

# 2021 Provider Workshop

Presented by Moda Health



Delta Dental of Oregon & Alaska





# Welcome

# Billing

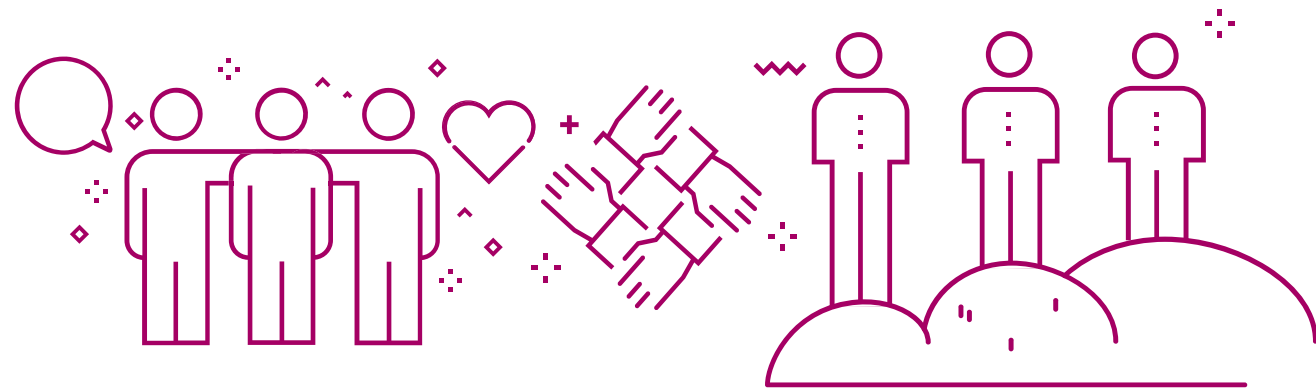


# Agenda

- Diversity, Equity and Inclusion
- Commercial networks/benefits
- Claims/billing
- Prior authorizations/referrals
- Healthcare Services
- Reconsiderations and appeals
- Medicare updates
- Provider resources

# Diversity, Equity and Inclusion survey

- Diversity: We value, respect and celebrate people of all backgrounds, identities and abilities. And we actively seek to identify how uniqueness makes us better.
- Equity: We strive to understand the underlying causes of outcome disparities and actively work to increase justice and fairness in our processes, procedures and systems. We do this within our company and within our communities.
- Inclusion: We are committed to creating environments where every individual has an equal opportunity to belong and can be recognized for their inherent worth and dignity.



# Diversity, Equity and Inclusion survey

Currently, diversity among physicians is limited. Mounting evidence suggests when physicians and patients share the same race or ethnicity, it improves:

- Time spent together
- Shared decision-making
- Wait times for treatment
- Screening adherence
- Patient understanding of health risks
- Patient perceptions
- Treatment decisions

We invite you to share your demographic information with us.

Oregon medical and behavioral health providers:

[modahealth.com/medical/forms.shtml](https://modahealth.com/medical/forms.shtml)



# Commercial networks

2022 Commercial networks



# 2022 Commercial networks — Group

## Connexus

- Statewide PPO plan
- PCP selection, referrals not required

## Synergy

- Coordinated care plan for employer groups
- Offered statewide

## Moda Select

- Exclusive Provider Organization
- Available in three counties (Multnomah, Washington and Clackamas)
- PCP selection required



# 2022 Commercial networks — Group

## OHSU PPO

- OHSU employee plan
- Tiered benefits
- Provider participation determined by OHSU

## OHSU EPO

- OHSU employee plan
- Tiered benefits; no out-of-network coverage
- Provider participation determined by OHSU

