2020 Provider Workshop

Presented by Moda Health

Welcome

Agenda

- Network updates
- Benefit updates
- HEDIS
- Claims/billing
- Healthcare services
- Appeals

Commercial networks

2021 Commercial networks

2021 Commercial Networks -Alaska

Pioneer

- Individual, small and large group PPO plan
- Tiered benefits
- Offered in Anchorage, Mat-Su, and Kenai Peninsula Boroughs

Endeavor Select

- Small and large group PPO plan
- Offered statewide

Endeavor providence

- Small and larger group PPO Plan

Commercial updates

2021 Alaska networks

- Endeavor Select
  - Alaska Regional Facilities
  - No referrals required
  - Moda contracted providers or First Choice providers for professional services

Commercial updates

2021 Alaska networks

- Endeavor Providence
  - Providence Alaska Facilities
  - No referrals required
  - First Choice or Moda contracted providers for professional services

Commercial updates

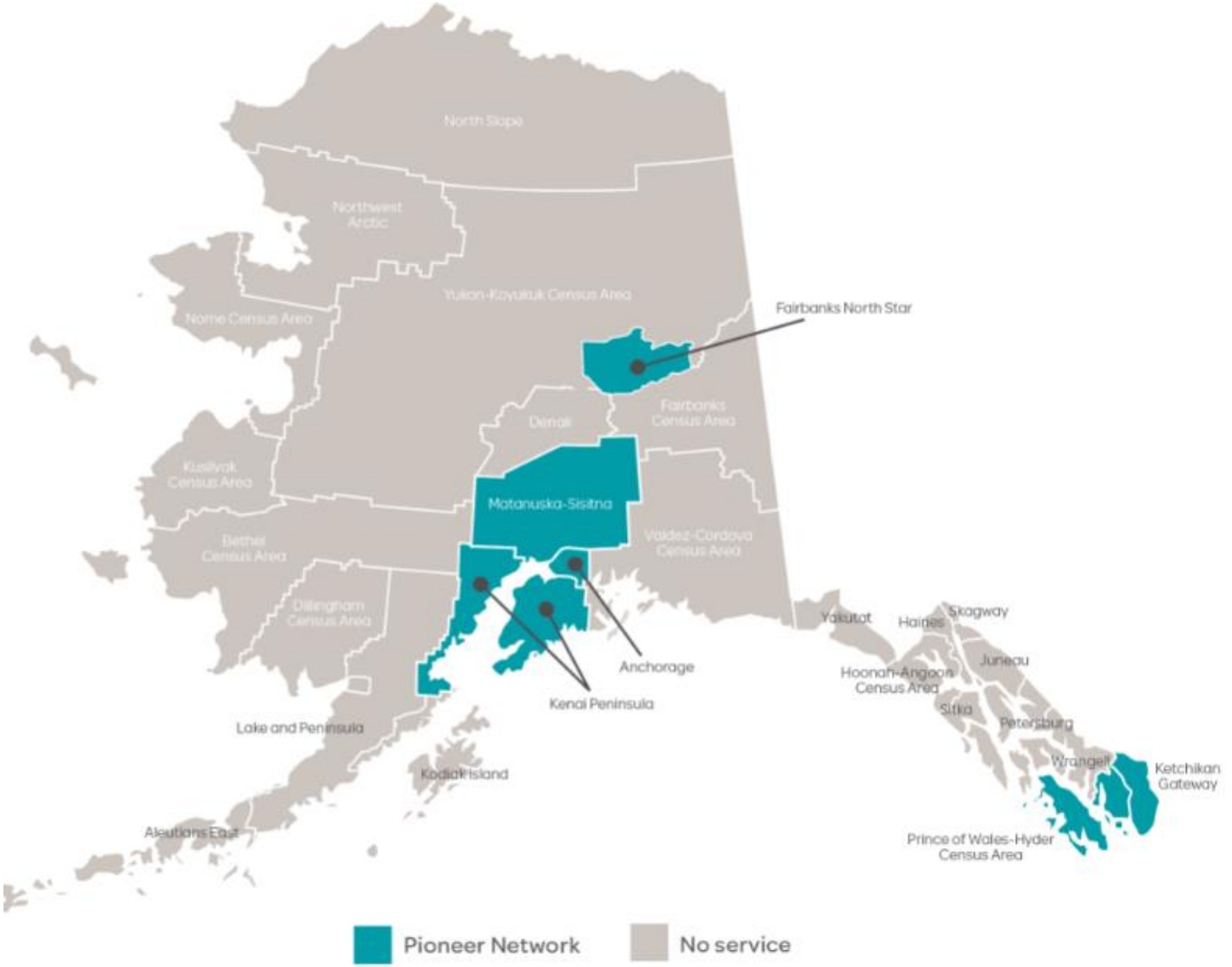
2021 Alaska networks

- Central Peninsula Hospital
  - Central Peninsula Health Partners
  - Central Peninsula Health Partners – Primary Care
  - Alaska Regional Hospital

