefits and resources available to your patient
- Facilitates referrals for additional resources
- Advocates on your patient's behalf with providers, care givers, community partners, and others involved in your patient's care

To reach a care coordinator, call 1-800-727-7536. You can make this call Monday through Friday, 8am to 5pm.

## Identifying Patient Needs







# Virginia Medallion 4.0

aetna®

May 2018

# Our members are at the center of everything we do

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## Aetna at a Glance:

- 50,000 employees
- 23.5 million medical members
- \$61 billion revenue
- 160 years of national and international experience
- 3<sup>rd</sup> largest MCO the U.S.

## Aetna Medicaid:

- Over 3 Million members across 15 states
- 30 years of managed care experience
- 23 successful implementations in the last 2 yrs.

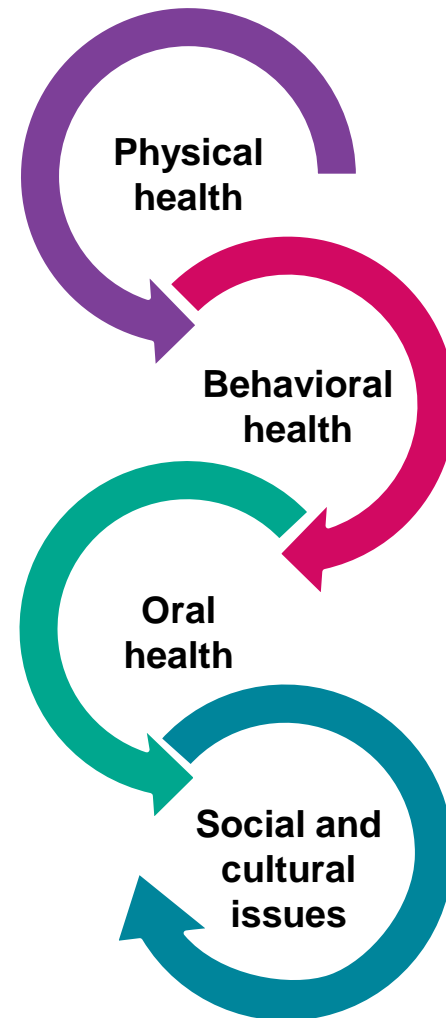
## Aetna in Virginia:

- 943 Aetna employees
- Serving 797,000 Medicaid, CCC+, DSNP, Commercial, and Medicare Advantage members
- Six regional offices and Wellness Centers

# Taking Care of our Members

**We have leading edge medical management capabilities that focus on:**

- Fully integrated care encompassing physical health, mental health and social and cultural concerns of members
- Strong provider partnerships and alliances with community based organizations, including provider incentives to encourage care coordination and improve member outcomes.
- Interdisciplinary care teams that include the member, family, provider
- Leveraging technology to ensure care team has a view of the whole person
- **Member Services - 1-800-279-1878 (located in Richmond)**  
For member eligibility, PCP changes, Interpreter requests



# Value Added Benefits and Vendors

Vendor Function	
Dental	Exam/cleaning, two per year, annual bitewing X-rays, fillings, and extractions
Vision	Exam and funding toward eyewear or contacts
Non-Emergent Transportation	Unlimited routine medical trips
Hearing	Exam and one hearing aid per year, unlimited visits for hearing aid fittings
Asthma Prevention	Hypoallergenic bedding and carpet cleaning for members with asthma
Better Breathing	Second inhaler/nebulizer for school use for asthmatic school-age members
Diabetes Care for Life	A personalized and interactive mobile program available to members
Home-delivered meals	After discharge from an inpatient stay, adult and child members can receive two meals a day delivered to their home or community-based setting for up to seven days
Weight management	12-week certified nutritionist program and six counseling visits
No-cost cellphones	350 minutes per month, unlimited texting/calls to Member Services
Expanded Member Services	Available 24/7
Non-Traditional medicine	Some members, including those who are part of the federally recognized Tribal Nation in the Commonwealth wish to participate in non-traditional and traditional healing practices.
GED incentive	Support for members 16 years and older who are seeking their GED certificate.
Swimming Lessons	water safety and swimming lessons for members six and younger
Smoking cessation	Up to 50 counseling sessions / year; nicotine patches, gum, lozenges
Youth Sport Physicals	members 12 to 18 years of age with one sport participation physical annually

# Working with our Providers

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- **Non-participating Providers:**

Please visit our Website: [www.aetnabetterhealth.com/virginia](http://www.aetnabetterhealth.com/virginia) or call 800-279-1878

- **Not quite sure if you are participating? Check your status with your Regional Network Consultant.**

Participating Provider contracts vary:

1. Aetna Better Health of VA (combined medical and behavioral)
2. Two Legacy Contracts: Coventry Health Care, Inc. (medical), MH Net (behavioral health). Need to be updated!