## OHSU Tuality Health and Assoc.

- Tuality Hospital employee plan
- Provider participation determined by Tuality

## CCN

Tier 2 benefit plan for OHSU PPO and OHSU EPO

# 2022 Commercial networks — Individual

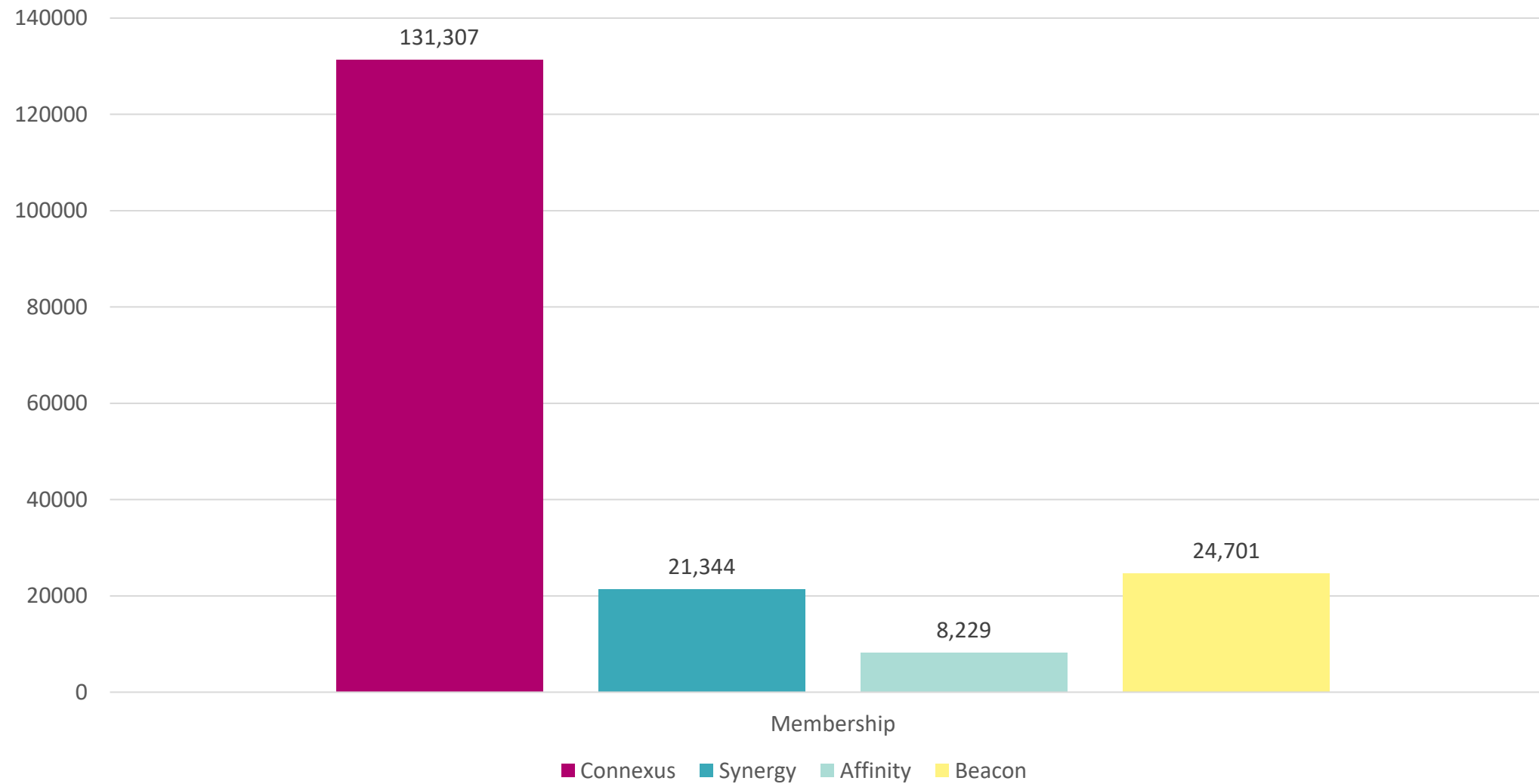
## Beacon

- Individual Exclusive Provider Organization plan sold in/out of the Exchange
- Available in 13 counties

## Affinity

- Individual Exclusive Provider Organization plan sold in/out of the Exchange
- Available in 19 counties

# Commercial membership





# Commercial group networks



# Connexus

## Small and Large Group plans

- Connexus
  - Statewide PPO network
  - No PCP/Medical Home selection required
  - No referrals required
  - Member can see in-network providers in all counties in Oregon, and some areas of Washington and Idaho

# Synergy network

- Only Salem Health, OHSU and PEBB starting 1/1/2023
- No Referrals required
- Synergy members need to select a PCP to receive Tier 1 benefits
  - Each family member makes their own selection
- PEBB Synergy members must pick a “PCP 360” provider



# Moda Select

## Small and Large Group plans

- Moda Select
  - Exclusive Provider Organization (EPO)
  - PCP Selection is required
  - No referrals required
  - No out-of-network benefits
  - Group members residing in Clackamas, Multnomah and Washington counties

# OHSU and CCN networks

- OHSU PPO
  - Tier 1 benefit plan for OHSU employees only with statewide participation determined by OHSU (closed panel)
- OHSU EPO
  - Tier 1 benefit plan for OHSU employees in the Portland Metropolitan Area (closed panel)
- CCN
  - Tier 2 benefit plan for OHSU PPO and OHSU EPO only with participation determined by OHSU (closed panel)
- OHSU Tuality Health and Associates
  - Tuality employee plan (closed panel)

