

CMHRS & BEHAVIORAL THERAPY



MEDALLION 4.0

Growing Strong

Medallion 4.0

- Medallion 4.0 will cover the Medallion 4.0 and FAMIS populations. The Medallion program began in 1996. This will be the 3rd 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)** health 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

Medallion 4.0 Advantages

- Managed Care Organizations (MCOs) will also focus on **innovation** and **social determinants of health**
- PCP more **engaged**
- Carving non-traditional behavioral health services into managed care **simplifies the process**

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
- ✓ Care management
- ✓ Provider and member engagement
- ✓ Quality, data and outcomes
- ✓ Strong compliance and reporting
- ✓ Streamlined processes and shared services

Medallion 4.0

Six Regions



MEDALLION 4.0
Growing Strong

REGIONS	
	TIDEWATER
	CENTRAL
	NORTHERN / WINCHESTER
	WESTERN / CHARLOTTESVILLE
	ROANOKE / ALLEGHANY
	SOUTHWEST



Population by Region

Anticipated Launch Date	Region of Virginia	Estimated 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
Total		737,146

Medallion 4.0 Health Plans

Same as CCC Plus

aetna[®]

Aetna Better Health[®] of Virginia



Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.

Magellan
COMPLETE CARE[®]

OptimaHealth[®]
Family Care

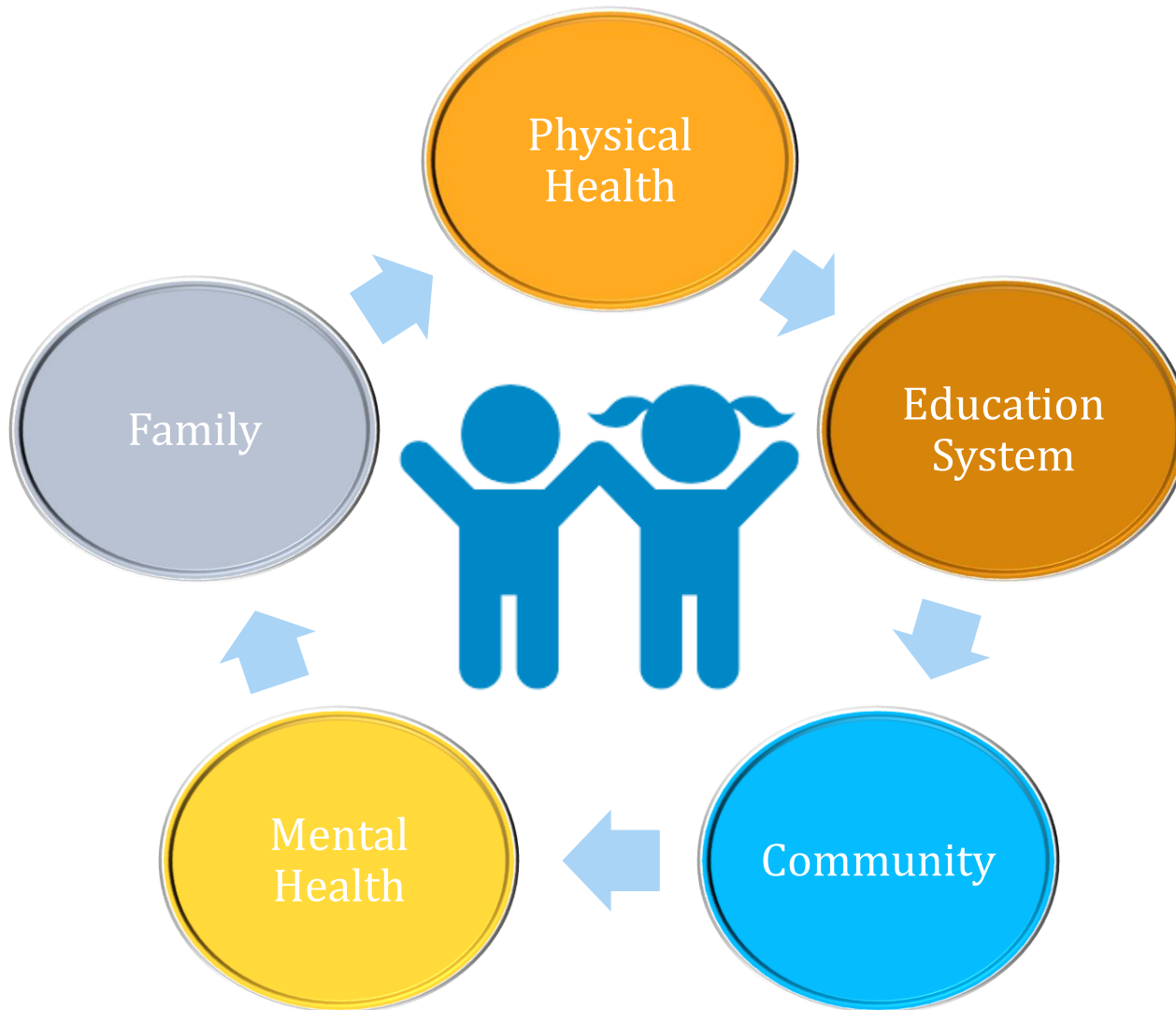
 **UnitedHealthcare**[®]
Community Plan

 **VirginiaPremier**[™]
Powered by **VCU Health**



Population Focus

Treating the Whole Child



A Holistic Approach to Treatment

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

Population Focus



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

Populations 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

Carved Out Services

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

- ✓ School Health Services
- ✓ Dental Services



Community Mental Health Rehabilitation Services & Behavioral Therapy

Community Mental Health Rehabilitation Services (CMHRS) & 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

- ✓ Carve-in TDB 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

- ✓ Carve-in TBD each MCO will cover TFC-CM services for Medallion 4.0 individuals.

Transition of Care Provisions

