

VIRGINIA PREMIER HEALTH PLAN, INC.

Provider Newsletter

MARCH 2007

From the Medical Director

Once again I take this opportunity to thank the providers for the excellent quality healthcare provided to our members at Virginia Premier Health Plan, Inc. (VPHP).

Good news!! Effective February 1, 2007 VPHP eliminated referrals for in-network providers (*see copy of the letter of notification in this newsletter). VPHP has heard from the providers, and hopefully this will streamline the care for the members. Please continue the communication between PCP and specialists with follow-up letters and phone calls.

The clinical practice guidelines that were updated for this year are available on the web site. Please review these and remember VPHP welcomes any feedback or suggestions.

VPHP's Quality Improvement Program 2006-2007 was reviewed and approved by its Quality Improvement Committee. The QI Program is extensive in scope, and if you wish to view it on our website, go to www.virginiapremier.com. If you desire a hard copy please send a request to our Director of Quality.

VPHP Pharmacy and Therapeutics committee meets quarterly to update new medications and review its Preferred Drug List. In the meeting of January 5, 2007, the following capsule summary of actions taken may be of interest to our providers:

Classes reviewed: Sedative Hypnotics, Lipotropics,
Recently FDA approved products
(30+ different products)
Injectables- Procrit, Aranespt

Key actions: Rozerem (with criteria) added to the formulary
Simvastatin, simvastatin/ezetimibe, and

Duetact (with criteria)
Added
Removed Lipitor and Sonata (with specific
criteria applied)

Trend Reviews- Migraine medications

Our Pharmacy Benefits Manager is PerformRx, Amerihealth Mercy. All of the key changes are made and updated to Epocrates on a regular basis.

Just a reminder that HEDIS** season is about to kick off and as usual we are depending on all of our providers to help us improve our scores. We are confident that the quality that each of you provide should and will be reflected in our HEDIS scores. Look to hear from our nurses soon.

Until next time,



Melvin T. Pinn, Jr., M.D., M.P.H.
Senior Medical Director

*Referral letter included in the newsletter

**HEDIS-Health Plan Employer Data Information Set

Welcome New Provider Offices

We would like to welcome all new provider offices to our network. A Provider Services Representative will be contacting you within the next several weeks to schedule an inservice for your office. If you need assistance in any way before that time, a Provider Services Representative can be reached at the following numbers:

RICHMOND/CENTRAL/WESTERN VA:

(804) 819-5151
(800) 727-7536
Option 6

AVM Consulting, LTD
Care Diabeters and Endocrinology, LLC

TIDEWATER VA:

(757) 461-0064
(800) 828-7989
Option 5

Bon Secours Heart Institute
The Spine Center of Chesapeake

SOUTHWEST VA:

(540) 344-8838
(888) 338-4579
Option 5

Alleghany Medical Services
Carilion Family Medicine/Lexington
Internal Medicine of Blacksburg
Jennifer Oginz, LPC

CLAIMS CORNER

USE OF MODIFIERS

Modifiers are important in determining the level of reimbursement for services rendered in different settings. Include modifiers when appropriate to avoid unnecessary delay or reduction in payment. Situations that require modifiers include:

- Billing of multiple surgical procedures
- Radiological procedures
- For facilities providing both the technical and professional component, no modifier is necessary. A global payment will be made for this service.
- For vendors only providing the reading of the x-ray, use a “26” modifier.
- For vendors only providing a technical component, please use a “TC” modifier.
- Same procedure performed by same or different provider on the same date of service: use modifiers – 76 and –77 accordingly to avoid duplication denials.
- Durable medical equipment providers (DME) should ensure that the “RR” modifier is billed for rentals and the “NU” modifier is used for a purchase of equipment.
- For bilateral procedures, the modifier of –50 should be used along with 2 units on one claim line.

BILLING MEMBERS FOR NON-COVERED SERVICES

According to the Department of Medical Assistance Services Contract Article IV, Section F, a Medicaid/FAMIS Plus recipient and VPHP member cannot be billed for covered services even if a financial waiver has been signed. Providers can only bill the member if the member was notified in advance of a non-covered service/s and agreed in writing to pay for the service/s.