Commercial updates

2021 Alaska networks

- Pioneer
  - **Tier 1 (Pioneer)**:
    - Central Peninsula Hospital
    - Alaska Regional Hospital
    - Bartlett Regional Hospital
    - Mat-Su Regional Medical Center
    - PeaceHealth Ketchikan Medical Center
    - South Peninsula Hospital
    - Moda contracted providers and First Choice (for network adequacy)
  - **Tier 2**
    - First Choice Providers not in Tier 1
  - **Tier 3 (Out of Network)**:
    - All other Alaska providers and Providence Alaska Medical Center


North Slope
Northwest Arctic
Yukon-Koyukuk Census Area
Nome Census Area
Fairbanks North Star
Denali
Fairbanks Census Area
Kusilvak Census Area
Matanuska-Susitna
Bethel Census Area
Valdez-Cordova Census Area
Dillingham Census Area
Anchorage
Kenai Peninsula
Lake and Peninsula
Kodiak Island
Aleutians East
Yakutat
Haines
Skagway
Juneau
Hoonah-Angoon Census Area
Sitka
Petersburg
Wrangell
Ketchikan Gateway
Prince of Wales-Hyder Census Area
Pioneer Network
No service

Commercial benefits

2021 Benefit changes

Benefit Updates

Pioneer Network

- Primary Care – no copay for first two visits, $25 thereafter
- Urgent Care - $50 copay

Commercial plans

- Diabetes Support - Livongo
- Behavioral Health - Meru
- Telemedicine expansion – CirrusMD
- Wellness – Fitbit rewards incentive

HEDIS

HEDIS

- HEDIS = Health Effectiveness Data Information Set
    - Standardized set of metrics created by NCQA that evaluates clinical quality
    - NCQA accreditation is considered an important indicator of a plan's ability to improve health