- **Participating Providers Regional Resources:** (please see hand outs at Aetna Better Health of VA table)

1. Network Consultants: Onboarding, education, training, navigating resources.
2. Population Health Specialists – Partners in achieving your quality metrics, efficiency and costs.
3. Wellness Centers – meeting space with internet /computers to meet with members, other providers or health plan partners

- **Call Center** (to include claims Inquiry and research):

**800-279-1878**, listen for Provider prompt. Have TIN and member ID available!

- **Provider Portal:** [aetnabetterhealth-virginia-aetna.com](http://aetnabetterhealth-virginia-aetna.com)

Eligibility, benefits, submit and review status of claims, view EFTs, remittances and member panel rosters.

- **Emergency Department (ED) Assistance Line**

24/7 Assistance for ED staff in obtaining alternative treatment settings (non-urgent/emergent conditions who do not require inpatient admission) for members.

- **Provider Satisfaction Survey and Advisory Committee**

For continuous monitoring and improvement

# Quick Reference

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## Claims and Resubmissions

### Electronic Claims Submission – Change Healthcare (Emdeon)

1-877-363-3666

- To get real time responses to eligibility/claim/auth inquiries use ID **ABHVA** (270/271; 276/277; 278
- [www.changehealthcare.com](http://www.changehealthcare.com)
- EDI payor ID (837 Claims) – 128VA

### Timely Filing

- New Claim/Corrected Claim - 365 days from date of service or discharge
- Coordination of benefit claim (COB) – 365 days from the date of the primary (EOB)

## Transition of Care Period for Medical and Pharmacy

- Medical: 180 days from member's effective date
- Pharmacy: 30 days from member's effective date

### Key Vendor Partners:

Transportation: Logisticare

Radiology and Pain Management : eviCore

Vision: VSP

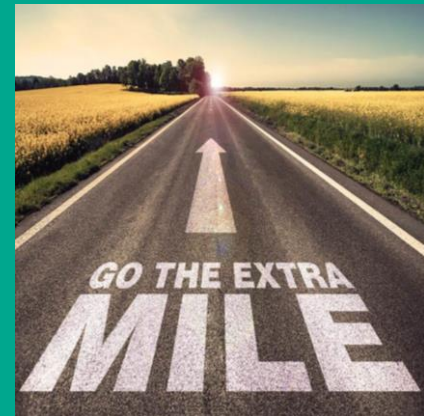
Dental: DentaQuest

- **Please pick up a Quick Reference Guide at the Aetna Better Health of Va table!**

# Aetna Better Health of VA's Guidelines for Exceptional Customer Service

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- Always remember there is a **real person** at the end of every utilization management decision.
  - The member could be your child, brother, mother, or husband.
- **Go the extra mile** to make the right decision the first time. Go the extra mile, always.
- **Act with urgency** and remove barriers, roadblocks, and hassles.
- **Communicate** clearly, with respect, caring, concern, and empathy.
- **Be good stewards** of resources on behalf of the members and the Commonwealth.
- **The miracle is in the left turns.**



Thank You!

aetna®



# Anthem HealthKeepers Plus — Medallion 4.0

## About Us

**Our mission: To improve the lives of the people we serve and the health of our communities.**

- We are a leading provider of health care solutions for publicly funded programs.
- Together, HealthKeepers, Inc. and its Anthem, Inc. health plan affiliates serve more than **6.5 million** people in state-sponsored health plans.
  - Virginia MCO for over 20 years
  - Currently serving over 300,000 members in Virginia
  - Operating in 20 states
  - Over 25 years in service across all Anthem markets



# Contacting us

For members enrolled in the Anthem HealthKeepers Plus program, call Provider Services at **1-800-901-0020** for assistance with claim issues, member enrollment and general inquiries. Hours of operation are Monday through Friday from 8 a.m. to 8 p.m. ET, or you may contact our Provider Relations team.