PROVIDER TIPS

- File claims electronically whenever possible
- To check on the status of a claim, please contact Virginia Premier Health Plan - Claims Department at (804) 819-5151, press 4
Toll Free:
Central Virginia/Fredericksburg/Western (800) 727-7536, press 4
Tidewater (800) 727-7536, press 4
Western (800) 727-7536, press 4
Southwest (800) 727-7536, press 4

Please allow roughly 30 days after you file a claim before you inquiry. This gives VPHP an adequate amount of time to process your claim/s and this also assists in providing timely responses to your “Status Checks”.

CLAIM AUTOMATION IMPROVEMENT

Virginia Premier Health Plan, Inc is excited to announce that it has automated the assignment of APDRGs and claim payment for claims reimbursed under an APDRG methodology. This new process has been validated through several test phases, involving hundreds of claims, to ensure that the APDRG assignments and claim payments are accurate. This process was moved into production on March 9, 2007.

Through the automation of this process, we have reduced the time to process an APDRG claim from 8 business days down to 1 business day. In addition, since this process is now automated, we have significantly reduced the number of data entry errors that impact the determination of the appropriate APDRG code, which in-turn leads to an incorrect payment amount.

Please make special note of inpatient claims processed after March 9, 2007. We are confident that this process is functioning properly and do not expect any issues; however, please let us know if you have any questions or concerns. The Claims Department can be reached by dialing 800-727-7536 or 804-819-5151.

We hope you find this new process beneficial to your operations and that it clearly demonstrates to you our appreciation for the excellent service you provide to our members.

Sincerely,

Michael T. Parker
Vice President, Claims and Encounters

INTEGRITY BY THE NUMBERS

VPHP maintains a confidential helpline where you can report a concern. The call can be confidential and your identity unknown. If you suspect or witness a violation, call the Compliance Helpline at: **1-800-620-1438** 24/7/365, toll free.

FINANCE CORNER

Happy New Year to everyone! The New Year brings us into tax time and this means... it's 1099 season again! Please carefully review the 1099s received from us. If you notice that any information on your 1099 form is incorrect, please immediately contact Janet Shaw, at (800) 727-7536 or (804) 819-5151 ext. 5226 with the correct information. After receiving the correct information, we will promptly send you a corrected 1099 form as soon as possible.

Also, if you notice that the name on your check is not the name that matches your tax id number submitted to the IRS, please contact the Contracting department promptly with the correct information. The Contracting Representatives are as follows:

Contracting Representative	Assigned Region	ContactNumber
Vicky Bohanon	South West Virginia	(800) 727-7536 or (804) 819-5151 extension 5332
Diane Gaillard	Western Virginia	(800) 727-7536 or (804) 819-5151 extension 5223
Harold Johnson	Richmond/Central Virginia	(800) 727-7536 or (804) 819-5151 extension 5297
Sonya Saunders	Tidewater & Fredricksburg	(800) 727-7536 or (804) 819-5151 extension 5333

ELIGIBILITY VERIFICATION REMINDER

Because members can lose eligibility at the end of any given month, it is very important that you verify eligibility each time a patient presents for service. Presentation of an insurance card is no guarantee that a patient has insurance coverage. Therefore, it is always best to verify insurance coverage prior to rendering services.

Following this simple reminder will help to ensure that pre-authorization rules are adhered to when necessary, and will help ensure that your submitted claim is paid in a timely manner.

For your convenience, the sources listed below have been established to aid you in verifying patient's insurance benefits.

Medicall (The Virginia medical assistance auto response system):

1-800-884-9730

VPHP Website:

www.virginiapremier.com

VPHP Member Services Departments:

Richmond Regional Office

600 East Broad St, Suite 400
Richmond, Virginia 23219

Member Services

(804) 819-5151
(800) 289-4970

Tidewater Regional Office

5029 Corporate Woods, Suite 100
Virginia Beach, Virginia 23462

Member Services

(757) 461-0064
(800) 828-7953

Roanoke Regional Office

4910 Valley View Boulevard, Suite 202
Roanoke, Virginia 24012

Member Services

(540) 344-8838
(888) 338-4579

POST DELIVERY SERVICES AND HOME HEALTH

All VPHP post-partum members will receive a clinical home health visit by a Registered Nurse within 48 - 96 hours of discharge unless refused by the member or attending OB/GYN physician. This home visit allows the nurse to check vital signs on both the mother and infant, measure and weigh the baby, and draw blood for bilirubin if requested by the pediatrician. The nurse will also assist with information on breast/bottle feeding, cord care, and other post-partum/newborn questions the mother may have. The clinical notes are sent to the physician by the home health agency. If the order for the post-partum visit is not included on the discharge orders the home health agency will request a signature by the attending OB/GYN physician.