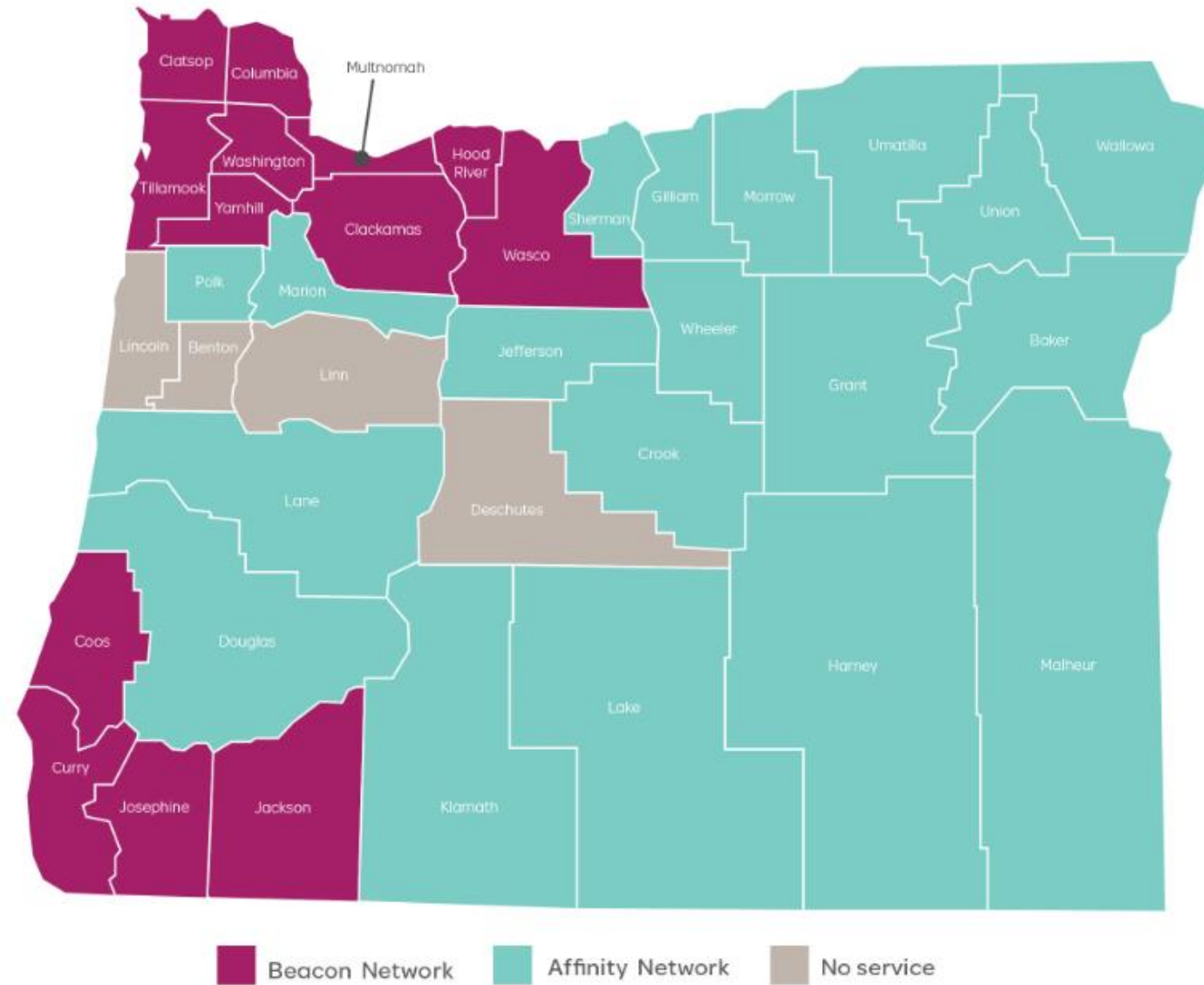


# Individual networks





# Individual network service area



# Beacon network

- What is the Beacon network?
  - Clinically integrated network, which includes 10 health system partners and their referring providers
  - PCP selection is required
  - Exclusive Provider Organization (EPO)
  - No out-of-network benefits



# Affinity network

- What is the Affinity network?
  - Clinically integrated network, which includes 15 health system partners and their referring providers
  - PCP selection is required
  - Exclusive Provider Organization (EPO)
  - No out-of-network benefits





# Commercial benefits

2022 Benefit changes



# Commercial benefit changes

- OEBC
  - No changes for 2022
- PEBB
  - No changes for 2022
- OHSU
  - No changes for 2022
- Beacon/Affinity
  - Acupuncture benefit max changed to 12 visits per year
  - Spinal manipulation benefit max changed to 20 visits per year



# Claims and billing



# Contacting Moda Health

## Moda Health Medical Provider Services

- Please start with our Medical Customer Service team for any claim issues or inquiries: [medical@modahealth.com](mailto:medical@modahealth.com) or 503-243-3962
- If Customer Service is unable to resolve your escalated claim inquiry, or if you have a contract interpretation question, please contact [providerrelations@modahealth.com](mailto:providerrelations@modahealth.com) or your assigned representative
- Provide the following information via email:
  - Customer Service Tracking (CST) number
  - Claim and Member ID numbers
  - Any supporting documentation or correspondence



# Telehealth — temporary COVID-19

- Moda Health’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](https://modahealth.com/pdfs/reimburse/RPM073_COVID-19TelehealthExpansion.pdf)
  - Original telehealth policy  
[modahealth.com/pdfs/reimburse/RPM052\\_TelehealthTelemedicine.pdf](https://modahealth.com/pdfs/reimburse/RPM052_TelehealthTelemedicine.pdf)
- This policy is in effect until the agreement with the state of Oregon ends
- Medicare Advantage plans — until directed by CMS that the temporary expanded coverage has ended

# Claims

## Corrected claims

- CMS-1500 (Professional)
  - Box 22 of the claim form should have resubmission 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