## **Professional/facility**

- Tiffani Jelani (Tidewater): [Tiffani.Jelani@anthem.com](mailto:Tiffani.Jelani@anthem.com)
- Jerron Dennis (Central): [Jerron.Dennis@anthem.com](mailto:Jerron.Dennis@anthem.com)
- Angie Clayton (Northern): [Angelia.Clayton@anthem.com](mailto:Angelia.Clayton@anthem.com)
- Shannon White (Western/Charlottesville): [Shannon.White@anthem.com](mailto:Shannon.White@anthem.com)
- Sara Martin (Roanoke/Southwest): [Sara.Martin@anthem.com](mailto:Sara.Martin@anthem.com)

## **Ancillary (therapies, durable medical equipment [DME], etc.)**

- Bernard Christmas (Statewide): [Bernard.Christmas@anthem.com](mailto:Bernard.Christmas@anthem.com)

## **Behavioral Health**

- John Bachand (Central/Charlottesville): [John.Bachand@anthem.com](mailto:John.Bachand@anthem.com)
- Beth Condyles (Northern): [Elizabeth.Condyles@anthem.com](mailto:Elizabeth.Condyles@anthem.com)
- Annette Powell (Tidewater): [Annette.Powell@anthem.com](mailto:Annette.Powell@anthem.com)
- Deborah Tankersley (Western/Roanoke/SW): [Deborah.Tankersley@anthem.com](mailto:Deborah.Tankersley@anthem.com)



# Case Management

Nurses and other health professionals work directly with our members to:

- Develop care plans to achieve health goals.
- Assist our members in getting the care they need.
- Provide tools and access to community resources to help improve quality of life.
- Focus on physical, behavioral, functional, and environmental needs, using a holistic, person-centered approach.
- Coordinate medical appointments, including transportation and interpretation services.
- Enroll members into condition-specific programs, such as Disease Management and Pre-Natal programs

**Call 1-844-533-1994 x1061035148 Monday through Friday, 8:30am - 5:00pm**



**Anthem** HealthKeepers Plus  
Offered by HealthKeepers, Inc.

# Preauthorizations

Authorization Required? Visit the Precertification Lookup Tool at <https://mediproviders.anthem.com/va/pages/precert.aspx>

Online requests: Availity (<https://www.availity.com>)

Phone requests: **1-800-901-0020**

Fax requests:

- **1-800-964-3627** for initial, inpatient admissions and outpatient services. However, please note these exceptions:
  - **1-866-920-4096** — home health, skilled nursing, therapies, DME and outpatient services
  - **1-866-920-4095** — inpatient concurrent review clinical documentation
  - **1-866-920-4095** — long-term acute care, acute inpatient rehabilitation
  - **1-877-434-7578** — behavioral health inpatient services
  - **1-866-877-5229** — behavioral health outpatient services (including CMHRS)

Radiology requests: AIM Specialty Health® (<https://www.providerportal.com> or call **1-800-714-0040**)



# Submitting claims

We accept both electronic and paper claims.

- **Electronic claims**

- We encourage providers to submit claims electronically.

- Participating providers can submit claims through the Availity Portal at <https://www.availity.com>.

- Submit both *CMS-1500* and *UB-04* claims electronically by using a clearinghouse via electronic data interchange.

- ***NOTE: You need to check with your clearinghouse to determine our payer ID.***

- **Paper claims**

Anthem HealthKeepers Plus — Claims

Mail drop VA2000S110

P.O. Box 27401

Richmond, VA 23279-0001



# Thank you

**<https://mediproviders.anthem.com/va>**

HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. AIM Specialty Health is a separate company providing utilization review services on behalf of HealthKeepers, Inc.