REFERRAL REMINDER

*This is a follow-up reminder to the letter that was sent in December 2006. Virginia Premier Health Plan, Inc. will **NO LONGER** require referrals for in-network Specialty office visits!*

Effective for dates of service on or after **February 1, 2007**, Virginia Premier Health Plan, Inc. will no longer require a referral (MD office visits) to a participating (**in-network**) specialist for its members. Members must use a participating specialist but can access out of network specialists with a prior authorization from Virginia Premier.

Virginia Premier wants to ensure that our members continue to receive appropriate care without duplication of resources. All previous prior authorization requirements are still in effect. In addition, Virginia Premier will require prior authorization from the treating practitioner for the following outpatient test/services:

1. Psychiatric diagnostic or evaluative interviews (90801) beyond one interview per year
2. Behavioral Health visits after the initial 3 visits per year
3. All outpatient visits for PT/OT/Speech (including the initial consultation visit)

Please Note: This is a change or clarification to the prior-authorization requirements.

Virginia Premier is committed to ensuring coordination and communication between the member's PCP and specialist; therefore, we ask the following to continue as a standard of practice.

- PCP communication to the specialist that the member is being recommended by the PCP to see the specialist
- A written report from the specialist to the PCP informing them of the evaluation and care rendered

If you have questions, please contact your local provider services representative at:

Richmond/Central Virginia/Fredericksburg	800-727-7536
Tidewater	800-828-7989
Roanoke	888-338-4579
Harrisonburg	800-595-1630

COMPLIANCE PHILOSOPHY

Virginia Premier Health Plan, Inc (VPHP) is committed to conducting all facets of its operations in compliance with relevant laws, regulations, policies, and procedures.

The foundation for this approach is a **zero tolerance** for fraud and abuse with every effort made to eliminate waste.

The VPHP compliance plan and policies are designed to be a continuous process of education, monitoring, detection, correction, and reeducation.

NATIONAL PROVIDER IDENTIFIER (NPI)

Get It. & Share It. NPI Compliance Date: May 23, 2007!

Do you have your NPI?

Getting an NPI is easy & free – Not Having One Can Be Costly

If you are a health care provider who bills for health care services, you need an NPI. Getting an NPI now safeguard your cash flow and that of your health care partners as well. If you have not done so, please contact VPHP and give us your NPI number. It only takes minutes. Submission just got easier. Please go to www.virginiapremier.com and complete the form online. If you do not have access to a computer, please contact our office at (800) 727-7536 ext. 5204 and we will send you the form. Once completed, please fax information to (804) 819-5366.

QUALITY CORNER

It is the ongoing mission of Virginia Premier Health Plan, Inc.'s (VPHP) Quality Improvement (QI) Program to ensure that all members receive the highest quality care and access from network practitioners, hospitals and other health care providers. VPHP worked on projects in 2006 that focused on ensuring high quality and improving services, and it is excited about the quality activities for 2007. Quality Committees are responsible for oversight of VPHP's QI activities. Activities are structured around ongoing quality monitoring and reporting, management of grievances, peer review, and the identification of targeted QI studies.

VPHP has completed its 2006 Quality Improvement Evaluation. The summary and outcomes report detail the successful outcomes and challenges related to every quality activity undertaken in 2006. Updates regarding the QIP were also included in the September and December 2006 newsletters.

VPHP is currently in its final phase of development of the 2007 Quality Improvement Program (QIP) Description and Work Plan. The QIP will be posted on the website once it is finalized. So, please visit the VPHP website at www.virginiapremier.com within the next two months. If you would like a hard copy of the QIP Description, please contact the QI Manager and request a copy.

If you would like more information regarding quality activities for 2006 or 2007, please contact Pamela Small, QI Manager, at psmall@vapremier.com or Jamie W. McPherson, QI Director, at jmcpherson@vapremier.com or call 800-727-7536.