Cotiviti

- Fax requests
- On site retrievals

KDJ Consultants

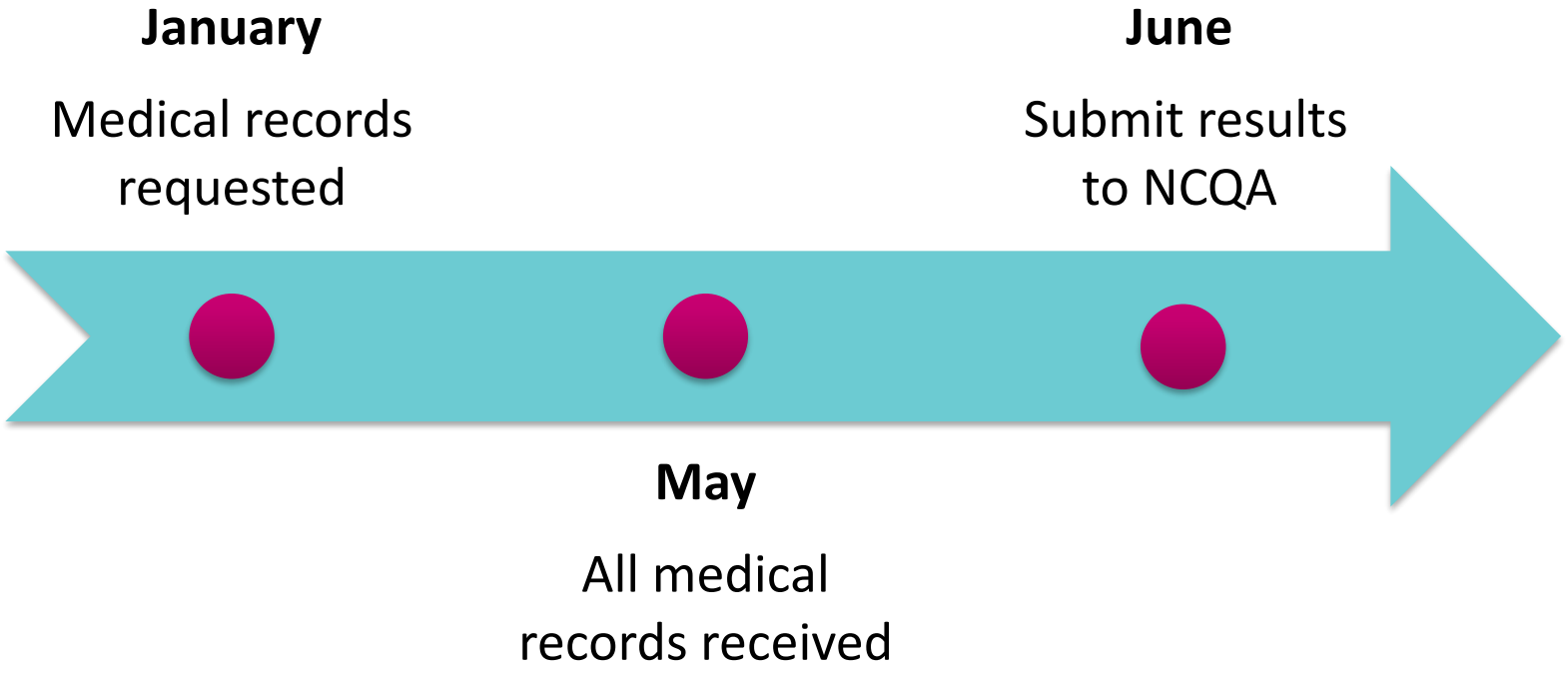
- Remote EMR access

Moda's Remote EMR Access program for HEDIS medical record retrieval

- Our long-standing partners, KDJ Consultants, will work with you to establish remote EMR access
- During HEDIS season, KDJ Consultants will retrieve the required EMR information directly – freeing up your clinic's valuable resources & time
- Remote EMR access is safe, secure, HIPAA compliant & HITRUST certified
- For questions or to sign-up for our Remote EMR Access program, please contact- HEDIS@modahealth.com

HEDIS

Production timeline



HEDIS

New STARS and Medicare Measures

Osteoporosis Screening in Older Women

- 65-75 years with annual osteoporosis screening - includes ultrasound for bone density, Dexa scan, or CT bone mineral density test

Kidney Health Evaluation for Diabetic Patients

- 18-85 years of age with Type I or II diabetes who receive annual kidney health evaluation - **eGFR** and **uACR tests** for all diabetic patients

Cardiac Rehabilitation

- 18 years of age and older - cardiac rehabilitation following a cardiac event

Claims/Billing

Benefit Tracker

- Access BT from two platforms-
  - ModaHealth – modahealth.com/medical/mbt.shtml
  - OneHealthPort - onehealthport.com/sso
- Access to detailed patient benefit information
- Moda Website contains additional information that OneHealthPort may not capture
- Login required for each site
- Information and questions email - ebt@modahealth.com

Claims

New remittance design

- Explanation of Payment (EOP) to highlight info pertinent to the provider
  - Previously known as Payment Disbursement Register (PDR)
- Access to EOP copies through Benefit Tracker
  - Non-contracted providers must request copies through Moda Customer Service

Claims

Corrected claims

- CMS-1500 (Professional)
  - Box 22 of the claim form should have resubmission code 6 (corrected), code 7 (replacement) or code 8 (Void/cancel)
  - Indicate “corrected claim” in box 19
- UB-04 (Facility)
  - Bill Type XX7 (in field 4) indicates a replacement of prior claim or corrected claim
- Address for corrected claim submission:

  P.O. Box 40384

  Portland, OR 97240

Claims

Timely filing

Timely filing guidelines are as follows:

- Commercial plans
  - Initial claim must be submitted within 12 months from date of service
  - Corrected claim must be received 18 months from the last date of adjudication.
    - Up to 30 months for Coordination of Benefits (COB)

Policies and Manuals

Commercial and Medicare policies and manuals:

- https://www.modahealth.com/medical/policies.shtml

Telehealth – Temporary COVID-19

- Moda's website has the most up-to-date reimbursement policy for telehealth/telemedicine
  - Expanded telehealth policy valid during the Public Health Emergency (PHE) modahealth.com/pdfs/reimburse/RPM073_COVID-19TelehealthExpansion.pdf
  - Original telehealth policy - modahealth.com/pdfs/reimburse/RPM052_TelehealthTelemedicine.pdf
- Alaska Commercial plans – the expanded coverage from the state of Alaska directives has been made permanent.
  - AS 21.42.422 & SCS HB 29