- To ensure transition of care and a smooth experience for all Medallion 4.0/FAMIS Members the Medallion 4.0 MCOs will:
 1. Maintain the Member's current CMHRS providers for up to 30 days;
 2. Honor service authorizations (SRAs) issued prior to enrollment, including those with out-of-network providers, for up to 30 days or until the authorization expires, whichever comes first; and
 3. Extend this time frame as necessary to ensure continuity of care pending the provider's contracting with the Contractor or the member's safe and effective transition to a qualified provider within the Contractor's provider network or as authorized by the Contractor.







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.



Health Plans

Medallion 4.0 Health Plan CMHRS Credentialing Contact Information

Plan	Credentialing Contact
 Aetna Better Health of Virginia <small>Aetna Better Health* of Virginia</small>	<p><u>Credentialing Analyst:</u> Donnesha Lewis</p> <p><u>Provider Relations Manager:</u> Patricia Thomas</p> <p>Phone: 1-855-652-8249 Email: VAcredentialing-aetna@aetna.com (credential status) & Aetnabetterhealth-VAProviderRelations@aetna.com (applications submissions)</p>
 Anthem HealthKeepers Plus <small>Offered by HealthKeepers, Inc.</small>	<p><u>Contact:</u> Beth Condyles (Northern/Winchester) Email: Elizabeth.Condyles@anthem.com Phone: 804-516-2499</p> <p>John Bachand (Central/Charlottesville) Email: John.Bachand@anthem.com Phone: 804-354-2403</p> <p>Annette Powell (Tidewater) Email: Annette.Powell@anthem.com Phone: 804-393-6763</p> <p>Deborah Tankersley (Roanoke/Southwest) Email: Deborah.Tankersley@anthem.com Phone: 540-830-2481</p>
 Magellan Complete Care of Virginia	<p><u>Contact:</u> Kenya Onley Email: VAMLTSSProvider@MagellanHealth.com Phone: 1-800-424-4524</p>
 Optima Health Family Care	<p><u>Credentialing Contact:</u> Linda Winebrenner Phone: 757-687-6333 Email: OrgProviderApp@sentara.com</p>
 UnitedHealthcare Community Plan	<p><u>Contact:</u> Taylor Fink Phone: 763-361-6233 Email: Vaccbh@optum.com</p>
 Virginia Premier Elite Plus <small>Powered by VCU Health</small>	<p><u>Contracting Contact:</u> John Strube Phone: 804-819-5151, ext.56051 Email: John.Strube@vapremier.com</p> <p><u>Credentialing Contact:</u> Kim Paige Phone: 804-819-5151 ext. 55352 Fax: 804-819-5171 Email: VPCred@vapremier.com</p>