PRACTITIONER GOLDEN-GLOBE AWARD (PGA) ELIGIBLE RECIPIENT

VPHP salutes the following practitioner for her outstanding accomplishments in the area of Quality:

Dr. Michelle Whitehurst-Cook

VCUHS Nelson Clinic
401 North 11th St
Richmond, VA 23298

Dr. Michelle Whitehurst-Cook is a participating VPHP practitioner. She received the National Association of Medical Minority Educators President's Award. The NAMME President's Award is given annually to a health professional having distinguished service in the health field or demonstrated excellence in quality practice in one of the health professions as evidenced by commitment to the health of minorities and other disadvantaged citizens in the

community, healthcare institutions and/or academic institutions of higher education. Dr. Whitehurst-Cook is currently Associate Dean Of Admissions for the VCU School of Medicine, President of the Richmond Medical Society and Vice President of the Old Dominion Medical Association.

Please Note: At the end of each fiscal year (June 30) at VPHP, the most outstanding practitioner will be awarded the *Practitioner Golden-Globe Award (PGA)* in the form of a plaque to post in his/her office. Other recognition efforts may also be utilized.

Reminder: If you know a practitioner who has received an award and/or special designation in his/her field, please submit a PGA form via fax to 1-866-284-1057, Attn: Quality Director.

VPHP'S MEDICAL RECORD KEEPING POLICY

It is the policy of Virginia Premier Health Plan, Inc. (VPHP) to require medical records to be maintained by all affiliated practitioner offices and/or medical center locations in a manner that is current, detailed, organized, and facilitates effective, confidential patient care and quality review. Medical record standards have been established to help ensure communication, coordination of care across the healthcare continuum, and continuity of care to promote efficient and effective treatment.

PROCEDURES/GUIDELINES:

1. Medical record standards and best practices will be distributed and/or communicated, at least annually, to practitioners and appropriate VPHP staff in an effort to educate and improve medical record keeping and documentation.

A. The method of distribution will be one or more of the following:

- Provider Newsletters
- VPHP Web Site
- Postal Service
- On-Site Visit
- E-Mail

B. VPHP departments/committees to be included in the distribution are as follows:

- Quality Improvement Department
- Credentialing Department
- Provider Services Department
- Medical Management Department
- Contracting Department
- Credentialing Committee
- Quality Improvement Committee
- Continuous Quality Improvement Committee

2. Monitoring of VPHP compliance to this policy occurs in one or more of the following ways:

- Audits performed by VPHP employees not assigned to the Quality Improvement (QI) department.
- Audits performed by the Quality Improvement Department Manager and/or Director.

3. Medical Records Keeping Requirements

A. Confidentiality of medical records will be maintained by ensuring:

1. Medical records are stored securely (i.e., confidential filing system, etc.)
2. Only authorized personnel have access to medical records

3. Periodic training, and as needed, on confidentiality related to member information

B. The medical records are well organized.

C. Medical records are easily retrievable

E. Medical record documentation standards will be utilized (see attachment A). Each medical record must include the following:

1. All services provided directly by a PCP
2. All ancillary services and diagnostic tests ordered by a practitioner
3. All diagnostic and therapeutic services for which a member was referred, such as:
 - Home health nursing reports
 - Specialty physician reports
 - Hospital discharge reports
 - Physical therapy reports
4. History and physical
5. Allergies and adverse reactions
6. Problem list
7. Medications
8. Documentation of clinical findings and evaluation for each visit
9. Preventive services/risk screening

4. A Quality Improvement Coordinator (QIC) may conduct medical record keeping practices and content reviews for the purpose of assessing medical records for:

- Initial credentialing medical record keeping practices only (A blinded or model record will be reviewed on initial site visit)
- Follow-up review for past failed reviews every six months after initial review to monitor progress until performance standards have been met
- Review for HEDIS measures against its standards and identify deficiencies and enhance quality improvement and/or activities
- Assess the achievement of performance goals (random sampling may be utilized)
- Review a sample of medical records based on a practitioner's volume of members, past documentation deficiencies or other criteria to meet VPHP goals of providing improved quality and cost effective care
- Quality of Care investigation of issues or grievances

5. Review performance data will be entered into the individual practitioner's credentialing file and incorporated

into the re-credentialing process.