## Incident to services

- Commercial plans
  - Moda Health does not recognize or allow incident-to billing for Moda Health Commercial plans. Practitioners must bill under their own name and provider identification (NPI, TIN).
- Medicare Advantage plans
  - Moda Health follows CMS incident-to billing rules for our Medicare Advantage plans

[modahealth.com/pdfs/reimburse/RPM040.pdf](https://modahealth.com/pdfs/reimburse/RPM040.pdf)



# Claims

## Modifier CO/CQ changes

- Effective 1/1/2022 PT assistants and OT assistants who bill with modifier CO or CQ will receive a 15% reduction in the allowable charges
- Applies to all Commercial and Medicare plans
- The 15% reduction is in addition to any other reductions or contractual agreements

# Claims

## Technical Component (TC) and 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](https://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](https://modahealth.com/pdfs/reimburse/RPM022.pdf)



# Claims

## Multiple therapy reductions — example No. 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 No. 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 and 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](https://modahealth.com/pdfs/reimburse/RPM010.pdf)

# 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](https://modahealth.com/pdfs/reimburse/RPM002.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 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](https://modahealth.com/pdfs/reimburse/RPM056.pdf)

# Clinical edits

## New effective 07/01/21

- 340B Drug Discount Program-Acquired Drugs and Biologicals (Modifiers JG & TB)
- Laterality diagnosis
- Age Inconsistencies diagnosis
- CMS Rate Sheets for Critical Access Hospitals (CAH) and Rural Health Clinics (RHC)
- NDC requirement for Nutrition

To view a complete list of Moda Health's reimbursement policies, please visit [modahealth.com/medical/policies\\_reimburse.shtml](https://modahealth.com/medical/policies_reimburse.shtml).

# 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](https://modahealth.com/pdfs/reimburse/RPM063.pdf)

[cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Billing-340B-Modifiers-under-Hospital-OPPS.pdf](https://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Billing-340B-Modifiers-under-Hospital-OPPS.pdf)



# Claims

## Clinical edits — drug and biologicals, wastage and/or discarded amounts (modifier JW)

- Moda Health will reimburse for discarded or wasted amounts of a drug when all 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)

- Moda Health will only reimburse for the minimum amount of drug above what was ordered to arrive at the nearest whole vial.
- Example: Physician orders 180mg of a drug. Drug is manufactured in 100mg or 150mg single use vials. Moda Health will only reimburse for 20mg of wastage.

# Claims

## Clinical edits — Medicare Advantage LCD/NCD edits

- CMS documents a wealth of very specific coding and coverage requirements
- National Coverage Determinations (NCDs)
- Local Coverage Determinations (LCDs), e.g., Noridian LCDs, transmittals, MLN articles and other sources
- Example: Why am I getting denials of CPT code 85025?
  - Claims for CPT code 85025 will deny for not meeting medical necessity criteria when not billed with approved diagnosis code from NCD 190.15 Blood Counts

[modahealth.com/pdfs/LCD\\_NCD\\_edit\\_FAQ.pdf](https://modahealth.com/pdfs/LCD_NCD_edit_FAQ.pdf)

# Claims

## National Correct Coding Initiative (NCCI) links

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



# Benefit Tracker

- Access BT from two platforms:
  - Moda Health — [modahealth.com/medical/mbt.shtml](https://modahealth.com/medical/mbt.shtml)
  - OneHealthPort — [onehealthport.com/sso](https://onehealthport.com/sso)
- Access to detailed patient benefit information
- Search by Member ID#, SS#, first or last name and DOB
- Our website has additional information that OneHealthPort may not capture
- Login required for each site
- Information and questions, email — [ebt@modahealth.com](mailto:ebt@modahealth.com)

# Prior authorizations and referrals



# Prior authorizations

- How to determine that a service requires prior authorization
  - Review Referral and Authorization guidelines based online of business
  - Review “Always Not Covered” list
  - Access prior authorization forms
  - [modahealth.com/medical/referrals/](https://modahealth.com/medical/referrals/)
- Failure to get prior authorization when required may result in claim denial.  
Members cannot be balance billed.
  - Note: Prior authorizations are not required when Moda Health is not the primary payer

# Prior authorizations/referrals

- Commercial
  - Referrals are not required for members to see a participating specialist
  - Prior authorizations are required for non-par providers
  - Linn County is the only commercial plan with referral requirements
- Medicare Advantage
  - HMO plans require referrals from PCPs to specialists
- Providers are encouraged to refer to Moda Health participating providers in the members' assigned network(s).
  - Some plans have no out-of-network benefits
  - Refer to Find Care for participating providers



**moda**

DELTA DENTAL  
Delta Dental of Oregon & Alaska

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HEALTH

Oregon Contact us FAQs

Medical provider overview

Benefits & eligibility

**Authorization & referrals**

**Referral and authorization guidelines**

Advanced Imaging and musculoskeletal utilization management programs

Injectable medication program

Claim edits policy

Medical necessity criteria MCG®

Site of care

Patient care programs

Join our network

## Referral and authorization guidelines

To help you understand what services need prior authorization, are always not covered or not medically necessary, we're updating our prior authorization lists.