Claims

Clinical edits – Clinical Editing Systems

- Professional claims – professional clinical edits, Procedure to Procedure (PTP) edits, and Medically Unlikely Edits (MUE) edits
    - Practitioner PTP edits apply to ASCs
- Facility claims – Outpatient hospital CCI, PTP, and MUE edits
- Claims exempt from Outpatient Prospective Payment System (OPPS) edits, status indicators and rules
    - Critical Access Hospitals (CAH) – Type of Bill 085x
    - Rural Health Clinic (RHC) – Type of Bill 071x
    - Federally Qualified Health Center (FQHC) – Type of Bill 077x
    - modahealth.com/pdfs/reimburse/RPM002.pdf

Claims

Technical Component (TC)/Professional component(PC)

- PC/TC status indicator 1, 6, and 8 – Modifier 26 may be used
- PC/TC status indicator 1 – TC modifier may be used
- Not appropriate to unbundle TC and PC components and bill separately under the same Tax ID
- modahealth.com/pdfs/reimburse/RPM008.pdf

Claims

Multiple Therapy Reductions

- Multiple Therapy Fee Reduction applies to codes with multiple procedure indicator of “5”
- First unit of Therapy code is allowed at full fee schedule amount. Subsequent units/procedures subject to 20% discount
- Multiple therapy fee reduction rules apply to percent of charge or discount contracts
- Moda Health does not apply multiple procedure reductions to Osteopathic Manipulative Treatment (OMT) or Chiropractic Manipulative Treatment (CMT)
- modahealth.com/pdfs/reimburse/RPM022.pdf

Claims

Multiple Therapy Reductions – Example #1

CPT code	Units	Allowed Amt.	Discount	Reduced allowed
97110 (primary)	1	50.00	N/A	N/A
97035	1	40.00	20%	32.00
97140	1	40.00	20%	32.00

Claims

Multiple Therapy Reductions – Example #2

CPT code	Units	Allowed Amt.	Discount	Reduced allowed
97110 (primary)	3	150.00	20% (units 2 and 3)	130.00
97035	1	40.00	20%	32.00
97140	1	40.00	20%	32.00

Claims

Modifiers 58, 78 & 79

- Valid for procedures with Global Days indicator of 010 or 090
- Modifier 58 – Documentation that the subsequent procedure was a staged or anticipated procedure of the original surgery may be included in the operative report for the original surgery or the preoperative documentation.
- Modifier 78 Fee adjustments- 70% of global allowance for that procedure (Medicare Advantage and Commercial)
    - Out of network Medicare Advantage - intra-operative portion of the global allowance
- Modifier 79 – submit documentation with claim or submit upon request
- modahealth.com/pdfs/reimburse/RPM010.pdf

Claims

Clinical edits – Bilateral Procedures

Bilateral Procedure indicator of “1”

- One line, one unit, and modifier 50
  - Also applies to Ambulatory Surgery Centers (ASCs)
- Reimbursed at 150% of usual applicable fee schedule rate

Bilateral Procedure indicator of “3”

- One line, one unit, and modifier 50 ***or*** 2 lines with RT and LT modifiers
- Reimbursed at 200% of usual applicable fee schedule rate

Bilateral Procedure indicator of “0”, “2”, or “9”

- Modifier 50 is invalid for these procedure codes

Claims

Clinical Edits – Medically Unlikely Edits (MUE)

- MUE Adjudication Indicator (MAI) of “1” – appropriate modifiers may be used to report the same HCPCS/CPT code on separate lines.
- MAI of “2” – Absolute date of service limit that cannot be overridden or bypassed with a modifier
- MAI of “3” – Possible, but medically unlikely that that more units than the MUE value would be performed on the same date of service.
    - Edits applied during claims processing
    - Written appeal required for higher quantity consideration

modahealth.com/pdfs/reimburse/RPM056.pdf

Claims

Clinical Edits – Drug and Biologicals, Wastage and/or Discarded Amounts (Modifier JW)

Moda Health will reimburse for discarded or wasted amounts of drug only when all of the following requirements are met

- Drug is only supplied in single-use vials/packages
- Physician's orders must be clearly and completely documented
- Amount administered and discarded amount must be clearly and completely documented
- Amount administered and discarded must be billed on separate lines with JW appended to discarded amount

Claims

Clinical Edits – Drug and Biologicals, Wastage and/or Discarded Amounts (Modifier JW)

Wastage reimbursement only for the minimum amount of drug above what was actually ordered to arrive at the nearest whole vial using the vial size and dose that result in the least amount of wastage.