AVAPEC-1691-18 April 2018



**Anthem** HealthKeepers Plus  
Offered by HealthKeepers, Inc.



# Magellan Complete Care of Virginia

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PERSON-CENTERED, COMMUNITY-FOCUSED, EVIDENCE-DRIVEN

**MEDALLION 4.0 PROVIDER TOWN HALL**

**Magellan**  
COMPLETE CARE®

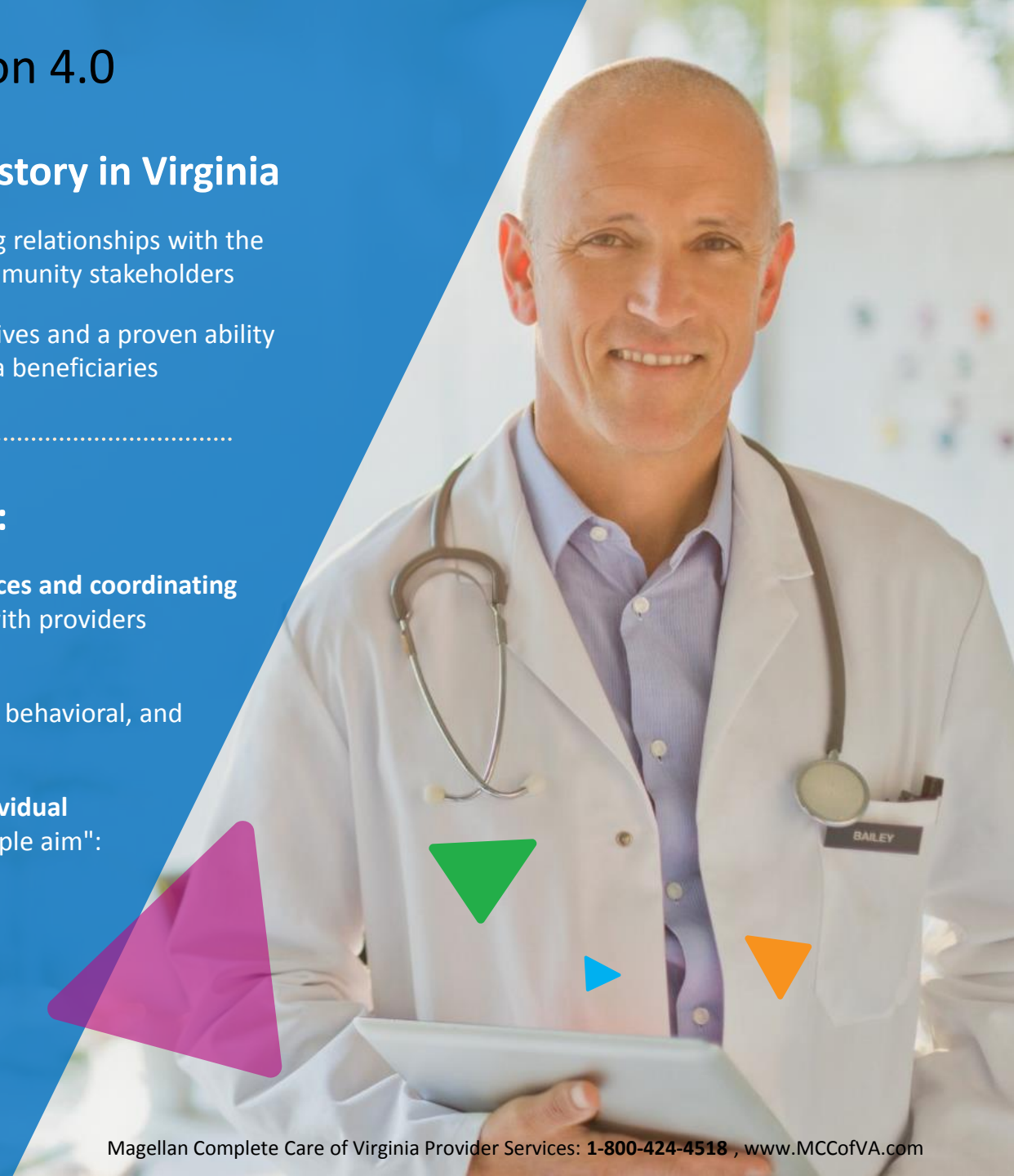
# MCC of VA and Medallion 4.0

## Magellan's long-standing history in Virginia

- Present in Virginia since 1972 with strong relationships with the Commonwealth, local providers and community stakeholders
  - Thorough understanding of DMAS initiatives and a proven ability to improve the quality of care for Virginia beneficiaries
- 