The following lists cover our lines of business. Because some services are considered investigational, cosmetic, or always not medically necessary, we are including a separate list of the services that are always not covered.

Effective January 1, 2017 for all in-network individual, ASO, small, and large group plans, Moda will deny services if required prior authorization is not obtained prior to rendering the service. If a prior authorization is not obtained for in-network services, Moda will deny charges as provider responsibility.

### Medicare

- Procedures and services requiring prior authorization
- Procedures and services requiring prior authorization (excel)
- Referral/Authorization - Medicare only
- Medicare Part B Step Therapy Requirements

### Group/Individual

- 2021 Commercial Prior Authorization List
- 2021 Group/Individual always not covered list
- Referral/Authorization - Commercial only
- Behavioral Health Authorization Request Form
- OHSU Employee Massage Therapy Request Form

### Benefit Tracker

Check benefits and eligibility

Log in

Account help

Request an account

### Provider Reports

For value-based provider programs, including Synergy, Summit, Beacon, Affinity, CPC+, and EOCCO

Log in

### Join our email list

EMAIL ADDRESS

go!

[modahealth.com/medical/referrals/](https://modahealth.com/medical/referrals/)



# Prior authorizations

## 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](https://modahealth.com/medical/utilizationmanagement.shtml)

# Prior authorizations eviCore

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

Benefit information	
Select for benefit details:	<input checked="" type="radio"/> Primary Care <input type="radio"/> Not My Moda Medical Home <input type="radio"/> In-Network <input type="radio"/> Out of Network  <input type="text" value="Select a category ..."/>
Benefit period:	Contract
Pre-existing months <sup>4</sup> :	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:	<ul style="list-style-type: none"> <li>• Phone: 503-243-4496</li> <li>• Toll Free: 1-800-258-2037</li> <li>• Fax: 503-243-5105</li> </ul> <p>Plan has eviCore for the following services: Advanced Imaging, Cardiology, Spine/Joint, Pain Management, PT/OT/SPT, Chiropractic and Acupuncture.</p> <div style="border: 1px solid red; padding: 5px;"> <p><u>Evicore - Authorizations</u></p> <ul style="list-style-type: none"> <li>• Phone Number: (844) 303-8451</li> <li>• Website: www.evicore.com</li> </ul> </div>

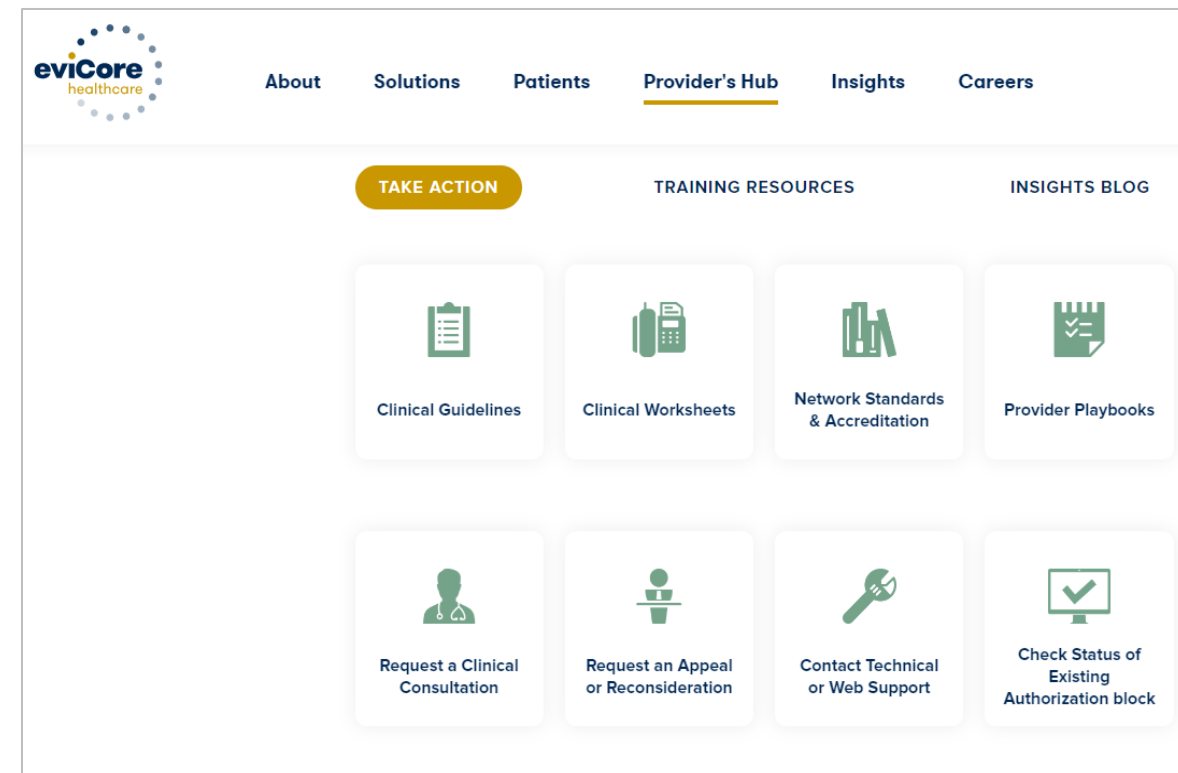
# Prior authorizations

## eviCore

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

# Clinical guidelines eviCore

- Provider's Hub
  - Clinical guidelines/worksheets can be accessed before logging in to the portal
- Resources
  - Training resources
  - Video tutorials
  - How to's
  - [evicore.com/provider](https://evicore.com/provider)
- eviCore also provides “WebEx Training” for new or experienced users twice per quarter for therapies PT, OT and ST
  - [eviCore Healthcare \(webex.com\)](https://webex.com)