6. The QI department collects effectiveness of care performance data annually, which may also include medical record abstractions. The QIC facilitates the reporting of HEDIS results to internal and external customers to enhance performance improvement regarding care and services, in addition to any medical record documentation findings that need to be addressed, e.g., timeliness of care per established HEDIS measures, VPHP Clinical Practice and /or Preventive Services Guidelines. A QIC maintains all applicable documentation and performance data in designated confidential databases and/or practitioner performance files.
7. At the time of the review, a (QIC) provides feedback to the practitioner/office manager concerning the results of the review, which includes suggestions for corrective actions for any deficiencies noted during the review. The QIC will offer sample materials, such as best practices, forms and/or other information to improve medical record keeping and to assist the practitioner in correcting noted deficiencies.
8. A follow-up letter will be sent to practitioners with identified deficiencies with a suggested action plan for improvement.
9. Practitioners scoring less than 90% of the performance goal will be expected to document and implement a corrective action plan. A follow-up visit will be conducted at least every six months after the initial review to monitor progress and/or until the performance standards have been met. The review tool will be updated in Vistar” to reflect corrective action progress. If deficiencies are not resolved within a six month time frame, cases will be presented to the Senior Medical Director and/or Credentialing Committee for review and to possibly begin a sanctioning process with the practitioner.
10. Annually, a report will be presented to the Quality Improvement and Continuous Quality Improvement Committees summarizing the Medical Record Keeping Review and Medical Record outcomes, including identified trends by practitioner or issue. Problematic trends will be evaluated and corrective action plans initiated as necessary.

MEDICAL RECORD KEEPING PRACTICES - BEST PRACTICE TIPS FROM THE QUALITY IMPROVEMENT DEPARTMENT

In an effort to assist practitioners to achieve a perfect score for Medical Record Keeping Practices, please review the list compiled below, which contains a few tips to help ensure success.

- Individual charts should be maintained for all patients, no family charts
- Confidentiality should be maintained at all times.
Recommended Best Practice: Records are secure and not accessible to patients or others. For example, out of public access, locked files, locked file room door.
- Records should be organized.
Recommended Best Practice: Separate sections in each chart using tabs or color coded sheets.
- Allergies should be clearly identified.
Recommended Best Practice: Color coded label listing allergies and *type of reaction*.
- Problem list should be in each record.
Recommended Best Practice: The current Problem List should be on the first page of the chart and updated when changes occur.
- Demographic sheet should be updated each visit for correct address and phone number.

CULTURAL COMPETENCY TRAINING – ALERT: ALL PRACTITIONERS PLEASE COMPLETE

VPH is very pleased to announce the continuation of a network-wide quality initiative, with a patient based focus, that will educate and strengthen each practitioner’s skill set when delivering quality care to culturally diverse populations.

The American’s Health Insurance Plans (AHIP) Association is one of VPH’s partners in Quality. AHIP is the national association representing nearly 1,300 member companies providing health insurance coverage to more than 200 million Americans, including Medicaid recipients. Two of AHIP’s goals, as well as VPH’s, include expanding access to high quality and cost effective health care to all Americans.

AHIP has developed a Continuing Medical Education Course (1.0 Category, 1 Credit toward AMA’s Physician Recognition Award) that addresses Cultural Competency.

Please find the specifics below:

- The course is **FREE**.
- The Course takes 20 minutes.
- Please access the website:
<http://qualityinteractions.org/ahip/index.html>

You will learn how to:

- Communicate effectively across cultures
- Identify issues related to health disparities
- Define common terms related to cross-cultural communication
- Review three business, medical, and legal reasons for improving cultural competency
- Assess key concepts on cross-cultural care