Example: Physician orders 180mg of Drug. Drug is manufactured in 100mg or 150mg single use vials. Physician uses two 100mg vials and is reimbursed for 20mg of wastage

Example: Physician orders 180mg of Drug. Drug is manufactured in 100mg or 150mg single use vials. Physician uses one 100mg vial and a 150mg vial. Physician is still only reimbursed for 20mg of wastage

Claims

Clinical Edits – 340B discount program

- Drugs and biologicals purchased through the 340B Drug Pricing Program must be billed using modifier, JG or TB.
- Reimbursement is 22.5% less than Average Sales Price (ASP)
- Discarded drug amounts should be billed on a separate line with the JW modifier and the appropriate 340B modifier

modahealth.com/pdfs/reimburse/RPM063.pdf

cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Billing-340B-Modifiers-under-Hospital-OPPS.pdf

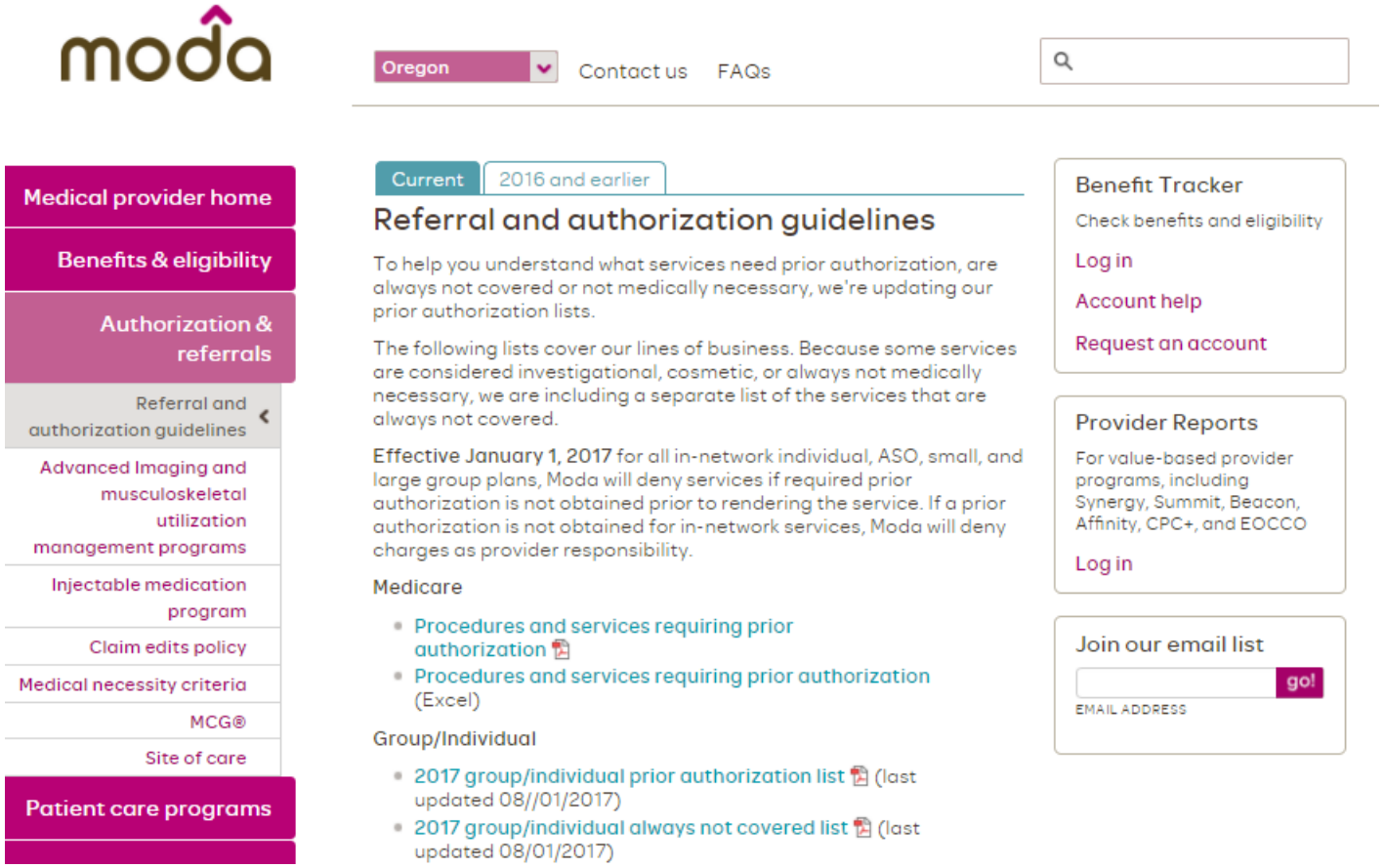
Claims

National Correct Coding Initiative (NCCI) links

- MUE information: cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE
- PTP coding edit information: cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits
- NCCI FAQ: cms.gov/medicare/national-correct-coding-initiative-edits/ncci-faqs