# Clinical guidelines eviCore

- Authorization denials
  - Peer-to-peer consultation
    - Can be requested through the provider portal
    - [Request an Appeal \(evicore.com\)](https://www.evicore.com)
  - Formal appeal
    - Process outlined on denial letter for members and providers
    - [modahealth.com/pdfs/evicore\\_member\\_denial.pdf](https://modahealth.com/pdfs/evicore_member_denial.pdf)

# Prior authorizations

## Magellan Rx

- Provider-administered injectable drug program
  - Prior authorization required for specific injectable specialty medications
  - [modahealth.com/medical/injectables/](https://modahealth.com/medical/injectables/)
- Site of Care Program
  - Certain provider-administered drugs only authorized in outpatient setting or patient's home
  - [modahealth.com/medical/siteofcare.shtml](https://modahealth.com/medical/siteofcare.shtml)
- Claim edits program

# Prior authorizations

## Magellan Rx

- Moda Health contracted providers have access to an online Magellan account
  - Visit the self-service provider portal at [ih.MagellanRx.com](https://ih.MagellanRx.com)
  - Select “New Access Request-Provider” under “Quick Links”
  - Select “Contact Us” to register
- Urgent or expedited request, call 800-424-8114

# Prior authorizations

## 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](https://covermymeds.com)

# Reconsiderations and appeals





# 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

## Peer-to-peer consultation

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

- Is held within 10 days of the pre-service denial
- Is conducted with the medical director who did the initial denial
- May give new rationale for the requested service to support medical necessity

# 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

## Expedited or rush requests

On receipt of a request, a Moda Health medical director decides whether the request qualifies for an expedited review



If the medical director qualifies the request, the staff processes it as expedited or rush



If it is decided that the request does not qualify for expedited review, the staff processes the request using the standard timelines

# Reconsiderations and appeals

## Provider appeals

- Please contact customer service first for denial inquiries
- If customer service cannot 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  
FAX 855-260-4527



# 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](https://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 Insurance Portability and Accountability 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

# Medicare Advantage



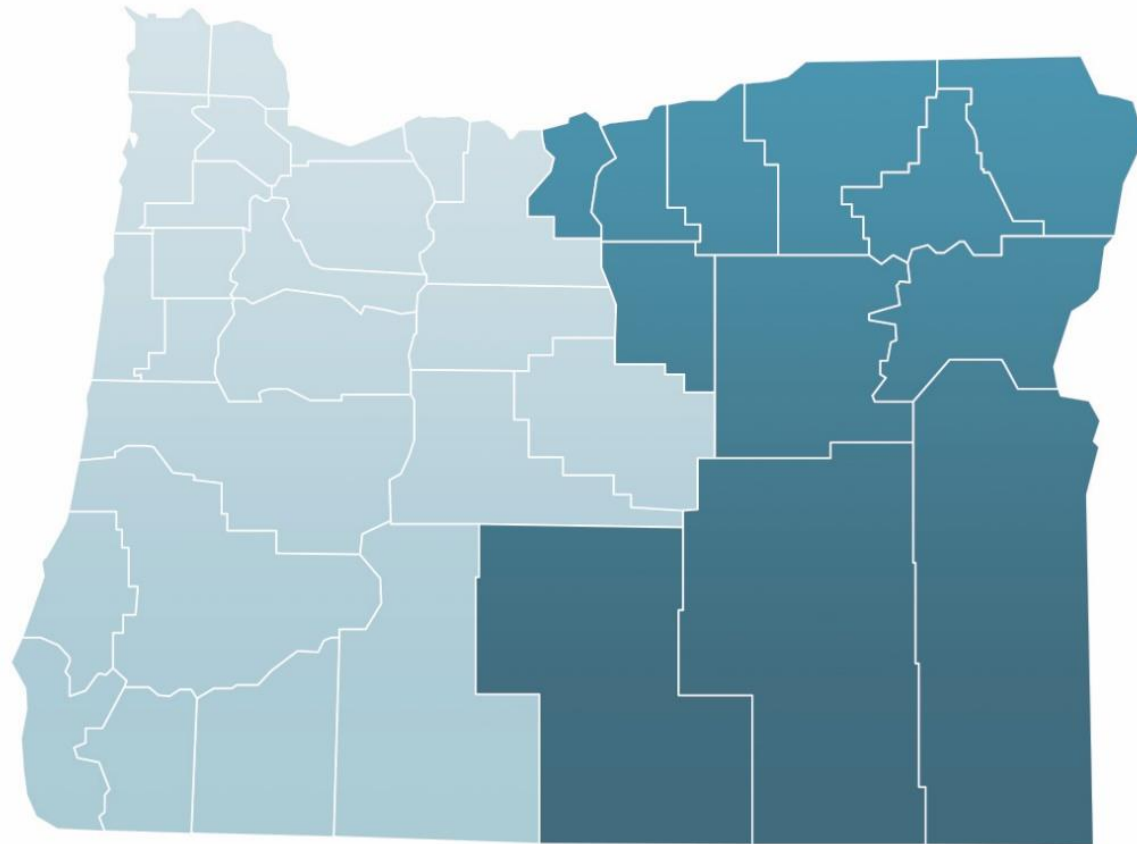
# Medicare Advantage partnership Eastern Oregon