Medallion 4.0 Health Plan CMHRS Contact Information

Plan	MCO Main Contact
 <p>Aetna Aetna Better Health* of Virginia</p>	<p><u>Main Contact:</u> Harry Keener Phone: (959) 230-3506 Email: KeenerH@aetna.com</p> <p>Lauren Bayes Phone: (959) 230-3524 Email: BayesL@aetna.com</p>
 <p>Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.</p>	<p><u>Main Contact:</u> Les Saltzberg Phone: (804) 354-2408 Email: Lester.Saltzberg@anthem.com</p> <p>Kimberly White Phone: (804) 354-3771 Email: Kimberly.White@anthem.com</p>
 <p>Magellan COMPLETE CARE.</p>	<p><u>Main Contact:</u> Danette Brady Phone: (804) 762-6214 Email: DBrady1@magellanhealth.com</p>
 <p>Optima Health Family Care</p>	<p><u>Main Contact:</u> Amanda M. Becker Phone (757) 983-4018 Email: AMBecker@sentara.com</p> <p>Moriah Everhart Phone: (757) 687-6161 Email: MBeverha@sentara.com</p>
 <p>UnitedHealthcare Community Plan</p>	<p><u>Main Contact:</u> Steven Dixon Phone: (804) 267-5218 Email: Steven.Dixon@optum.org</p>
 <p>Virginia Premier Plus <small>Powered by VCU Health</small></p>	<p><u>Main Contact:</u> Dr. Cleopatra Booker Phone: (804) 819-5151 ext. 54239 Email: Cleopatra.Booker@vapremier.com</p>

Claim Submission

Claim submission is permitted weekly or monthly

Aetna Better Health encourages participating providers to electronically submit claims through Change Healthcare, aka Emdeon.

You can submit claims via Change Healthcare at <http://www.changehealthcare.com>.

Before submitting a claim through your clearinghouse, please ensure that your clearinghouse is compatible with Change Healthcare standards and protocol.

Please use the following Provider ID and Submitter ID when submitting claims to Aetna Better Health:

PAYER ID# 128VA

Paper Claims should be submitted to us at:

Aetna Better Health

Attn: Claims Department

P.O. Box 63518

Phoenix, AZ 85082-3518

Provider Submitted Appeals

A provider may file an appeal on behalf of a member, a formal request to reconsider a decision (e.g., utilization review recommendation, administrative action), with us in writing, within sixty (60) calendar days from the postmark on the Aetna Better Health Notice of Action. All verbal appeals must be followed up in writing. All written appeals should be sent to the following:
Aetna Better Health of Virginia

**Attn: Appeals and Grievance Dept.
9881 Mayland Dr
Richmond, VA 23233**

An acknowledgement letter will be sent within three (3) business days summarizing the appeal and will include instruction on how to:

- Revise the appeal within the timeframe specified in the acknowledgement letter
- Withdraw an appeal at any time until Appeal Committee review

Additional information is located in the Provider Manual.

Clearing House and Clean Claims

- We accept both paper and electronic claims
- Change Healthcare (Emdeon) is preferred clearinghouse: 1-877-469-3263 or by visiting <http://www.changehealthcare.com>.
 - EDI claims received directly from Change Healthcare (Emdeon)
 - Processed through pre-import edits to:
 - Evaluate data validity
 - Ensure HIPAA compliance
 - Validate enrollee enrollment
 - Facilitate daily upload to Aetna Better Health system
 - We process clean claims according to the following timeframes:
 - 95% of all clean claims adjudicated within 30 days of receipt
 - 100% of all claims adjudicated within 60 days of receipt
 - A “clean claim” is a claim that can be processed without obtaining additional information from the provider of a service or from a third party.