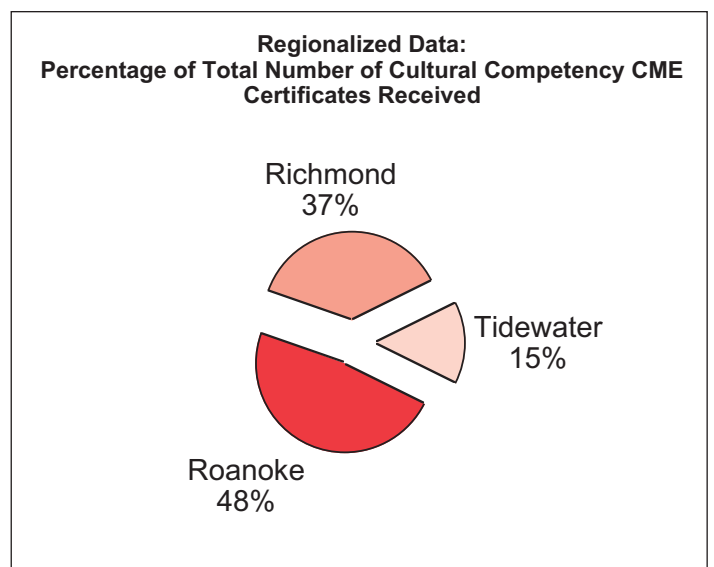
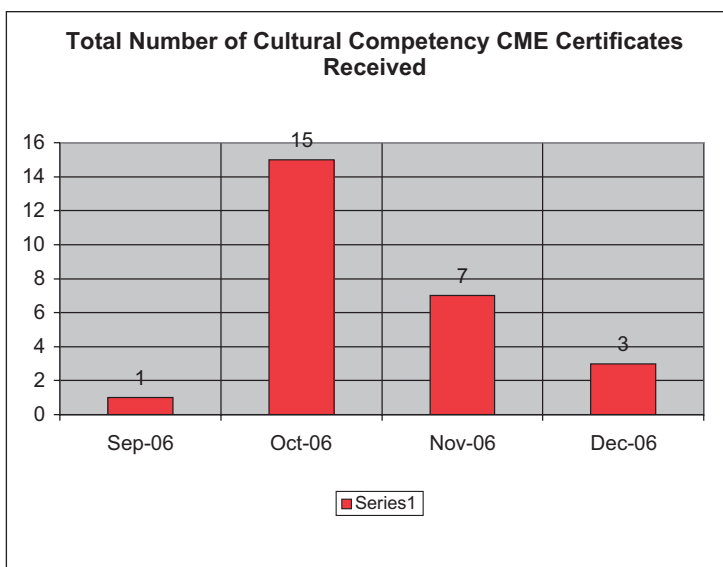
VPH strongly encourages each participating practitioner to complete this course, as it can improve the quality of care you deliver to VPH patients and your other patients of diverse populations. Once you have completed the course and received your CME Certificate, please mail a copy of your CME Certificate to VPH at the address below to be included in your credentialing file:

*Credentialing Department Manager
P.O. Box 5307
Richmond, VA 23220-0307*

If you have questions regarding this new network-wide quality initiative, please feel free to contact Jamie W. McPherson, MPA, BSN, Director of Quality Improvement at 800-727-7536 ext. 5179 or email her at jmcpherson@vapremier.com.

PLEASE FIND THE CULTURAL COMPETENCY COMPLETION STATS BELOW:

As of December 31, 2006, 27 practitioners had completed the cultural competency continuing medical education course. The completion rate represents less than 1% of the total network, but the initiative will be available until September 2007. The goal for completion is 50%.



Please help VPH make this network-wide quality initiative a success!! Complete the survey today.

CREDENTIALING CORNER

Department Updates:

- Please be aware that the 2006 Credentialing Program Description is available and located on the Virginia Premier Health Plan, Inc. (VPHP) website at www.virginiapremier.com. If you do not have access to the website, please feel free to contact the Credentialing Department and request that a hard copy be sent to you via mail or email. This document is updated annually in December of each calendar year.
- Effective May 1, 2004, all health care professionals, not just MDs and DOs, can now participate with CAQH. **Every practitioner is highly encouraged to participate by visiting CAQH’s website: www.caqh.org. Currently 46.4% of our participating practitioners utilize this service.**

Benefit of participating with CAQH:

- o The service is **FREE** for practitioners.
- o Each practitioner submits **one** application to **one** central database to meet the needs of all of the health plans and networks participating in the CAQH effort. To obtain a listing of health plans, please visit www.caqh.org. Please note: A typical practitioner contracts with more than twenty (20) healthcare organizations, each of which requires the practitioner to complete a lengthy credentialing application. So, this process significantly reduces the administrative burdens for practitioner offices.
- o Practitioners may easily update their information online or via fax 24 hours a day/7 days a week. Each quarter, practitioners should confirm that the data on file is complete and accurate.
- Site Visits and/or Environmental Assessments for specialists are no longer required by VPHP on recredentialing. Please note: Site Visits will be conducted on PCPs, Ob/Gyns and Behavioral Health practitioners undergoing initial credentialing
- Peer reference forms are no longer required on initial credentialing or recredentialing.

Reminders: *If the following is not done, the Credentialing process will be delayed:*

- For CAQH practitioners, please remember to re-attest your CAQH application every quarter. Otherwise, the credentialing process may be delayed.
- Please make certain that your license and DEA certificates are

current at all times. Otherwise, a Credentialing Specialist will contact your office.