- Summit Health plans
  - New Medicare Advantage plans went in effect in 2021 in Eastern Oregon counties
  - Available plans:
    - One HMO
    - Three HMO-POS
  - Summit Health will use the Moda Medicare Advantage network
- [yoursummithealth.com](https://yoursummithealth.com)



# Summit Health partners





# Contacting Summit Health

<b>Customer service</b>	844-827-2355 (toll-free) 541-663-2721 (local) 855-466-7208 (fax) <a href="mailto:MedicalMedicare@yoursummithealth.com">MedicalMedicare@yoursummithealth.com</a>
<b>Provider Relations: Noah Pietz</b>	503-265-4786 503-265-4790 (fax) <a href="mailto:providerrelations@yoursummithealth.com">providerrelations@yoursummithealth.com</a>
<a href="http://yoursummithealth.com">yoursummithealth.com</a>	

# Medicare Advantage 2022 Benefit changes

- PT, OT, ST
  - First 30 visits do not require preauthorization
- Out-of-network routine vision benefits available through VSP
  - Members will need to submit claims to VSP for 50% reimbursement

# Medicare Advantage Supplemental benefits

- Dental: \$500 embedded dental benefit will follow standard Coordination of Benefit (COB) rules with other dental coverage
- Vision: Routine vision services thru (VSP), including refraction
- Hearing aids: Hearing aids should be billed to TruHearing
- Silver&Fit® benefit\*
- Fitbit®\*
  - No-cost Fitbit device plus a premium subscription
- Livongo
  - Diabetes management
- CirrusMD
  - Telehealth services

\*Not available with all Medicare Advantage plans

# Medicare Advantage Extra Care

- Available at an additional premium per month and includes non-Medicare covered services such as:
  - Chiropractic
  - Naturopathic
  - Acupuncture
- 50% coinsurance for services up to a \$500 maximum benefit per year
- Extra Care enrollment can be verified in EBT

Patient name:							
GENDER	RELATIONSHIP	BIRTH DATE	PLAN BEGIN	PLAN END	STATUS	COB BEGIN	COB END
Male	Subscriber		01/01/2017	--/--/----	Active		

## Notes

**Extra Care Benefit:** 50% to a combined maximum benefit of \$500 per calendar year for all care (in and out-of-network) for glasses, contacts, hearing aids, hearing test, acupuncture, naturopathic care, and chiropractic services that are not covered under the basic Moda Advantage plan. Extra care benefits do not require prior authorization.

Manual manipulation of the spine to correct subluxation is covered under the basic plan according to Medicare Guidelines. Chiropractic services no longer require prior authorization effective 7/1/16.

# Medicare Advantage Medication Therapy Management Program

Members are eligible for participation if they meet all the following criteria:

- Have two or more of the following chronic conditions:
  - Diabetes
  - High blood pressure
  - Asthma
  - Osteoarthritis
  - CHF (chronic heart failure)
  - ESRD
  - High cholesterol
  - Depression
  - COPD
  - HIV/AIDS
  - Rheumatoid arthritis
- Take five or more medications
- Have drug costs that total \$4,376 or more annually



# Medicare Advantage Organization determinations

- CMS established rules about proper notice of non-coverage to Medicare Advantage members
  - Only a Part C or MA plan can issue a notice of non-coverage through an organization determination
  - Pre-service organization determination
- If a provider chooses to provide a service to a Medicare Advantage member without first ensuring the service is covered, the claim will deny to provider write-off and the member cannot be balance billed.
  - Example: refraction charges billed with medical vision services

# Medicare Advantage Plan-directed care

- Ensures Medicare Advantage plan members receive medically necessary services that are covered by their Moda Health Medicare Advantage health plan
- Referrals to non-participating providers
  - Participating providers referring Medicare Advantage members to non-participating providers or agencies must get prior authorization for certain procedures and services as outlined in the Moda Health Medicare Advantage agreement

# Medicare Advantage Compliance attestation

- Attestation will be online
- Information attesting to:
  - Reporting mechanisms and disciplinary standards
  - Sub-delegation contracts
  - Off-shore activities
  - OIG and GSA screening
  - [modahealth.com/medical/med\\_compliance.shtml](https://modahealth.com/medical/med_compliance.shtml)