Important- Providers are prohibited from balance billing Aetna Better Health of Virginia enrollees for costs of any covered service, which includes any coinsurance, deductibles, financial penalties, or any other amount in full or in part. Payments that providers receive are, in whole or in part, from federal funds. (Except Part D Pharmacy Copay's)

Prior Authorizations

Behavioral Health	
Service Authorization Decision Timeframes	Turnaround Times
Standard UM Review (to include outpatient and CMHS)	3 business days if all clinical information is available or up to 5 business days if additional clinical information is required or as expeditiously as the Member's condition requires.
Initial and Concurrent Inpatient	1 business day if all clinical information is available or up to 3 business days if additional clinical information is required or as expeditiously as the Member's condition requires.
Expedited Urgent – Pre-service Inpatient	3 hours
Expedited Urgent reviews for other urgent services	24 hours

Important contacts and phone numbers

Medallion/FAMIS – Member Services 1-800-279-1878 (TTY 711) Monday-Friday, 8 a.m. to 5 p.m.	Director of Behavior Health/ARTS Coordinator – Harry J. Keener, PhD, LPC, LMFT, LSATP keenerh@aetna.com (804) 350-0816 (C)
CCC Plus – Member Services 1-855-652-8249 (TTY 711) 24 hours a day, 7 days a week	Behavior Health Services Manager – Lauren Bayes, LPC bayesl@aetna.com (959) 230-3524 (O)
Provider Relations – 1-855-652-8249 (follow prompts) Aetnabetterhealth- VAProviderRelations@aetna.com	Escalated issues related to credentialing – Patricia Thomas, Manager Provider Relations thomasp2@aetna.com
CMHRS Authorization Requests are received by fax only Fax: 866-669-2454	Claims Contact – Bernice McGee, bmcgee@aetna.com

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

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

- Bernard Christmas (Statewide): Bernard.Christmas@anthem.com

Behavioral Health

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



Magellan Complete Care CMHRS Provider Information

Magellan
COMPLETE CARE®

Magellan Complete Care Authorization Information



Submit Service Authorization/Registration Requests by Fax to MCC of VA:

- **1-866-210-1523**
- Please fax all supporting documentation with the request

Utilization Management Decision Turnaround Standards:

- Magellan Complete Care will utilize the contract standards of 3 business days or up to 5 business days if additional clinical information is required

Provider Authorization/Registration Request Timeframes for Submission to MCC of VA:

- CMHRS (excluding Crisis Intervention/Crisis Stabilization) is 7 business days
- Crisis Intervention/Crisis Stabilization is 48 hours

Providers will be notified of authorization approvals or denials by letter and/or phone

Note: For denials, a letter would be sent by MCC of VA to both the provider and member, to meet NCQA requirements.

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 or email us:
VAMLTSSProvider@MagellanHealth.com or:
VAM4Provider@magellanhealth.com



Provider services

CCC Plus: 1-800-424-4524
Medallion 4.0: 1-800-424-4518
www.MCCofVA.com

AUTHORIZATION REQUESTS

Call: 800-424-4518

*Authorizations will also be accepted
online at www.MCCofVA.com*

REGIONAL CONTACTS:

Northern/Winchester/Central

Kishwar Johnson, Manager, Network Management
M 571-232-9127 | E Kijohnson4@magellanhealth.com

Tidewater/Central

Ciara Noble, Manager, Network Management
M 757-407-7457 | E cnoble2@magellanhealth.com

Charlottesville-Western/Roanoke- Alleghany/Southwest

Brian Segall, Manager, Network Management
M 804-401-7251 | E bsegall@magellanhealth.com

ORIENTATION & TRAINING

Take advantage of one of our online
trainings available on the provider portal at
www.MCCofVA.com