Healthcare Services

Prior Authorizations / Referrals



https://www.modahealth.com/medical/referrals/

Healthcare Services

eviCore

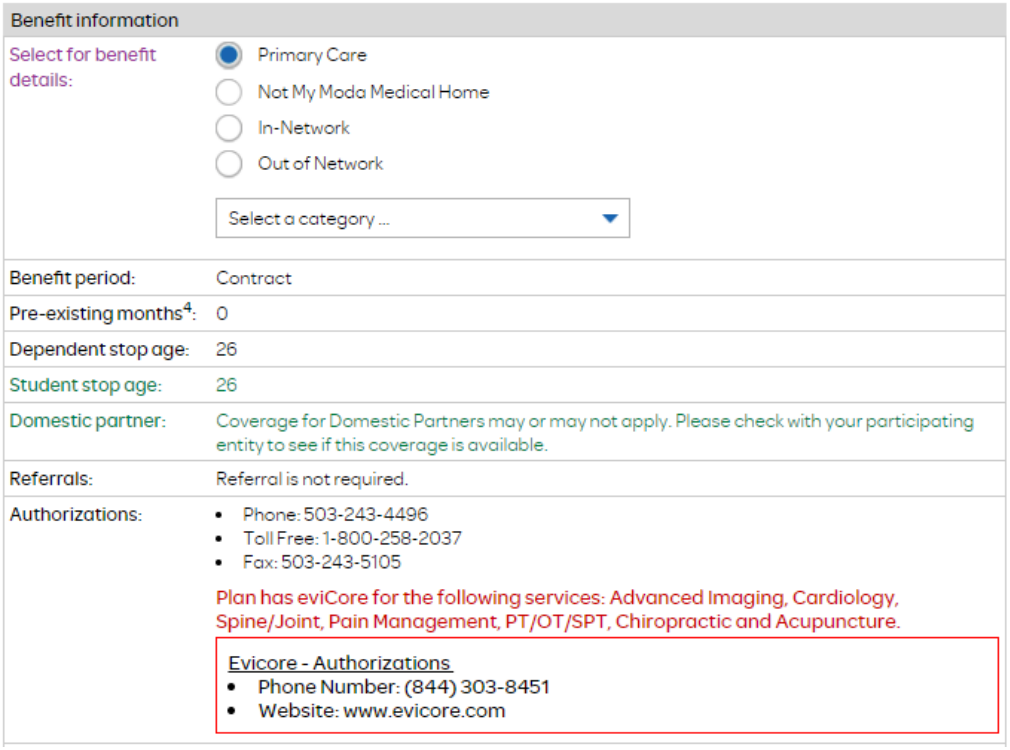
- eviCore reviews authorization requests for the following services:
  - Advanced Imaging
  - Musculoskeletal therapies
  - Pain management
  - Spine and joint surgery
- Services that require prior authorization through eviCore are listed on our website:

  modahealth.com/medical/utilizationmanagement.shtml

Healthcare Services

eviCore

- Check Benefit Tracker to determine if the member's plan utilizes eviCore, and for what services
  - Can be found on main benefit page (in red)



Benefit information	
Select for benefit details:	◉ Primary Care ○ Not My Moda Medical Home ○ In-Network ○ Out of Network Select a category ...
Benefit period:	Contract
Pre-existing months[4]:	0
Dependent stop age:	26
Student stop age:	26
Domestic partner:	Coverage for Domestic Partners may or may not apply. Please check with your participating entity to see if this coverage is available.
Referrals:	Referral is not required.
Authorizations:	• Phone: 503-243-4496 • Toll Free: 1-800-258-2037 • Fax: 503-243-5105 Plan has eviCore for the following services: Advanced Imaging, Cardiology, Spine/Joint, Pain Management, PT/OT/SPT, Chiropractic and Acupuncture. Evicore - Authorizations • Phone Number: (844) 303-8451 • Website: www.evicore.com