For questions, please email:

[delegatecompliance@modahealth.com](mailto:delegatecompliance@modahealth.com) or [providerattestation@modahealth.com](mailto:providerattestation@modahealth.com)

# Medicare Advantage Provider directory outreach

- CMS mandates that Medicare Advantage plans verify provider demographic information on a quarterly basis
- Types of information we are required to validate include:
  - Practicing location
  - Accepting new Medicare patients' status
  - Phone number
  - Provider specialty
- Roster outreach and phone validation
- Participating Medicaid/EOCCO practices will need to submit additional information

# Provider resources



# Contacting Moda Health Medicare Advantage

- Medical Customer Service
  - For questions about current member’s medical claims
  - Phone: 877-299-9062
  - Email: [medicalmedicare@modahealth.com](mailto:medicalmedicare@modahealth.com)
- Pharmacy Customer Service
  - For questions about current member’s pharmacy claims
  - Phone: 888-786-7509
  - Email: [pharmacymedicare@modahealth.com](mailto:pharmacymedicare@modahealth.com)
- Hearing Aid Services/TruHearing
  - Phone: 866-929-6749 (TruHearing),  
866-929-7564 (Moda Health Customer Service)
- Vision services/VSP
  - Phone: 800-877-7195 ( VSP),  
844-693-8863 (Moda Health Customer Service)



The screenshot shows the Moda Health provider portal homepage. On the left is a navigation menu with categories: Medical provider overview, Benefits & eligibility, Authorization & referrals, Patient care programs, Join our network, Provider resources (expanded), Patient resources, Pharmacy, and Quality of care. The 'Provider resources' menu includes: Claims and appeals, Policies and manuals, Clinical guidelines and tools, Contact us, Behavioral health, Preventive services, Medicare compliance, Forms, Samples, Workshops, Provider news, and OEBC Reference Price Program. The main content area features a teal banner for COVID-19 guidance, a 'Welcome, medical providers' section with a photo of a doctor and a woman, and a 'Benefit Tracker' section with a list of services and a 'Log in to Benefit Tracker' button. A teal button at the bottom left says 'Find Care' with the text 'Find a doctor, dentist, pharmacy or clinic'. Blue arrows point from the 'Provider resources' menu to the COVID-19 banner, from the 'Provider news' menu item to the 'Welcome' section, and from the 'Benefit Tracker' menu item to the 'Log in to Benefit Tracker' button.

**COVID-19: Updated guidance for medical providers**  
- Learn the latest around telehealth billing  
- Moda's commitment to providers

**Welcome, medical providers**  
Thank you for partnering with Moda Health. We appreciate your partnership because we know you – like us – are committed to providing our members with the best care.  
As our valued partner, we want to make sure you have the tools and resources you need to continue providing excellent care.

**Benefit Tracker**  
Moda Health's **Benefit Tracker** is an online resource designed with you in mind. With Benefit Tracker, you have the ability to look up all the information you need, such as:

- Benefits
- Eligibility
- Claims status
- Referrals

**Log in to Benefit Tracker**

**Find Care**  
Find a doctor, dentist, pharmacy or clinic

- Announcements
- Medical policy updates
- Prior authorization changes

[modahealth.com/medical/](https://modahealth.com/medical/)

# Provider resources

## Find Care

[Moda Find Care | In-network doctors, dentists, and other providers \(modahealth.com\)](https://modahealth.com)



Contact us modahealth

### Search our provider directory

Find medical, vision, dental, and pharmacy providers.

#### Search as a member

Enter your **ID number** to be shown only your in-network providers.

ID number

Remember me

Search as a member

*Get your digital member ID card*  
Use our app to see your ID card while on the go.  
Available for **iOS** and **Android** devices.



#### Search by network

Select the **network** of the plan you have or are interested in.

Network

Search by network

Don't have a network in mind? [Search as a guest.](#)



# Contacting Moda Health

- Electronic Data Interchange (EDI) — For questions about [electronic claim submission](#), payments and EFT/ERA enrollment [form](#)
  - Email: [edigroup@modahealth.com](mailto:edigroup@modahealth.com)
  - Phone toll-free: 800-852-5195
- Contract/fee schedule requests and TIN changes
  - Email: [providerrelations@modahealth.com](mailto:providerrelations@modahealth.com)
- Referrals and authorizations — For questions about [referrals and authorizations](#), and how to submit a request
  - Local: 503-265-2940
  - Phone toll-free: 888-474-8540
  - Fax: 503-243-5105

# Contacting Moda Health

- Medical Customer Service  
For questions about single claim inquiry, adjustment request, billing policies and our provider search tool (Find Care)
  - Email: [medical@modahealth.com](mailto:medical@modahealth.com)
  - Phone: 503-243-3962
  - Phone toll-free: 877-605-3229
- Moda Medical Provider Relations team
  - Please send your questions to [providerrelations@modahealth.com](mailto:providerrelations@modahealth.com)

# Thank you



Delta Dental of Oregon & Alaska