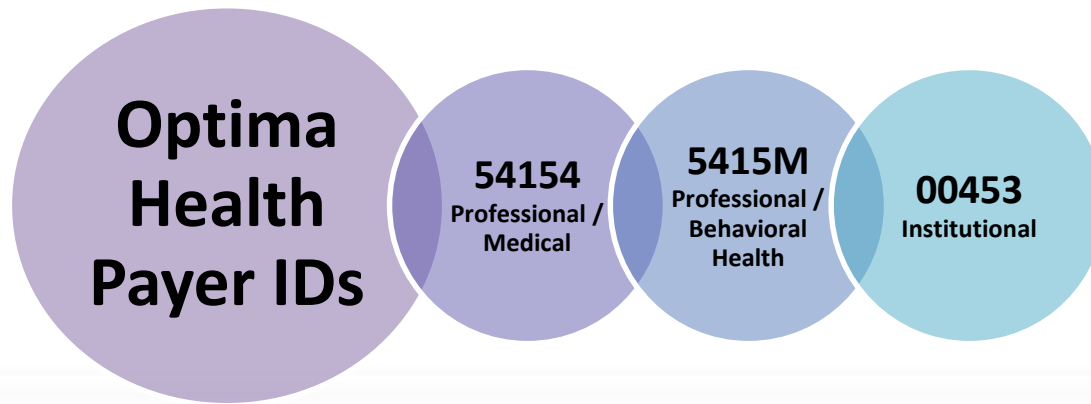
CMHRS Participation

All providers requesting participation with Optima Health to offer CMHRS services to OFC Medallion 4.0 members must complete the Licensure, Corrective Action Plan and Audit Review (LCAR) and be contracted by Optima Health.

- ✓ Access Optima Health Provider Application Packets on the Contact Us page of optimahealth.com/providers.
 - ✓ Complete and submit the [CMHRS Application Packet](#).
 - ✓ Licensed ABA practitioners must be individually credentialed by the Optima Behavioral Health Credentialing Committee. A [Behavioral Health New Provider Application Packet](#)
- CMHRS Providers are contracted as an organization (agency) type provider and all services are billed under the organization's NPI. Except for ABA practitioners, individuals within the CMHRS organization are not required to be credentialed by Optima Health.

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...

Drug formularies and pharmacy authorization forms

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**

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 Name]'. The main header features the Optima Health logo and a search bar. Below the header is a navigation menu with links for 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 doctor with a stethoscope. Overlaid on the banner is a 'New Participating Providers' section with a 'Frequently Asked Questions' button. Below the banner is a section titled 'Optima Health Providers' which 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 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 shows the 'View Eligibility' page in the Optima Health Provider Connection system. The page has a navigation menu on the left with categories like Eligibility, Authorizations, Claims, and Reports. The main content area is titled 'View Eligibility' and includes a search section with fields for Policy ID, Member Number, Medicaid ID, Member Social Security Number, Member Last Name, and Member First Name. There are 'OR' options between the fields and a 'Search' button at the bottom. A note below the search button states 'Only the first 100 matches will be displayed.'

- 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: Resources

Key Contact	Department	Phone / Fax
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 Fax: (866) 751-7645
PROVIDER RELATIONS (PR)	PR & Eligibility Verification (Medical)	Phone: (800) 229-8822 Fax: (855) 687-6270
	(Behavioral Health)	Phone: (800) 648-8420 Fax: (888) 576-9675

UnitedHealthcare (UHC) Community Plan

Medallion 4.0

Our Medicaid and FAMIS plans focus on keeping families well in their home and community.



Behavioral Health Provider Information for Medallion 4.0 CMHRS

UnitedHealthcare Community Plan

Contact Information:

*Providers should always start by contacting us at **844-284-0146** .*

For escalated issues with claims or credentialing, please contact your Network Manager:

Tidewater and Central

Taylor Fink

Phone: (763) 361-6233

Email: Taylor.Fink@optum.com

Northern/Winchester

Frank Rizio

Phone: (763) 321-2562

Email: Frank.Rizio@optum.com

Charlottesville/Western

Roanoke/Alleghany

Southwest

Brittany Meadows

Phone: (952) 202-6601

Email: brittany_e_meadows@optum.com

ABA All Regions

Elizabeth Rubin

Phone: (763) 321-3283

Email: elizabeth.rubin@optum.com

Behavioral Health Provider Information for Medallion 4.0 CMHRS

UnitedHealthcare Community Plan

Authorizations & Registrations:

Providers should always submit the appropriate authorization or registration request forms to:

FAX: 855-368-1542

Online: www.providerexpress.com

*Request will be processed within 3 business days (5 business days if additional information is needed)
Providers will be notified by letter of authorization decision .*

For continued stay , submit requests up to 14 days prior to end date of current authorization.