Healthcare Services

eviCore

- eviCore has clinical worksheets and guidelines available to assist you with submission of authorizations online
- The clinical guidelines provide prerequisites required before a service will be authorized (e.g., needing to try physical therapy before having surgery)

Provider's Hub

- Clinical guidelines/worksheets can be accessed *before* logging in to the portal
- Resources
  - Training Resources
  - Video tutorials
  - How to's
- www.evicore.com/provider

Authorization Denials

- Peer to Peer consultation
  - Can be requested through the provider portal
  - evicore.com/-/media/files/evicore/provider/training-resources/consultation-guide.pdf
- Formal appeal
  - Process outlined on denial letter for members and providers

modahealth.com/pdfs/evicore_member_denial.pdf

Healthcare Services

Magellan Rx

- Provider-administered injectable drug program
  – Prior authorization required for specific injectable specialty medications
  –modahealth.com/medical/injectables/

- Claim edits program

Healthcare Services

Magellan Rx

- Moda Health Contracted providers have access to an online Magellan account.
    - Visit the self-service provider portal at ih.MagellanRx.com
    - Click on New Access Request-Provider under Quick Links
    - Click on Contact Us to register
- Urgent or expedited request call 800-424-8114

Healthcare Services

CoverMyMeds

- Partnership with CoverMyMeds to process electronic Prior Authorization (ePA) requests for medications covered under a member's pharmacy benefit
- This free online tool is integrated with all health plans and most large EHR systems
- This does not replace Magellan Rx for injectable medications or Ardon Health for specialty pharmacy
- covermymeds.com

Reconsiderations and appeals

Reconsiderations and appeals

Provider reconsiderations

When a request for prior authorization is denied, you may request a reconsideration in the following ways:

- Written or verbal request for reconsideration
- Peer-to-peer (P2P) request
- Same specialty request

Reconsiderations and appeals

Written or verbal request

- Providers may submit additional information in writing or verbally
- Within 30 days of pre-service denial
- Healthcare Services does not process a reconsideration request in the absence of new or additional information

Reconsiderations and appeals

Same specialty request

A same specialty request is a pre-service request by a provider for Moda Health to have a same specialty provider reconsider a prior authorization denial.

- Not necessary to submit new information
- Healthcare Services staff sends the request to Moda Health's medical consultant for like-specialty review

Reconsiderations and appeals

Peer-to-peer consultation

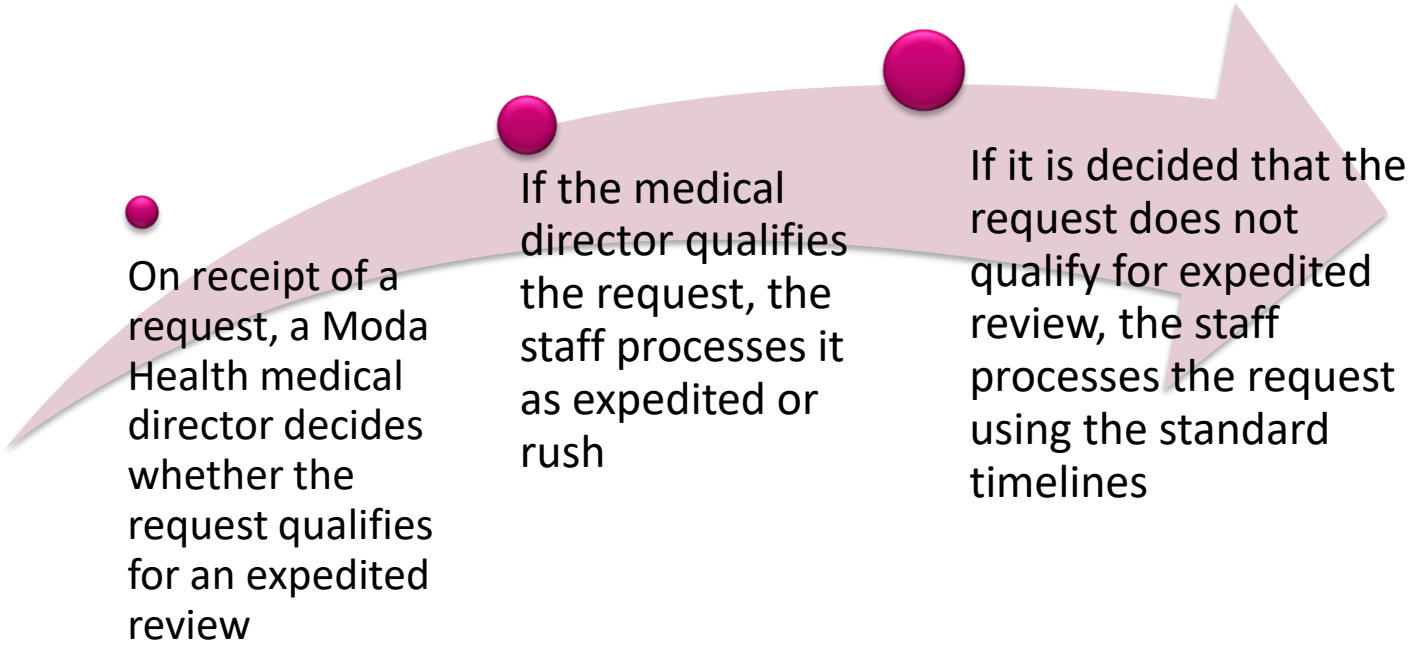
A peer-to-peer consultation is a conversation between the requesting provider and the Moda Health medical director.