- Please notify VPHP immediately once you have obtained your board certification, if applicable.
- Please remember to submit your Curriculum Vitae, which ***must include a 5-year work history and start date at your current practice in month/year format. Gaps greater than six (6) months must be explained.***
- Please remember to return your Recredentialing Packets within thirty (30) days of receipt. Otherwise, the credentialing process will be delayed.
- Each practitioner has the right to check the status of his/her application, correct erroneous information, and the right to review any information obtained during the credentialing process. Please feel free to contact the designated Credentialing Specialist noted below or the Credentialing Department, if you have questions/concerns.
- Credentialing information is considered highly confidential; therefore, some information may not be provided via phone. Please feel free to contact the designated Credentialing Specialist noted below or the Credentialing Department, if you have questions/concerns.
- If a practitioner is denied access into the Network, the practitioner has the right to appeal that denial. Please be aware that quality concerns may need to be reported to the appropriate authorities.
- VPHP's credentialing process is nondiscriminatory. It is the plan's policy to not discriminate based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures performed or patients treated. Please be aware that this does not preclude the plan from including in its network practitioners who meet certain demographic or specialty needs. It does not preclude the plan from denying participation to a practitioner, if the network is adequate.
- Please feel free to fax any credentialing related documents to 804-819-5171 and/or contact the Credentialing Specialist assigned to your respective geographical region:

Credentialing Specialist	Region	Phone Number
Terra Bumpus	Western VA/Fredericksburg/ Winchester VA	800-727-7536 ext. 5287
Cynthia Pollard	Richmond VA	800-727-7536 ext. 5296
Lesa Martin	Tidewater VA	800-727-7536 ext. 5325
Toora Clarke	Southwest VA	800-727-7536 ext. 5246
Kimberly Paige, Credentialing Manager		800-727-7536 ext. 5323

WHAT TO DO WHEN FILING A REQUEST FOR AN APPEAL:

When filing a request for an appeal, please be sure to always include the following information in, or with your cover letter:

- The denial decision you are appealing (timely filing, failure to verify eligibility, etc.)
- Your Name, Title, and the Medical Facility you represent
- Your Complete Mailing Address
- Member's Medicaid I.D.#.
- A copy of the denial letter that prompted your decision to appeal
- All supporting documentation that you feel will help to reverse Virginia Premier's denial decision.
- Your Phone Number (including area code)
- Member's Name
- Reference/Referral Number (if applicable)

When filing a request for an appeal, please be sure to utilize the correct address for the type of appeal you are filing (see below). Sending your appeal request to the appropriate address, along with the information listed above, will help to expedite the processing of your appeal request.

Type of Appeal:	Mailing Address:	Fax Number:
<ul style="list-style-type: none"> • Timely Filing Issues • Reimbursement Issues • Failure to Verify Eligibility • Requests for Retro-Authorizations (Failure to Obtain Pre-Authorization) • Duplicate Claims • Non-Covered Services • Retro Referral Requests (Failure to Obtain a Referral) 	Virginia Premier Health Plan, Inc. Attn: Claims Appeals P.O. Box 5286 Richmond, Virginia 23220-0286	(804) 819-5174
<ul style="list-style-type: none"> • Lack of Medical Necessity 	Virginia Premier Health Plan, Inc. Medical Management Appeals Attn: Grievances and Appeals Manager P.O. Box 5244 Richmond, Virginia 23220-0244	(804) 819-5186
<ul style="list-style-type: none"> • Expired State License Discrepancies • Expired Mal Practice Insurance Discrepancies • Denial from VPHP's Provider Network 	Virginia Premier Health Plan, Inc. Credentialing Appeals Attn: Grievances and Appeals Manager P.O. Box 5244 Richmond, Virginia 23220-0244	(804) 819-5186

PRESORT
 STANDARD
 U.S. POSTAGE
 PAID
 RICHMOND, VA
 PERMIT 9

VA Premier Richmond
 P.O. Box 5307
 Richmond, Virginia 23220-0307
 VA Premier Roanoke
 4910 Valley View Blvd., NW
 Suite 202
 Roanoke, Virginia 24008
 VA Premier Tidewater
 5029 Corporate Woods Drive
 Virginia Beach, VA 23462