Claims & Billing Information

Option 1: Submit Online at www.unitedhealthcareonline.com

Option 2: EDI/Electronically
Payer ID for submitting claims is **87726**

Option 3: Paper Claims
Use CMS Form m1500 and mail to:
United Healthcare Community Plan
P.O. Box 5270 Kingston, NY 12402

All clean claims will be processed within 14 business days





Virginia Premier Elite Individual (Medallion 4.0)

Powered by
 **VCU**Health.

Provider Contracting & Credentialing

Contracting Specialist can assist providers with information regarding joining the Virginia Premier Network.

Contracting Phone Number: **1-800-727-7536 Option 6**

Important Provider Web Links Include:

Virginia Premier Website: <http://www.vapremier.com/>

Join Our Network: <https://www.vapremier.com/providers/join-our-network/>

Provider Portal Link: <https://www.vapremier.com/providers/medicaid/provider-portals/>

Credentialing Specialist can assist providers with information regarding the status of their Credentialing Application.

Credentialing Contact Information:

Email: VPCred@vapremier.com

Phone: 1-855-813-0385

Fax: 1-804-819-5171

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.

Service Authorization Timeframes:

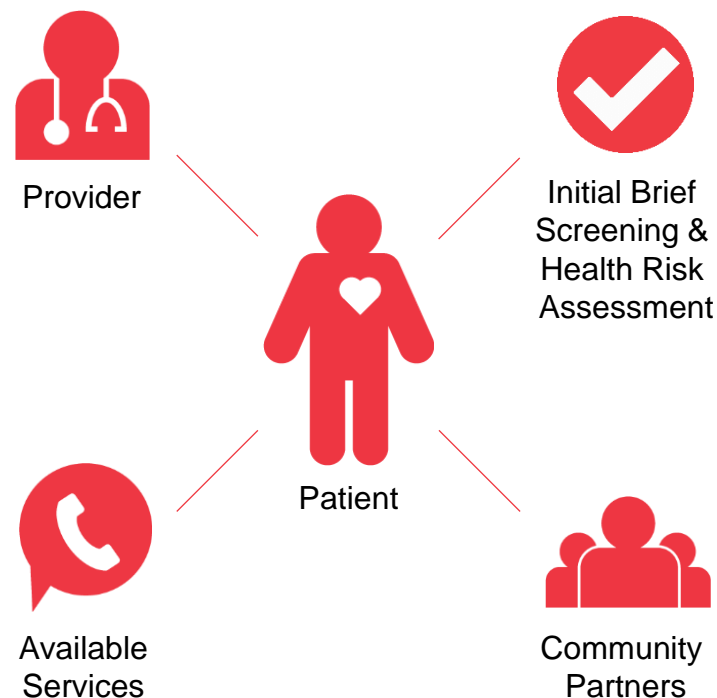
- Authorization request are handled in 3 days business days when submitted with all of the necessary clinical information.
- Authorization request requiring additional clinical information are handled in 5 business days.

Care Coordination:

- 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



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	1-800-981-8601
Change Healthcare	VAPRM	1-866-371-9066

Provider Portal

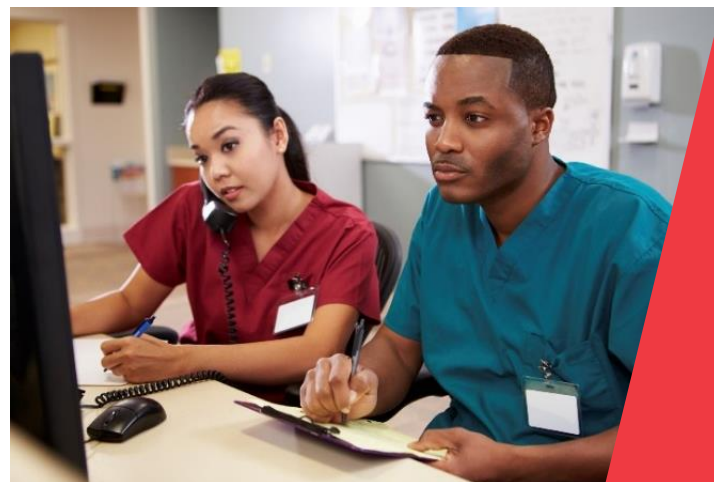
Submit CMS 1500

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**



QUESTIONS?



M4.0-CMHRS@DMAS.Virginia.Gov