- Within 10 days of the pre-service denial
- With the medical director who did the initial denial
- May give new rationale for the requested service to support medical necessity

Reconsiderations and appeals

Expedited or rush requests

An expedited or rush request is a pre-service appeal for medical care or treatment for which applying the time period for making a non-urgent care determination could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function.



Reconsiderations and appeals

Provider appeals

- Please contact customer service first for denial inquiries
- If customer service can not resolve please follow the appeals process outlined in the provider manual
- Levels of appeal
  - Inquiry
  - First level appeal
  - Final appeal

Moda Health Plan, Inc.
Provider Appeal Unit
P.O. Box 40384
Portland, OR 97240

Reconsiderations and appeals

Member appeals

A member appeal is a pre-service or post-service appeal initiated by a member regarding an adverse determination on an authorization request or a claim.

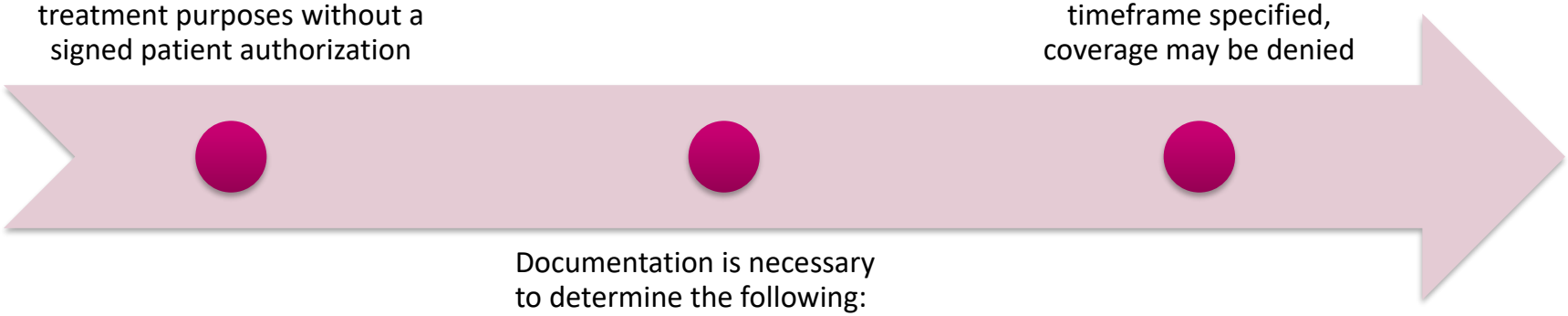
- A provider may file a pre-service member appeal on behalf of a member in writing
- The commercial or marketplace member must complete a Moda Health Protected Health Information form

modahealth.com/pdfs/auth_provider.pdf

Reconsiderations and appeals

Medical record requests

Moda Health may request medical records and supporting statements to make decisions on the preceding requests.



Healthcare providers and health plans meet the definition of a covered entity under the **Health Information Portability Act** and may share information for treatment purposes without a signed patient authorization

Documentation is necessary to determine the following:

- Medical necessity or appropriateness of a service or supply to be covered
- The standard and/or quality of care or services provided

If the documentation is not provided within the timeframe specified, coverage may be denied

How to contact Moda Provider Relations team-

Please send your questions to –

providerrelations@modahealth.com

Or

kristi.swank@modahealth.com

Be better