## Our goals for Medallion 4.0:

- **Improving quality of and access to services and coordinating care** by establishing close partnerships with providers and communities
- **Improving integration** between medical, behavioral, and pharmacy services
- **Partnering with health systems and individual providers** to achieve "Magellan's quadruple aim":
  - *Improved health of populations*
  - *Improved patient experience and care*
  - *Reduced per capita cost of healthcare*
  - *Improved provider experience*







## Magellan Complete Care of Virginia's solutions:



**Seamless processes to support you and reduce your administrative burden,** enhanced by community-based access to provider support staff, timely responses and hassle-free authorizations

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**We offer live webinars and on-site training,** led by our provider relations teams, further supplemented by our virtual provider training and provider resources housed on our provider website

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**We conduct regular claims training sessions** for newly contracted providers, and provide ongoing claims training to existing providers



**Integrated Health Neighborhoods** provide community and social supports to members to supplement providers' care

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**We provide the opportunity to guide and influence** Magellan's policies through ongoing dialogue in provider focus groups, regional and local meetings, and the provider advisory committee

We have the complete infrastructure and supports in place allowing us to deliver seamless, top-notch service

We offer many solutions to save you valuable time and resources, including:



Innovative support tools & programs [www.MCCofVA.com](http://www.MCCofVA.com)



On-site personalized support by our region-based network services team



Access to free online provider education resources

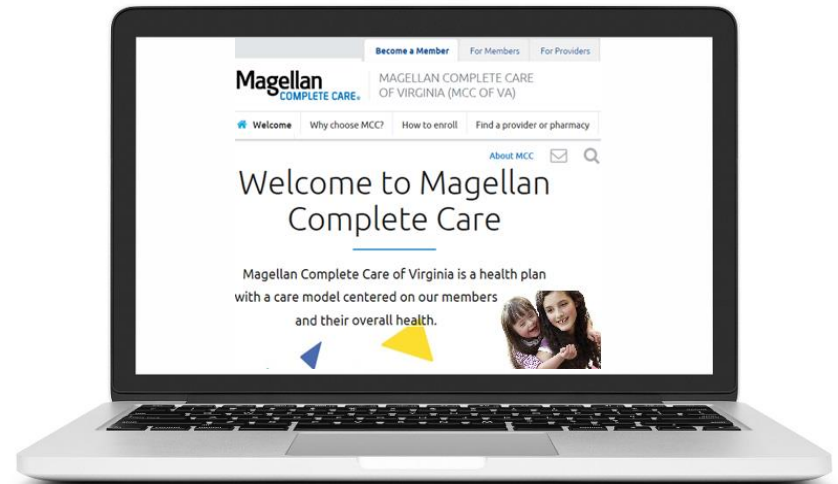


Easy claim submission & prompt payment



Simplified credentialing, most within 30-60 days

To join our network, please contact us:  
1-800-424-4518  
or  
[VAM4Provider@magellanhealth.com](mailto:VAM4Provider@magellanhealth.com)



# Claims, training and authorizations



## Electronic claims submission

Payer ID: MCCVA



## Paper claims submission

Magellan Complete Care of Virginia  
Claims Service Center  
1 Cameron Hill Circle, Ste. 52  
Chattanooga, TN 37402



## Electronic funds transfer

Enrollment information via provider  
portal: [www.MCCofVA.com](http://www.MCCofVA.com) or email us:  
[VAM4Provider@magellanhealth.com](mailto:VAM4Provider@magellanhealth.com)



## Provider services

1-800-424-4518  
[www.MCCofVA.com](http://www.MCCofVA.com)

## ORIENTATION & TRAINING

**Schedule an orientation** through your regional network representative or call 800-424-4518.

**Take advantage of one of our online trainings** available on the provider portal at [www.MCCofVA.com](http://www.MCCofVA.com)

## AUTHORIZATION REQUESTS

**Call:** 800-424-4518

*Authorizations will also be accepted online at [www.MCCofVA.com](http://www.MCCofVA.com)*

# QUESTIONS?



[M4.Inquiry@dmas.virginia.gov](mailto:M4.Inquiry@dmas.virginia.gov)